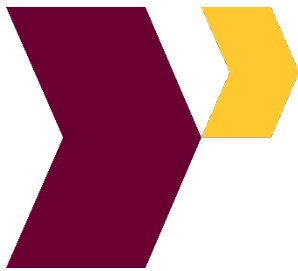




HEALTH PROFESSIONS

**ATHLETIC TRAINING**

CENTRAL MICHIGAN UNIVERSITY



**Master of Science  
in Athletic Training**

**Policy  
&  
Procedure Manual**

**January 2023**



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Welcome and congratulations on being accepted into the Master of Science in Athletic Training Program at Central Michigan University. You are taking the next step in the pursuit of your goal of becoming an Athletic Trainer (AT). The next phase of your educational experience will be exciting, fun, and rewarding. The Athletic Training Faculty are committed to providing a student-centered approach to teaching and are looking to advance your education in helping you make patient-centered evidence-based clinical decisions, advancing your knowledge in scholarship, and providing you with opportunities to become a leader in the Athletic Training profession. With this said, we are committed to working with you to foster your success knowing that your success can only be attained by you. In being an Athletic Trainer, you must have the desire and initiative to get involved and pursue opportunities provided to enhance your education here at Central Michigan University.

The information provided in this policy and procedure document is essential to your understanding of the standard of excellence we have established. In reviewing this policy and procedure document, pay particular attention to each section as we expect of all students associated with the Athletic Training Program to abide.

We will use an online database system to record completion of specific requirements identified as essential skills for an Athletic Trainer. The information contained in this online database system will be evaluated and re-assessed throughout your time within the Athletic Training Program.

The program faculty will comply with university policy regarding use of students' CMU email address. Students are required to check their email for information from program faculty and the university regularly.

The program faculty welcomes you, and again, congratulates you on being accepted to the Master of Science in Athletic Training Program. We invite you to take advantage of everything the Mt. Pleasant community and Central Michigan University has to offer. Enjoy your time as a graduate student as the time will pass very quickly.

Sincerely,

The Athletic Training program faculty

# Section I



## **Professional Program Preparation**





## **ATHLETIC TRAINING DESCRIPTION**

### **Objective of Accreditation Standards for Athletic Trainers**

The American Academy of Family Physicians, The American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, the Commission on Accreditation of Athletic Training Education (CAATE), the National Athletic Trainers' Association (NATA), and Board of Certification (BOC) cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Athletic Training and to provide recognition for educational programs.

### **Description of the Professional Role by The CAATE and BOC**

Athletic Trainers (ATs) are health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. The athletic trainer functions as an integral member of the health care team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics, and other health care settings. Athletic Trainers' function in cooperation with medical personnel, athletic personnel, individuals involved in physical activity, parents, and guardians in the development and coordination of efficient and responsive athletic health care delivery systems. The Athletic Trainer's professional preparation is directed toward the development of specified standards in the following 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. Through a combination of formal classroom instruction and clinical experience, the athletic trainer is prepared to apply a wide variety of specific health care skills and knowledge within each of the domains.

Students who want to become Athletic Trainers must earn a degree from an accredited athletic training curriculum. Accredited programs include formal didactic and clinical instruction in areas such as injury/illness prevention, first aid and emergency care, assessment of injury/illness, human anatomy and physiology, therapeutic modalities, and nutrition.



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## **MISSIONS**

The faculty and students associated with the Athletic Training Program embrace the Vision, Mission, and Values of Central Michigan University and The Herbert H. and Grace A. Dow College of Health Professions. Listed below are the missions for Central Michigan University, The Herbert H. and Grace A. Dow College of Health Professions, and Master of Science in Athletic Training Program.

### **Central Michigan University**

#### **Mission**

At Central Michigan University, we are a community committed to the pursuit of knowledge, wisdom, discovery, and creativity. We provide student-centered education and foster personal and intellectual growth to prepare students for productive careers, meaningful lives, and responsible citizenship in a global society.

*-Adopted by the Board of Trustees, December 2, 2010*

### **The Herbert H. and Grace A. Dow College of Health Professions**

#### **Mission**

Through The Herbert H. and Grace A. Dow College of Health Professions, we foster and sustain a culture of excellence through collaborative clinical/professional practice, learner-centered education, leadership, research, and service.

### **Master of Science in Athletic Training Program**

#### **Mission**

The mission of the Athletic Training Program is to serve as a student-focused learning community, committed to being a leader in developing highly qualified, culturally competent Athletic Trainers who advance the profession through excellence in patient-centered evidence-based clinical decision making; scholarship, leadership, and service.



## PROFESSIONAL PREPARATION IN ATHLETIC TRAINING

The Athletic Trainer's professional preparation is directed toward establishing the minimal competencies to practice as an AT, as identified in the Practice Analysis conducted by the Board of Certification (BOC), Inc.

### Practice Analysis, 8<sup>th</sup> Edition

**Domain I: Risk Reduction, Wellness and Health Literacy**

**Domain II: Assessment, Evaluation and Diagnosis**

**Domain III: Critical Incident Management**

**Domain IV: Therapeutic Intervention**

**Domain V: Healthcare Administration and Professional Responsibility**



### Content Outline for Practice Analysis, 8<sup>th</sup> Edition

EFFECTIVE:  
ATHLETIC TRAINER EXAM - APRIL 2023  
RECERTIFICATION ACTIVITIES - JANUARY 2024





## **BOC STANDARDS OF PROFESSIONAL PRACTICE**

The BOC Standards of Professional Practice is reviewed by the Board of Certification, Inc. (BOC) Standards Committee and recommendations are provided to the BOC Board of Directors. The BOC Standards Committee is comprised of 5 Athletic Trainer members and 1 Public member. The BOC Board of Directors approves the final document. The BOC Board of Directors includes 6 Athletic Trainer Directors, 1 Physician Director, 1 Public Director and 1 Corporate/Educational Director.

The BOC certifies Athletic Trainers (ATs) and identifies, for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. The BOC is the only accredited certification program for Athletic Trainers in the United States. Every 5 years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the Institute of Credentialing Excellence.

The *BOC Standards of Professional Practice* consists of 2 sections:

- I. Practice Standards
- II. Code of Professional Responsibility

### **PRACTICE STANDARDS**

The primary purpose of the Practice Standards is to establish essential duties and obligations imposed by virtue of holding the ATC® credential. Compliance with the Practice Standards is mandatory.

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to always comply with the Practice Standards.

#### **Standard 1: Direction**

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.

#### **Standard 2: Prevention**

The Athletic Trainer implements measures to prevent and/or mitigate injury, illness and long-term disability.

### **Standard 3: Immediate Care**

The Athletic Trainer provides care procedures used in acute and/or emergency situations, independent of setting.

### **Standard 4: Examination, Assessment, and Diagnosis**

The Athletic Trainer utilizes patient history and appropriate physical examination procedures to determine the patient's impairments, diagnosis, level of function and disposition.

### **Standard 5: Therapeutic Intervention**

The Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Intervention program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Appropriate patient-centered outcomes assessments are utilized to document efficacy of interventions.

### **Standard 6: Program Discontinuation**

The Athletic Trainer may recommend discontinuation of the intervention program at such time the patient has received optimal benefit of the program. A final assessment of the patients' status is included in the discharge note.

### **Standard 7: Organization and Administration**

The Athletic Trainer documents all procedures and services in accordance with local, state and federal laws, rules and guidelines.

## **CODE OF PROFESSIONAL RESPONSIBILITY**

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

### **Code 1: Patient Care Responsibilities**

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, or any other characteristic protected by law.
- 1.2 Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice.
- 1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies.
- 1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law

- 1.41 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values.
- 1.5 Develops and maintains a relationship of trust and confidence with the patient and/or parent/guardian of a minor patient and does not exploit the relationship for personal financial gain.
- 1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient.
- 1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan.
- 1.71 Does not make unsupported claims about the safety or efficacy of treatment.

## **Code 2: Competency**

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence.
- 2.2 Complies with the most current BOC recertification policies and requirements.

## **Code 3: Professional Responsibility**

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards.
- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties.
- 3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services.
- 3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training.
- 3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.6 Does not guarantee the results of any athletic training service.
- 3.7 Complies with all BOC exam eligibility requirements.
- 3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful.
- 3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificate or applicant files, documents or other materials without proper authorization.
- 3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event.
- 3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training.

- 3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training.
- 3.13 Cooperates with BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information.
- 3.14 Complies with all confidentiality and disclosure requirements of the BOC and existing law.
- 3.15 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.
- 3.16 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the BOC Professional Practice and Discipline Guidelines and Procedures.
- 3.17 Fulfills financial obligations for all BOC billable goods and services provided.

#### **Code 4: Research**

The Athletic Trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions.
- 4.2 Protects the human rights and well-being of research participants.
- 4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or healthcare delivery.

#### **Code 5: Social Responsibility**

The Athletic Trainer or applicant:

- 5.1 Strives to serve the profession and the community in a manner that benefits society at large.

#### **Code 6: Business Practices**

The Athletic Trainer or applicant:

- 6.1 Refrains from deceptive or fraudulent business practices.
- 6.2 Maintains adequate and customary professional liability insurance.



## CERTIFICATION REQUIREMENT

The Board of Certification (BOC), Inc. is responsible for establishing standards for entry into the Athletic Training profession. The BOC determined successful completion of the requirements of a CAATE- accredited program will assure that the candidate has met the requirements needed to sit for the examination. As of December 1, 2006, in order to practice athletic training in the state of Michigan, you must be licensed.

Some states as part of their licensure/registration bills may require documentation of clinical hours. The Athletic Training Program will require students to track their clinical experience hours up to 20 hours per week while enrolled in ATR 610, 620, 730, and 740. During the immersive clinical experience, students enrolled in ATR 600 will have up to 30 hours per week. For ATR 799, students will have a minimum of 40 hours per week.\* The student will be provided opportunities to be involved with the following clinical experiences as per the CAATE Standards:

- Patients/clients of different sexes and socioeconomic statuses.
- Patients/clients throughout different lifespans (e.g., pediatric, adult, elderly).
- Patients/clients participating in varying levels of activity and athletic ability (competitive and recreational, individual and team activities, high- and low-intensity activities).
- Non-sport patient/client populations (e.g., outpatient clinic, emergency room, primary care office, outreach clinic, industrial, performing arts, military, occupational, and leisure activities).
- A variety of other health care settings (e.g., primary care, internal medicine, dermatology).

The Athletic Training student will track their experiences and time spent to ensure compliance to this requirement. Questions/concerns should be addressed with the clinical education coordinator.

*\*The Athletic Training faculty reserves the right to adjust the minimum and maximum clinical experience and immersive hours.*



**Master of Science in Athletic Training (MSAT)**

<b>Year 1</b>			
<b>Summer</b>		<b>Total Credits: 6</b>	
ATR 600 (Immersive Clinical Education I)	4		
ATR 605 (Injury Prevention I)	2		
<b>Fall Semester</b>		<b>Total Credits: 13</b>	
<b>Spring Semester</b>		<b>Total Credits: 13</b>	
ATR 500WI (Clinical Research I)	3	ATR 620 (Clinical Education II)	1
ATR 610 (Clinical Education I)	1	ATR 682 (Assessment II)	3
ATR 680 (Assessment I)	3	ATR 684 (Assessment III)	3
ATR 681 (Therapeutic Modalities)	3	ATR 685 (Therapeutic Rehabilitation II)	3
ATR 683 (Therapeutic Rehabilitation I)	3	ATR 687 (Manual Therapy)	3
<b>Year 2</b>			
<b>Summer</b>		<b>Total Credits: 9</b>	
ATR 730 (Clinical Education III)	1		
ATR 775 (Emergency Care)	3		
ATR 786 (Assessment IV)	3		
ATR 794 (Pharmacology)	2		
<b>Fall Semester</b>		<b>Total Credits: 14</b>	
<b>Spring Semester</b>		<b>Total Credits: 10</b>	
ATR 740 (Clinical Education IV)	1	ATR 795 (Clinical Research II)	3
ATR 751 (Professional Responsibility in Athletic Training)	2	ATR 799 (Immersive Clinical Education II)	7
ATR 765 (Injury Prevention II)	2		
ATR 780 (Organization and Administration for Athletic Training)	3		
ATR 790 (Evidence Based Medicine)	3		
ATR 792 (Cultural Competence in Health Care)	3		



HEALTH PROFESSIONS  
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**ATHLETIC TRAINING FACULTY ADVISORS**

You should meet with your advisor at least once per semester. Please keep your address, phone number and e-mail address up to date (this includes your CMU and permanent addresses).



Ms. Emily Webster  
Health Professions Building (HPB) 1239  
[mcdonlee@cmich.edu](mailto:mcdonlee@cmich.edu)  
(989) 774-3004



## **STUDENT ATHLETIC TRAINING ORGANIZATION (SATO)**

The Student Athletic Training Organization, SATO, is an organization that has been on Central Michigan University's campus for more than 30 years. The organization's mission is to give a voice to the students interested in or involved within the Athletic Training Program. SATO offers members the opportunity to explore different employment settings in athletic training, learn new techniques, observe demonstrations with guest speakers and attend conferences. SATO also builds relationships among members outside of the classroom and athletic facilities with social and volunteer events serving as an opportunity to interact and network with other students.

## **STUDENT SCHOLARSHIPS**

Athletic training students are provided with the following scholarship opportunities:

- Dr. Thomas and Mrs. Jayne Keating Athletic Training Scholarship
- Ron Sendre Award
- René Revis Shingles Leadership Award
- Reed Phillips Athletic Training Award
- Denise L. Webster Character Award

Students interested in applying for one of these scholarships should attain and submit an application through Scholarship Universe. All applications are reviewed by the Scholarship Committee led by an Athletic Training Faculty member. An awardee will be selected based on the scholarship's specified evaluation criteria. All scholarship recipients will be notified at the end of the specified semester. All scholarships are distributed through the Office of Scholarships and Financial Aid, except the Denise L. Webster Outstanding Character Award which is distributed through the AT Program.

Other student scholarship opportunities are available through the state (Michigan Athletic Trainers' Society Scholarships), regional (Great Lakes Athletic Trainers' Association Scholarships), and National (National Athletic Trainers' Association Scholarships) Athletic Training organizations. If you have questions regarding these scholarship opportunities, please contact the Program Director or Faculty Advisor.



## Section II



### **Code of Conduct and Specific Program Policies**





## TECHNICAL STANDARDS

The Master of Science in Athletic Training Program at Central Michigan University is a rigorous and intense program that places specific requirements on students. All students must possess the perseverance, diligence, and commitment to complete the athletic training program as outlined and sequenced in our curriculum. It is the objective of this program to prepare graduates to enter a variety of athletic training employment settings and to render unique athletic training services and be an integral part of an inter-professional health care team. The technical standards establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skill, competencies and proficiencies of an entry-level BOC certified athletic trainer, as well as meet expectations of the program's accrediting agency (CAATE). *The following abilities and expectations must be met by all students selected to the Master of Science in Athletic Training (MSAT) Program and be maintained throughout the student's progress in the program.* In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student may be placed on progressive discipline or dismissed from the program.

Candidates for admission and athletic training students in the Master of Science in Athletic Training Program must:

1. 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. Demonstrate sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations utilizing accepted techniques; perform common prevention and emergency care techniques; and accurately, safely and efficiently use equipment and materials during assessment and therapeutic treatment of patients.
3. Communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes but is not limited to establishing rapport with patients and communicating judgments and treatment information effectively. Students must understand and speak the English language at a level consistent with competent professional practice.
4. Record the physical examination results and a treatment plan clearly and accurately.
5. Maintain composure and continue to function well during periods of high stress including the ability to respond with precise, quick and appropriate actions in emergency situations.
6. Be flexible and adjust to changing situations and uncertainty in clinical situations.
7. Demonstrate affective skills and appropriate demeanor and rapport with patients, caregivers, and fellow students, instructors, and professional colleagues.
8. Be able to identify the development of possible mental health concerns in patients as it relates to injury pathogenesis and overall well-being
9. Accept constructive criticism and respond by appropriate modification of behavior.

Admission to the Master of Science in Athletic Training Program will be contingent on the student's verification that they understand and meet these technical standards either with or without reasonable accommodation(s).

Student Disability Services will evaluate a student who states they can 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 they can meet the technical standards with accommodation, the agent for the University will determine whether it agrees the student can meet the technical standards with reasonable accommodation; this includes review of whether the accommodations requested are reasonable, taking into account whether the accommodations would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical education and immersive clinical experiences.

Please sign statement A OR B below.

**Statement A: NO Accommodations Requested**

I certify that I have read and understand the technical standards listed above and I believe to the best of my knowledge that I meet each of these standards without accommodation at this time. I understand that if I am unable to meet these standards I may be dismissed from the program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Statement B: Accommodations REQUESTED**

I certify that I have read and understand the technical standards listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations at this time. I will contact the Student Disabilities Services to determine what accommodations may be available. I understand that if I am unable to meet these standards, with or without accommodations, I may be dismissed from the program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## **BACKGROUND CHECKS, DRUG SCREENING, AND IMMUNIZATIONS**

### **Background Checks**

Clinical experiences, including hospitals, clinics, college and universities, and secondary schools, require criminal background checks on employees, volunteers, and students. The State of Michigan Public Act 68 (1993) requires that all new public-school employees, including substitute teachers, complete a criminal records check. In compliance with the Student Safety Acts of 2006, many school districts require background checks on volunteers. As an athletic training student, you are considered a volunteer of the school and/or district and are required to follow protocols put forth regarding volunteers for the school and/or district.

### **Athletic Training Student Responsibility: Background Checks**

Athletic training students are expected to self-report/disclose any civil or criminal felonies or misdemeanors (see Student Retention Policy). As an athletic training student, you may be required to complete a criminal background check. All background checks are independent of the Athletic Training Program and are between the clinical site and athletic training student, including the expense which may or may not be covered by the clinical site. If a background check is positive, the clinical site retains the right to excuse you from your clinical experience. A positive background check and excusal from the clinical site will result in an investigation by the Athletic Training Program, at which time, if you have not reported such violation(s), may result in appropriate discipline as outlined in the Student Retention Policy. Background checks are valid for one year. Therefore, the athletic training student may be required to have multiple background checks performed depending on the policy of the assigned clinical site.

### **Drug Screening and Immunizations**

Some clinical field experiences, including hospitals, clinics, college and universities, and secondary schools, require drug screenings and immunizations for employees, volunteers, and students. As an athletic training student, you are considered a volunteer of the clinical site and are required to follow protocol as put forth regarding volunteers for each clinical site.

### **Athletic Training Student Responsibility: Drug Screening and Immunizations**

As an athletic training student, you may be required to complete a drug screen and immunizations. All drug screenings and immunizations are independent of the Athletic Training Program and are between the clinical site and athletic training student, including the expense which may or may not be covered by the clinical site. If a drug screening is positive or diluted, the clinical site retains the right to excuse you from your clinical experience. A positive or diluted drug screen and excusal from the clinical site will result in an investigation by the Athletic Training Program, at which time if you have not reported such violation(s), may result in appropriate discipline as outlined in the Student Retention Policy.

Under the Drug Free Schools and Communities Act, as well as in compliance with Federal and State Law, CMU strictly prohibits the use and possession of federal and state illegal drugs both on campus and as part of any of its activities. It should also be noted that due to the University's compliance with Federal Law, Medical Marijuana possession or use is not permitted.



## PHYSICAL EXAMINATION

Name \_\_\_\_\_

DOB: \_\_\_\_\_

### I. PERSONAL HEALTH HISTORY

Have you ever experienced any of the following? (Circle yes or no). If yes, please comment:			Comment
Anxiety/Depression	YES	NO	
Arthritis	YES	NO	
Asthma	YES	NO	
Auditory issues (hearing)	YES	NO	
Back pain	YES	NO	
Bleeding issues	YES	NO	
Blood disorders	YES	NO	
Bowel disorder	YES	NO	
Cardiovascular issues	YES	NO	
Carpal tunnel	YES	NO	
Coronavirus 2019 (COVID-19) and/or variant	YES	NO	
Diabetes	YES	NO	
Disc disease	YES	NO	
Dizziness or Fainting	YES	NO	
Gastritis	YES	NO	
Headache	YES	NO	
Hernia or Hernia Rupture	YES	NO	
High blood pressure	YES	NO	
Joint pain	YES	NO	
Kidney problems	YES	NO	
Liver/hepatitis disease	YES	NO	
Lung disorder	YES	NO	
Nose/sinus/throat problems	YES	NO	
Neck pain	YES	NO	
Numbness or Tingling	YES	NO	
Previous surgery	YES	NO	
Seasonal allergies	YES	NO	
Seizures	YES	NO	
Shortness of breath	YES	NO	
Skin problems	YES	NO	
Sleep disturbance	YES	NO	
Stomach problems	YES	NO	
Substance abuse or addiction	YES	NO	
Tendonitis	YES	NO	
Thyroid disease	YES	NO	
Ulcers/gastritis	YES	NO	
Vision problems	YES	NO	

I hereby state that the answers to the above questions are correct.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

Records Appropriate: Yes \_\_\_ No \_\_\_

If No, Suggestions: \_\_\_\_\_

### II. IMMUNIZATION RECORDS. ATTACH A COPY.



## ESSENTIAL FUNCTIONS

Please assess the following essential functions (Completed by Physician or Qualified Medical Provider)

1. Read, write, and orally communicate in the English language; and use auditory, tactile and visual senses to evaluate, receive information, and treat clients.
  - a. Hear and understand the normal speaking voice and discern audible instrument alert signals and timing devices.
  - b. 20/40 corrected vision to correctly see activities across a field, court, or a treatment/rehabilitation area, and observe client activities close at hand.
  - c. Discriminate colors in order to detect the presence of various bodily fluids, differentiate various topical applications and ascertain the presence of biological and/or anatomical abnormalities according to visual cues.
  - d. Read patient charts and documentation, read instructions related to use of equipment and supplies, and print-outs generated for by various pieces of equipment.
2. Possess basic neurological function, manual dexterity, strength and stamina to perform required tasks.
  - a. Sit for 2-8 hours, stand 2-3 hours daily; ambulate 10-15 yards at 2 miles per hour indoor or outdoor over various terrains.
  - b. Lift 20-25 pounds, possibly lift 10-15 pounds overhead; maintain 10-15 pounds of grip strength for 30 seconds; occasionally carry up to 30 pounds while walking 10-20 feet.
  - c. Twist, bend, stoop and kneel on the floor up to 15 minutes; move place to place and position to position and must do so at a speed that permits safe handling of client.
  - d. Stand and walk while providing support to an injured and/or ill client.
  - e. Bladder and bowel control for 3-4 hours.
  - f. Neurological function to perceive hot, cold and change in contour of surface and body part.
  - g. Manual dexterity to perform emergency management and first aid techniques, and athletic training skills.
3. Possess emotional stability and health to exercise sound judgment; and develop mature, sensitive and effective relationships with clients.
  - a. Recognize trauma settings, and make and execute quick, appropriate and accurate steps to render care.
  - b. Critically think, problem-solve and maintain emotional control in stressful situations.
  - c. Adapt to changing environments, display flexibility and learn to function in face of uncertainties inherent in clinical practice.
  - d. Communicate with individuals from different cultural and social backgrounds without bias.

### III. PHYSICAL EXAMINATION (completed by Physician or Qualified Medical Provider)

	Normal Findings	Abnormal Findings	Comment
Alert and Oriented			
Equilibrium			
Hearing			
Heart			
HEENT*			
Lungs			
Neuromuscular Control			
Manual Dexterity			
Posture Control			
Speaking Voice			
Vision			

\*Head, Eyes, Ears, Nose, Throat

\_\_\_\_\_  
 Clinician Signature and Credentials

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name



## PHYSICAL EXAMINATION VERIFICATION

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

Based on the results of the physical exam completed using the Athletic Training Program physical examination form, the above-named student demonstrates the essential functions to perform the tasks of a health care professional in the Athletic Training Program.

\_\_\_\_\_ Yes

\_\_\_\_\_ Yes, with accommodations\* Student is to report findings to Student Disability Services.

\_\_\_\_\_ No, Suggestion for further evaluation:

\_\_\_\_\_  
Clinician Signature and Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## SELF-REPORT FORM

In accordance with the Athletic Training Program Policy and Procedure Manual:

- Athletic training students are expected to self-report/disclose any civil or criminal felonies or misdemeanors.
- Athletic training students are expected to self-report/disclose the nature of the consensual romantic and/or sexual relationship or consensual intimate or sexual activity with all students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a patient or minor patient. Athletic training students are also expected to report the subsequent termination of the relationship.
- Failure to comply with the disclosure requirements constitutes a violation of the policies and therefore may become grounds for discipline as outlined in the Student Retention Policy.

I agree that my answers to the following questions may be submitted to a validity check by university offices and by state or certifying agencies. For the purposes of questions 1 and 2, include convictions that have since been removed from your record, such as through expungement or through a pre-trial diversion program or similar process.

1. Have you ever been convicted of or are you currently under indictment for a felony?	Yes	No
2. Have you ever been convicted of or are you currently under indictment for a misdemeanor?	Yes	No
3. Are you currently involved in a consensual romantic and/or sexual relationship or consensual intimate or sexual activity with all students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a minor patient with whom you might interact in your role as an athletic training student?	Yes	No

If you answered “**YES**” to any of the above questions, please elaborate below (use the back of the form if necessary):

I hereby certify the above responses are accurate. I agree to notify the Director of the Athletic Training Program immediately if responses to the questions change during the current semester in the program.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name





## ACKNOWLEDGEMENT OF SELF-REPORT MEETING

This form acknowledges that I have self-reported/disclosed all civil and/or criminal felonies and/or misdemeanors to the Athletic Training Program. As per Athletic Training Program protocol, I am acknowledging that I have met with the Program Director to discuss the potential implications raised by any adverse results.

I understand that my academic standing in the Athletic Training Program at Central Michigan University (CMU) may not be jeopardized based on my self-report. However, affiliated clinical or internship sites and all credentialing or licensing organization governing the practice of athletic training may have differing guidelines pertaining to the ability to practice athletic training with past criminal convictions. By affixing my signature upon this agreement, I acknowledge that I understand the following:

- As potentially required by my clinical field experience as an athletic training student, I may be required to complete a criminal background check. All clinical site background checks are conducted independently of the Athletic Training Program. All communication between the clinical site and the student is confidential and I may be responsible for the cost of the background check. If a background check is positive, the clinical site retains the right to excuse me from my clinical experience. Failure to be clinically placed may result in my inability to progress through the Athletic Training Program at CMU.
- As potentially required by my clinical field experience, as an athletic training student, I am required to report a consensual romantic and/or sexual relationship or consensual intimate or sexual activity with students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a minor patient with whom I might interact with in my role as an athletic training student. Failure of reporting such information may result in the clinical field experience in accordance with the Athletic Training faculty the right to excuse me from my clinical experience. This failure in reporting may result in my inability to progress through the Athletic Training Program at CMU.
- The [Board of Certification, Inc.](#) (BOC) sets the standards for practice of athletic training and is the only accredited certifying body for athletic trainers in the United States. If I have any civil and/or criminal felonies and/or misdemeanors, I must notify the BOC per the following standards:

<b>BOC Standards of Professional – Code 3: Professional Responsibility</b>	
<b>3.10</b>	Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event
<b>3.12</b>	Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training
<b>BOC Disciplinary Guidelines – Section 5: Conviction of a Crime or Professional Discipline</b>	
<b>5.12</b>	Duty to Report Criminal Conviction or Professional Suspension: An AT or BOC applicant who is convicted of any crime (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs), or who becomes subject to any professional discipline, shall notify the BOC in writing of such conviction or professional discipline within 10 calendar days after the date on which the Respondent is notified of the conviction or professional discipline.

- All discipline and/or sanctions, including potential denial from becoming a BOC and/or licensed athletic trainer are decisions made by the BOC and Bureau of Health Professions and are reached independently of, and without input from, the CMU Athletic Training Program.
- In the State of Michigan, athletic trainers are health care professionals licensed through the Bureau of Health Professions. All individuals applying for a health professional license or registration in the State of Michigan are required to submit fingerprints and undergo a criminal background check as mandated by Public Act 26 of 2006 which states that “an applicant for initial licensure or registration shall submit his or her fingerprints to the department of state police to have a criminal history check conducted.” If criminal history information is found, the record will be reviewed by the Bureau of Health Professions. States, other than Michigan, may have separate protocols and licensing standards.

I acknowledge that I have been given a copy of the BOC Standards of Professional Practice (implemented January 1, 2018), BOC Professional Practice and Discipline Guidelines and Procedures (implemented January 2018) and the Licensing Division, Michigan Bureau of Health Professions Memorandum re: Fingerprinting Requirement (March 16, 2009). It is my responsibility to follow up with the aforementioned entities regarding my status as a future athletic trainer.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Athletic Training Program Director

\_\_\_\_\_  
Date



HEALTH PROFESSIONS

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## STUDENT RETENTION POLICY

The student retention policy focuses on disciplinary actions. Within the Master of Science in Athletic Training Program, progressive discipline is taken when policies or procedures described in this manual are violated. The disciplinary actions are progressive/cumulative over the student's on-campus sequence of classes and assigned clinical experiences. The retention policies are organized in two categories, *Academic Performance Policies* and *Professional Behaviors Policies*. Both sets of policies must be adhered to and violation will result in disciplinary actions/sanctions. Violations of either the Academic Performance Policy or the Professional Behaviors Policy will be treated independently. **The Athletic Training Faculty reserve the right to progress to probation, suspension, or termination based on the severity of the offense.**

### Academic Performance Policy

The athletic training student must follow the guidelines as outlined by [Graduate Studies](#).

1. Maintain at least a 3.0 cumulative graduate grade point average (GPA).

### Professional Behaviors Policy

The athletic training student must:

1. Attend to all clinical experience responsibilities.
2. Not be found guilty of any form of academic dishonesty
  - Violation of this criterion will place the student's appointment in the Athletic Training Program under immediate review by the Athletic Training Faculty.
3. Attend all Athletic Training Program meetings.
4. Attend all meetings as scheduled by the preceptor (e.g., ISLP, ICC, evaluation meetings).
5. Submit appropriate evaluations during each semester of the clinical experience.
6. Complete the required remediation requirements as assigned by the Athletic Training Program.
7. Maintain appropriate clinical education records and submit the appropriate documentation, each semester, which includes tracking of hours and clinical skills.
8. Maintain confidentiality of all medical records and information.
  - Violation of this criterion will place the student's appointment in the Athletic Training Program under immediate review by the Athletic Training Faculty.
9. Not be found guilty of any civil or criminal felonies or misdemeanors.
  - Violation of this criterion will place the student's appointment in the Athletic Training Program under immediate review by the Athletic Training Faculty.
10. Abide by the policies and procedures set forth in this manual, the Athletic Training Program Technical Standards and [BOC Standards of Professional Practice](#).

### Academic Retention Policy

1. Pass the shelf exam with a 70% or higher.
2. Complete the required remediation requirements as assigned by the Athletic Training Program.



## **PROGRESSIVE DISCIPLINE POLICY FOR ACADEMIC PERFORMANCE**

**Academic progressive discipline is taken when policies or procedures set forth in this manual are violated.**

Per the Graduate Bulletin, in order to obtain a graduate degree, a student must have at least a 3.0 (B) cumulative graduate grade point average (GPA), and a cumulative graduate GPA of 3.0 (B) in all course work on the student's authorized degree program. The policies which follow deal with cumulative graduate GPA (where cumulative graduate GPA is defined to be all courses taken at CMU at the graduate level); the Office of Graduate Studies monitors overall graduate GPAs and follows these procedures when a student's cumulative graduate GPA is below a 3.0. When a student's cumulative graduate GPA falls below a 3.0, the student is placed on academic probation and the student's academic file is reviewed by the Office of Graduate Studies. Graduate students are given two semesters of enrollment after being placed on academic probation to raise their cumulative graduate GPA to the required 3.0. A semester in which all coursework is CR/NC, which does not contribute to the GPA, will not be counted as a semester of enrollment in determining probation status.

When a student is successful in achieving a 3.0 GPA within two probationary semesters of enrollment, they will be removed from probation. If a student does not raise their cumulative graduate GPA to a 3.0 within two semesters of enrollment after being placed on probation, the student will be dematriculated. If the student is in a degree program, the relevant department may specifically request an exception to policy. If the Office of Graduate Studies concurs, the student will be granted a third and final semester to raise their cumulative graduate GPA to a 3.0. However, three semesters of enrollment after being placed on probation is the limit on extension to the probation policy. The Office of Graduate Studies will also take into consideration course offering schedules that will affect a student's ability to repeat a course.

Given the time it takes to implement these procedures, it is possible that a student will be dematriculated after he/she has registered for classes and perhaps even started attending them. If that is the case, the student will be dropped from the classes and receive any eligible refund.

In addition, departments involved in clinical programs may evaluate students on the basis of their ability to relate successfully with clients. Students who do not meet the professional standards established by departments may be placed on probation, suspended, or dismissed from a program.

In cases where a student fails to satisfy departmental graduate program requirements, the Office of Graduate Studies, upon the recommendation of the advisor and the departmental chairperson or program coordinator, and after review of the student's academic progress, may remove the student from the graduate program. Examples of specific departmental requirements to be met by students include but are not limited to the following: (1) writing competency; (2) the number of attempts made in passing comprehensive or qualifying exams; (3) the completion of required papers or theses; and (4) meeting university and departmental time limitations.

Students dismissed from graduate study, regardless of whether they were non-degree students or students pursuing a graduate certificate or degree, may petition for readmission no sooner than one academic year after the semester they were dismissed. Exceptions to this waiting period can be granted by the Office of Graduate Studies. A dismissed student can apply for either non-degree admission or admission to a graduate program. Admission as a non-degree student will be decided by the Office of Graduate Studies. Admission to a graduate program will be decided by the procedures normally used for that program.

**When a policy violation occurs, the Athletic Training Program will notify the student. The process of progressive discipline will depend on the level of violation:**

**Probation**

1. The student will meet with the Program Director and/or Academic Advisor to discuss the Academic Performance Policy violation.
2. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include additional remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
3. The student is identified as being placed on Probation.
4. The student will meet again with the Program Director and/or Athletic Training Faculty Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

**Termination**

1. The student will meet with the Program Director. The student may also meet with the School Chair or Associate Dean as appropriate.
2. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include suspension or dismissal from the Athletic Training Program. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
3. The student is identified as being terminated.



## **PROGRESSIVE DISCIPLINE POLICY FOR PROFESSIONAL BEHAVIORS**

A pattern of professional behavior issues will result in a progression from Flagged Status to First Notice to Probation to Suspension or Termination depending on the individual circumstances of the situation. The Athletic Training Program will notify the student of the policy violation. The process of progressive discipline will depend on the level of violation:

### **Flagged Status**

1. The student will meet with the Program Director, Clinical Education Coordinator and/or Academic Advisor or Instructor of Record depending on the violation to discuss the identified Professional Behavior Policy violation.
2. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include additional clinical experience, remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
3. The student is identified as being on Flagged Status.
4. The student will meet again with the Program Director, Clinical Education Coordinator and/or Academic Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

### **First Notice**

1. The student will write a letter to the Athletic Training Faculty explaining the identified behavior and corrective plan of action.
2. The student will meet with the Program Director, Clinical Education Coordinator, and/or Academic Advisor or Instructor of Record depending on the violation to discuss the identified Professional Behavior Policy violation.
3. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include additional clinical experience, remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
4. The student is identified as being placed on First Notice.
5. The student will meet again with the Program Director, Clinical Education Coordinator, and/or Academic Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

**Probation**

1. The student will meet with the Athletic Training Faculty to discuss the identified Professional Behavior Policy violation.
2. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include additional clinical experience, remediation and/or behavior modification. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
3. The student is identified as being on Probation.
4. The student will meet again with the Program Director, Clinical Education Coordinator and/or Academic Advisor at the specified date to evaluate the progressive discipline action plan progress or completion.

**Suspension or Termination**

1. The student will meet with the Program Director. The student may also meet with the School Chair or Associate Dean as appropriate.
2. The student must present appropriate justification to maintain status as a professional phase athletic training student.
3. A letter of understanding including a progressive discipline action plan will be presented to the student outlining the details of the progressive discipline which may include suspension or dismissal from the Athletic Training Program. The letter of understanding and progressive discipline action plan will be signed by the student and Program Director and placed in the student's file.
4. The student is identified as being placed on Suspension or Termination.



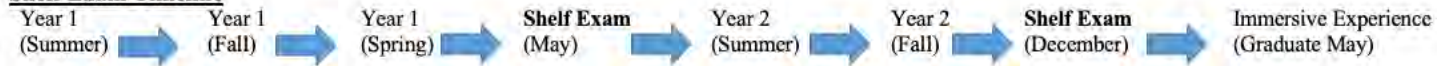
## PROGRESSIVE DISCIPLINE POLICY ACADEMIC RETENTION POLICY

Once selected into the MSAT program, students are required to complete two progressive (shelf) examinations. These examinations are longitudinal assessment tools used to evaluate the continued development of cognitive and clinical hands-on knowledge. In addition, they are to encourage retention and preparation for subsequent semesters and to hold students accountable ensuring they are prepared to adequately treat patients.

These progressive examinations will be administered following the Spring semester of year one and Fall semester of year two (see below). Each examination will be comprehensive relative to the course material in which students have completed. Each exam will be administered electronically by the Athletic Training program. The examination will consist of questions relative to the most recent BOC Practice Analysis.

The examination is pass/fail. To successfully pass the examination, students must obtain at least a 70%. Those students who do not pass the exam will be required to complete an independent study remediation course with an assigned Athletic Training faculty member and will receive written notification of this policy violation.

### Shelf Exam Timeline







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## LEAVE OF ABSENCE POLICY

Students may request a one year academic or personal leave of absence from the Athletic Training Program, in cases of personal hardship. The student must have completed the first summer of the Master of Science in Athletic Training Program to be eligible. Leave of absence may include but are not limited to the following scenarios:

- Academic reasons
- Health reasons (self or family member)
- Financial hardship
- Family or personal crisis
- Military duty
  - Those students called to active military duty may be placed on more than one year leave of absence.

### **Procedures for Leave of Absence**

1. The student should discuss their situation with their Athletic Training Faculty Advisor. Once options have been discussed and it is decided a leave is in the best interest of the student, the student must:
  - Submit a letter to the Athletic Training Faculty requesting a leave of absence as soon as circumstances allow.
    - The letter must address the reason for the request and the anticipated time and plan to return to the program.
2. A letter of understanding will be drafted outlining the details of the leave of absence. The letter will be signed by the student and Program Director and placed in the student's file.

*The Athletic Training Program reserves the right to limit the number of leaves of absence.*



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## **RE-ADMISSION POLICY**

### **DUE TO VOLUNTARY WITHDRAWAL FROM PROGRAM**

A student is considered a part of the Athletic Training Program once they have completed the admission process and have been admitted into the Master program. If a student decides to leave the professional program: a) of their own volition, and b) has informed their Athletic Training Faculty Advisor, in writing, of that decision (before leaving); that student may request consideration for re-admission. In order to be considered for re-admission, the student must complete the following four steps:

1. Submit a letter formally requesting an application and re-admission to the professional program. The letter must address the following: reasons for re-admission request and why the Athletic Training Faculty should consider such request; what the student has done since leaving the program, and student career goals/aspirations. (This letter must be submitted within 18 months of leaving the program. This time frame is required in order for the student to complete requirements to be eligible to sit for the BOC Exam). A re-admission fee must be submitted with the application and letter
2. Meet with the Athletic Training faculty, if necessary.
3. Complete a series of written and practical proficiency exams evaluating the student's competency and proficiency to perform practical skills. This may include taping skills, immediate and emergency care skills, examination skills, and therapeutic intervention skills.

*The Athletic Training Faculty have the right to deny re-admission request at any of the described procedural steps.*



## **CONSENSUAL RELATIONSHIP POLICY**

Because of the clinical role and responsibility placed on students in the Athletic Training Program, the need to maintain professional relationships with athletes, patients, athletic administration/personnel, and/or clinic/hospital administration/personnel is critical. The BOC Standards of Professional Practice Code 1.6 indicates the athletic trainer or applicant “does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient”. Also, Code 6.4 indicates the athletic trainer or applicant “acknowledges and mitigates conflicts of interest”.

The Athletic Training Program will follow [Central Michigan University’s Consensual Relationship Policy](#)

### **Athletic Training Student Responsibility**

Athletic training students are expected to self-report/disclose any consensual romantic and/or sexual relationship or consensual intimate or sexual activity. This includes activities with but not limited to all students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a patient or minor patient. Athletic training students are also expected to report subsequent termination of the relationship. Failure to comply with the disclosure requirements constitutes a violation of the policy and therefore may become grounds for discipline as outlined in the Student Retention Policy.



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## **INCLEMENT WEATHER POLICY**

### **School Closings and Delays**

- Colleges, Universities, and/or High Schools
  - Check with your preceptor to determine if a sanctioned athletic event or practice is going to occur. If an athletic event or practice is going to take place, the roads are clear, AND it is deemed safe for travel, you may go, otherwise do not.
  - The Injury Care Center is closed if the University is closed, even if the SAC remains open.
- For External Sites (e.g., Emergency Rooms, Urgent Care Centers, Physician and Physical Therapy Clinics)
  - Since these sites may not close, about 1-2 hours prior to your scheduled rotation, contact your preceptor to discuss whether it is safe for you to travel. If the site is open, the roads are clear, AND it is deemed safe for you to travel, you may go, otherwise, do not.

### **Severe Weather Watch, Warnings or Predictions**

- When a severe weather watch or warning has been issued, abide by the recommendations.
  - Prior to going to your clinical experience, contact your preceptor to determine if the conditions are such that it is deemed safe for you to travel, as per the severe weather watch or warning.
  - When at your clinical experience and needing to return home, communicate with your preceptor to establish a safe time for you to leave.

*If there are any questions regarding travel, contact the Clinical Education Coordinator.*



## **NON-DISCRIMINATION POLICY**

As outlined in Central Michigan University's Equal Opportunity and Affirmative Action Protocol, Central Michigan University is an affirmative action/equal opportunity institution. It encourages diversity and provides equal opportunity in employment and education. It is committed to protecting the constitutional and statutory civil rights of persons connected with the university including clinical placement sites.

Unlawful acts of discrimination or harassment by clinical sites associated with the Central Michigan Athletic Training Program are prohibited.

In addition, even if not illegal, acts are prohibited if they discriminate against any student through inappropriate limitation of access to, or participation in, educational activities on the basis of age, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, height, marital status, national origin, political persuasion, pregnancy, childbirth or related medical conditions, race, religion, sex, sex-based stereotypes, sexual orientation, transgender status, veteran status, or weight.

Limitations are appropriate if they are directly related to a legitimate concern regarding a student's ability to carry out the essential functions associated with placement at a particular clinical site.

If a clinical site requests or denies any student based on age, color, disability, ethnicity, gender, gender expression, gender identity, genetic information, height, marital status, national origin, political persuasion, pregnancy, childbirth or related medical conditions, race, religion, sex, sex-based stereotypes, sexual orientation, transgender status, veteran status, or weight, the Central Michigan University Athletic Training Program will suspend the use of the site, re-evaluate the site for future use in advancing the students' educational experiences, and will promptly notify Central Michigan University's Office of Civil Rights and Institutional Equity.



## RELIGIOUS ACCOMMODATIONS POLICY

The Athletic Training Program, in accordance with the university, will strive to create an environment that enhances the underlying principles and stated policies of affirmative action, diversity, and equal access for all, without regard to age, color, disability, gender, gender identity, gender expression, genetic information, familial status, height, marital status, national origin, political persuasion, race, religion, sex, sexual orientation, veteran status, or weight except where such a distinction is required by law or institutional policy. We understand students may have specific needs relative to religious beliefs, practices, and observances. Athletic Training Faculty will work with students on a case-by-case basis to reasonably accommodate students’ religious beliefs, practices, and observances so long as undue hardship does not result.

Admission to the Athletic Training Program will be contingent upon the student’s verification that they understand and meet the standards of the program either with or without religious accommodations. If a student state they can meet Program standards with religious accommodations, the Athletic Training Program Director, and/or Clinical Education Coordinator, in conjunction with university officials and the appropriate Athletic Training faculty, will review and determine if the standards can be met with reasonable accommodation. The review will assess clinician/patient safety, as well as the educational process of the student or the institution, including all course work, clinical education, clinical experiences, and internship.

Please sign statement A OR B below.

### **Statement A: NO Accommodations Requested**

I certify that I have read and understand the Religious Accommodations Policy as listed above and I believe to the best of my knowledge that I can meet the standards of the Athletic Training Program without accommodation at this time. I understand that if I am unable to meet the standards of the Program, I may be dismissed from the Program.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

### **Statement B: Accommodations REQUESTED**

I certify that I have read and understand the Religious Accommodations Policy as listed above, and I believe to the best of my knowledge that I can meet the standards of the Program with certain accommodations at this time. I will contact the necessary Athletic Training faculty members, Program Director, and/or Clinical Education Coordinator to determine what accommodations can be made. I understand that if I am unable to meet the standards of the Program, with or without accommodations, I may be dismissed from the program.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name



## SOCIAL MEDIA POLICY

The Athletic Training Program recognizes and supports its athletic training students' rights to freedom of speech, expression, and association, including the use of online social media networks. In this context, however, students are held to the standards of the Athletic Training Program, the National Athletic Trainers' Association (NATA) Code of Ethics, and the Board of Certification (BOC) Code of Professional Responsibility. Students in violation of the guidelines below are subject to discipline up to and including suspension and/or dismissal from the program as per the Progressive Discipline Policy. Discipline will be at the discretion of the Program Director and Athletic Training Faculty.

Inappropriate or malicious use of social media networks may include but is not limited to:

1. Posting information about patients. Even if the patient is not named directly, this is a violation of the patient's privacy.
2. Derogatory language or remarks regarding patients, fellow students, coaches, administration, clinical sites/affiliations, faculty or staff.
3. Demeaning statements or threats that endanger the safety of another person.
4. Incriminating photos or statements regarding, underage drinking, usage of illegal drugs, sexual harassment, violence, or any other form of illegal and/or criminal behavior.
5. Capturing video, audio, or images of faculty or staff or fellow students for personal or social media use without their express written permission.
6. Capturing video, audio, or images of coaches, medical personnel, or patients, which includes athletes, for personal or social media use.
7. Accepting or sending friend requests or other join requests to patients until you no longer work in a patient/clinician capacity.
8. Providing a medical diagnosis or opinion under the guise of a licensed healthcare professional.
9. Indicating knowledge regarding any of the acts listed above.

**Students in the Athletic Training Program must follow the Code of Ethics related to social media provided by the NATA which includes the following:**

<b>1.3</b>	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.
<b>4.1</b>	Members should conduct themselves personally and professionally in a manner that does not compromise the professional responsibilities or the practice of athletic training.
<b>4.5</b>	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.

**Students of the Athletic Training Program must also follow the Code of Professional Responsibility related to social media provided by the BOC which includes the following:**

<b>1.2</b>	Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice.
<b>1.5</b>	Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain.
<b>3.14</b>	Complies with all confidentiality and disclosure requirements of the BOC and existing law.
<b>5.1</b>	Strives to serve the profession and the community in a manner that benefits society at large.

I hereby certify that I have read and understand the Social Media Policy as outlined above. I agree to abide by this policy to the best of my ability.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name





## SEXUAL HARASSMENT POLICY

### What is Sexual Harassment?

Central Michigan University's Sexual Misconduct Policy expressly prohibits any faculty, staff, or student body member to engage in sexual harassment. Sexual Harassment is defined as follows:

1. "...nonconsensual sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature where:
  - A. Submission to such conduct is made either explicitly or implicitly a condition of a Complainant's employment or academic standing;
  - B. Submission to or rejection of such conduct is used as the basis for employment decisions or for academic evaluation, grades, or advancement; or
  - C. Such conduct has the purpose or effect of unreasonably interfering with a Complainant's work or academic performance, or creating an intimidating or hostile environment regarding education, employment, housing, or participation in CMU activities."
2. Those covered and protected by this policy may need guidance in interpreting the statute. The University defines the following terms in this manner:
  - A. **Unwelcome**
    - Conduct or communication not solicited or incited, and which a reasonable person in a similar circumstance would consider undesirable or offensive, or which continues after a person has clearly indicated that the conduct or communication is unwelcome.
  - B. **Sexual**
    - Sexual refers to all sexualities included but not limited to heterosexuality and homosexuality.
3. The University defines the following terms in this manner:
  - A. **Relationships Which Impair Choice**
    - The University will give special scrutiny to situations where a charge of sexual harassment is made in which freedom of choice is impaired because one person has the authority to make decisions or affect recommendations which may have an impact over the employment, education or housing of the person complaining.
  - B. **Peer and Similar Relationships**
    - This policy applies to the relationships between employees, between students, and similar relationships.

## **How to Recognize Sexual Harassment**

1. Briefly, sexual harassment is any conduct or communication of a sexual nature that is unwelcome, and
  - A. ...you are told that you must "go along with it" or else you will get into trouble, lose your sports medicine assignment, jeopardize your selection into the program, or otherwise suffer some consequences.
  - B. ...makes you feel uncomfortable, offended or intimidated to the extent that it interferes with your ability to work and learn in any Athletic Training/Sports Medicine setting.

## **What to Do About Sexual Harassment**

1. Administrative Officers and supervisory personnel have a duty and responsibility to establish and maintain an educational and work environment free of sexual harassment. This includes but is not limited to:
  - A. ...taking seriously all incidents or complaints of sexual harassment.
  - B. Reporting and referring all incidents or complaints of sexual harassment to the appropriate university department and superiors.
2. All athletic training students are encouraged to respond clearly and directly to any incident of sexual harassment as soon as it begins. Depending on the particular circumstances of the incident, this may include:
  - A. Telling the harasser to stop.
  - B. Reporting the incident to your Preceptor, Clinical Education Coordinator, Academic Advisor, or Program Director.
  - C. Confidentially discussing the incident with a representative from CMU Counseling Center, CMU Sexual Aggression Peer Advocates, or CMU Sexual Aggression Services.
  - D. Private conversation with the University's Office of Civil Rights and Institutional Equity university police, or Ombuds office.
  - E. Filing a grievance with the Office of Civil Rights and Institutional Equity. Students may alternatively choose to file a grievance through the Office of Student Conduct, appropriate Dean or university police.

## **Athletic Training Program Response to Sexual Harassment**

The Athletic Training Faculty takes all incidents or complaints of sexual harassment very seriously. Faculty and preceptors shall take appropriate administrative, educational, and disciplinary actions to assure a sexual harassment free educational environment. This shall include the following actions:

1. Proactively intervene to prevent or stop incidents of sexual harassment.
2. Promptly investigate and resolve all reported sexual harassment incidents in the program. Initiate appropriate disciplinary actions towards the individual engaging in sexually harassing behavior. Disciplinary action may include verbal warning, education, denial of access to facilities and services, or legal action, depending upon the nature or the offense.
3. In cases where the sexually harassing behavior is of a grievous nature and/or the CMU student engaging in the sexually harassing behavior the Athletic Training Faculty will report the student to the appropriate university office.

## Where to Go for Help

- Preceptor
- Facility Administrator (clinical site specific)
- Athletic Training Faculty Advisor
  - Ms. Webster (989) 774-3004
- Clinical Education Coordinator (Ms. Webster) (989) 774-3004
- Athletic Training Program Director (Dr. Long) (989) 774-2805
- Campus Police (989) 774-3081
- Office of Civil Rights and Institutional Equity (989) 774-3253  
[https://www.cmich.edu/office\\_president/ocrie/Pages/default.aspx](https://www.cmich.edu/office_president/ocrie/Pages/default.aspx)  
Bovee University Center 306
- Office of Student Affairs (989) 774-6677  
Sexual Aggression Services  
<https://www.cmich.edu/ess/studentaffairs/SAPA/Pages/default.aspx>  
Foust 120
- Sexual Assault Services 24-hour hotline (989) 774-2255  
[www.SAPA.cmich.edu](http://www.SAPA.cmich.edu)  
SAPA is confidential but only available during Fall and Spring semester, unavailable during summer semesters, university breaks, and university closures.
- Associate Vice President of Student Affairs (989) 774-3346  
Ronan Hall 290
- Associate Dean, The Herbert H. and Grace A. Dow (989) 774-1850  
College of Health Professions Health Professions Building
- Ombuds Office (989) 774-3010  
[ombuds@cmich.edu](mailto:ombuds@cmich.edu)  
Ronan Hall 220  
Ombuds is confidential

*\*All University employees, including Graduate Assistants, except those named as a confidential resource in, or otherwise excepted by, the Sexual Misconduct policy, are "Responsible Employees." Responsible Employees are required to share information regarding the alleged sexual misconduct known to them, including the names of the individuals involved in the alleged Sexual Misconduct, if known, with the Title IX Coordinator, or designee.*



## STANDARD DRESS CODE

As an athletic training student in the Athletic Training Program, you will be assigned to various health-care facilities. No matter your assignment, an Athletic Trainer is a health care provider and is expected to dress appropriately and professionally for the settings. All clothing and other apparel must be appropriate as detailed below.

### Shirts

- The appropriate designated shirt according to the facility/site to which you are assigned. Shirts should be long enough to cover the mid drift when the arms are raised. CMU apparel or plain shirts ONLY.

### Name Tag

- Name tag must be visible and always worn on the shirt or outer layer of clothing.

### Pants

- The type and color must be appropriate according to the facility/site to which you are assigned. Pants should not be frayed, patched, stained, or have holes. No leggings, tights, sweatpants, jeggings, yoga pants or jeans.

### Shorts

- Check your clinical site's policy as shorts may not be permitted. Shorts must extend to mid-thigh. They must not be frayed, patched, stained, or have holes. No cut-offs, beachwear, or jean shorts at your clinical site. Shorts are not permitted in hospital facilities (e.g., Emergency Rooms).

### Sweatshirts

- Check your clinical site's policy. Sweatshirts may not be permitted at all clinical experiences. CMU apparel or plain sweatshirts ONLY.

### Jewelry

- No excessive jewelry is to be worn (i.e., long, bulky necklaces, chains, large hoop earrings). Body piercings may not be permitted at all clinical experiences.

### Acrylic Nails

- Check your clinical site's policy.

### Footwear

- Closed toe/heel shoes and socks must be always worn, regardless of clinical experience. Very high heels are not allowed.

### Hats

- Check your clinical site's policy as hats and other head wear may not be permitted.

### Outerwear

- Coat or jackets must be appropriate for the climate. Check your clinical site's policy on appropriate attire.

### Medical/Fanny pack

- Packs are provided by the Athletic Training Program once admitted into the program. Packs are to be always worn during your clinical rotation.

### Cell Phones

- Carrying and using a cell phone or other electronic device is not allowed unless approved by the preceptor.

### Face Mask and Shields

- Use of face masks and face shields may be required inside CMU buildings and/or clinical experiences. When required, they must be always worn. Face masks must be appropriately applied and deemed appropriate for a health care setting.

*Exceptions to the standard dress code are permitted only with the approval of your preceptor. Additional dress code requirements may be in place at your clinical site to support the branding initiatives of the institution. If a student is not wearing appropriate attire – they may be asked to leave and return only when appropriately dressed. See Student Retention Policy.*



## WORKING WITH MINORS

The Athletic Training Program has affiliation agreements with many of the local high schools and rehabilitation clinics. There is a high likelihood that during a student's time in the Athletic Training Program, they will be working with minors. In addition to the Board of Certification (BOC) Standards of Professional Practice, National Athletic Trainers' Association (NATA) Code of Ethics and the Commission on Accreditation in Athletic Training Education (CAATE) standards, the following guidelines are to be followed and adhered to. In addition, you may be asked to complete a background check prior to beginning your clinical rotation. However, this depends on the site in which you are assigned.

1. Per the Commission on Accreditation of Athletic Training (CAATE) you may never be unsupervised while rendering patient care. Always make sure your preceptor is present when acting in the role as a t athletic training student. At all other times, avoid being alone with a minor.
2. Choose appropriate language and messages. Be careful using sarcasm and neve use vulgar language.
3. Seek agreement from patients prior to any physical contact.
4. Only touch patients when it is necessary in relation to rendering patient care.
5. Immediately report any inappropriate interactions to your preceptor and the clinical education coordinator.
6. Immediately report to your preceptor any reports of abuse (physical, sexual, emotional/mental, neglect), homicidal or suicidal thoughts.
7. Set and monitor appropriate boundaries and relationships when working with minors. Never meet with minors outside of your assigned clinical rotation.
8. Be a positive role model by maintaining an attitude of respect, patience, courtesy, and maturity.

<b>Students of the Athletic Training Program must follow the BOC Standards of Professional Practice:</b>	
<b>1.2</b>	Protects the patient from undue harm and acts always in the patient's best interest and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice.
<b>1.5</b>	Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain.
<b>1.6</b>	Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient.
<b>1.7</b>	Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan.
<b>3.11</b>	Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training.
<b>3.13</b>	Cooperates with the BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information.

<b>Students of the Athletic Training Program must also follow the NATA Code of Ethics:</b>	
<b>2.3</b>	Members shall refrain from and report illegal or unethical practices related to athletic training.
<b>2.4</b>	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 ethics investigations is an ethical violation.
<b>4.1</b>	Members shall conduct themselves personally and professional in a manner that does not compromise their professional responsibilities or the practice of athletic training.

<b>Students of the Athletic Training Program must also follow the CAATE Standards:</b>	
<b>59</b>	Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other healthcare professional, consumer, payors, policy makers, and others.
<b>65</b>	Practice in a manner that is congruent with the ethical standards of the profession.
<b>66</b>	Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organization, local, state, and federal laws, regulations, rules, and guidelines.

I hereby certify that I have read and understand the Working with Minors Policy as outlined above. I agree to abide by this policy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Section III



### **Clinical Experience and Clinical Policies**





## **CLINICAL EXPERIENCE POLICY**

Students are assigned to specific clinical experiences and immersive clinical experiences. Additional experiences are available for students that start during a school break or beyond the completion of semester classes (see Clinical Experience Volunteer Policy). The Athletic Training Faculty encourage students to consider these additional experiences to strengthen their clinical skills. Information regarding these experiences will be provided to students as they are made available.

Due to the limited availability of clinical experiences in the immediate Mt. Pleasant area, it is necessary to arrange clinical experiences in other locations outside of Mt. Pleasant. These experiences, apart from ATR 799, will require the student to commute up to 45 miles one-way. Clinical experiences while enrolled in ATR 799 will be dependent upon established clinical agreements and student preference. Those students who do not have a vehicle may be assigned an experience in Mt. Pleasant or may need to carpool with another student. Students are placed based on the experience that will provide the best learning environment while making sure to fulfill CAATE requirements.





## **CLINICAL EXPERIENCE DECLARATION NON-DISCLOSURE OF INFORMATION**

Before an athletic training student can be assigned to a clinical experience, the student is required to sign the following statement. Should the athletic training student refuse to sign the statements, they will not be assigned to a clinical experience. The student must submit a written explanation for their refusal to sign, which will then be reviewed by the Athletic Training Faculty. The faculty will determine the merits of the refusal to sign for appropriate action. This declaration shall remain in the student's personal file for the duration of their involvement in the Athletic Training Program.

### **CONFIDENTIALITY STATEMENT**

I understand that all the information I may become knowledgeable of in my capacity as an athletic training student is subject to the patient/physician privilege and the standards, as applicable, according to the Health Insurance Portability and Accountability Act (HIPAA). Therefore, all information regarding the patient must be considered confidential and protected by privacy standards. I will not discuss medical information or other protected health information with anyone except for members of the medical staff at my clinical experience. Discussion with the Central Michigan University Athletic Training Faculty will involve the specific injury/illness without disclosure of any identifiable information. Any breach of these standards will result in immediate review of the student's status in the professional phase of the Athletic Training Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## **CLINICAL EXPERIENCE DECLARATION BLOODBORNE PATHOGENS**

I understand as an athletic training student I am at risk of exposure to blood and other potentially infectious materials that may contain blood-borne pathogens, including hepatitis-B (HBV) and human immunodeficiency virus (HIV). I have been given information regarding the risk of exposure, modes of transmission, recognizing tasks and activities that may involve exposure, methods to reduce or prevent exposure, and procedures to follow if an exposure incident occurs. I understand exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis-B vaccination, signs and labels, and other provisions.

I have been given information specific to hepatitis-B infection, which causes hepatitis-B, a serious liver disease. I understand that a hepatitis-B vaccine is available and is the best defense against hepatitis-B.

\_\_\_\_\_ I have received the hepatitis-B vaccination. However, I understand I still must follow the field experience Exposure Control Plan in order to protect myself from the risk of exposure to other blood-borne pathogens.

\_\_\_\_\_ I have chosen not to receive the hepatitis-B vaccination at this time, by my own accord. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis-B. I understand I must follow the field experience Exposure Control Plan in order to protect myself from the risk of exposure to blood-borne pathogens.

I understand the hepatitis-B vaccination is not a condition of acceptance or continuance in the Athletic Training Program. Further, I understand should an exposure incident occur during my clinical programmed activity that payment for evaluation, treatment, and follow-up care is at the student's or student's health insurer's expense.

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

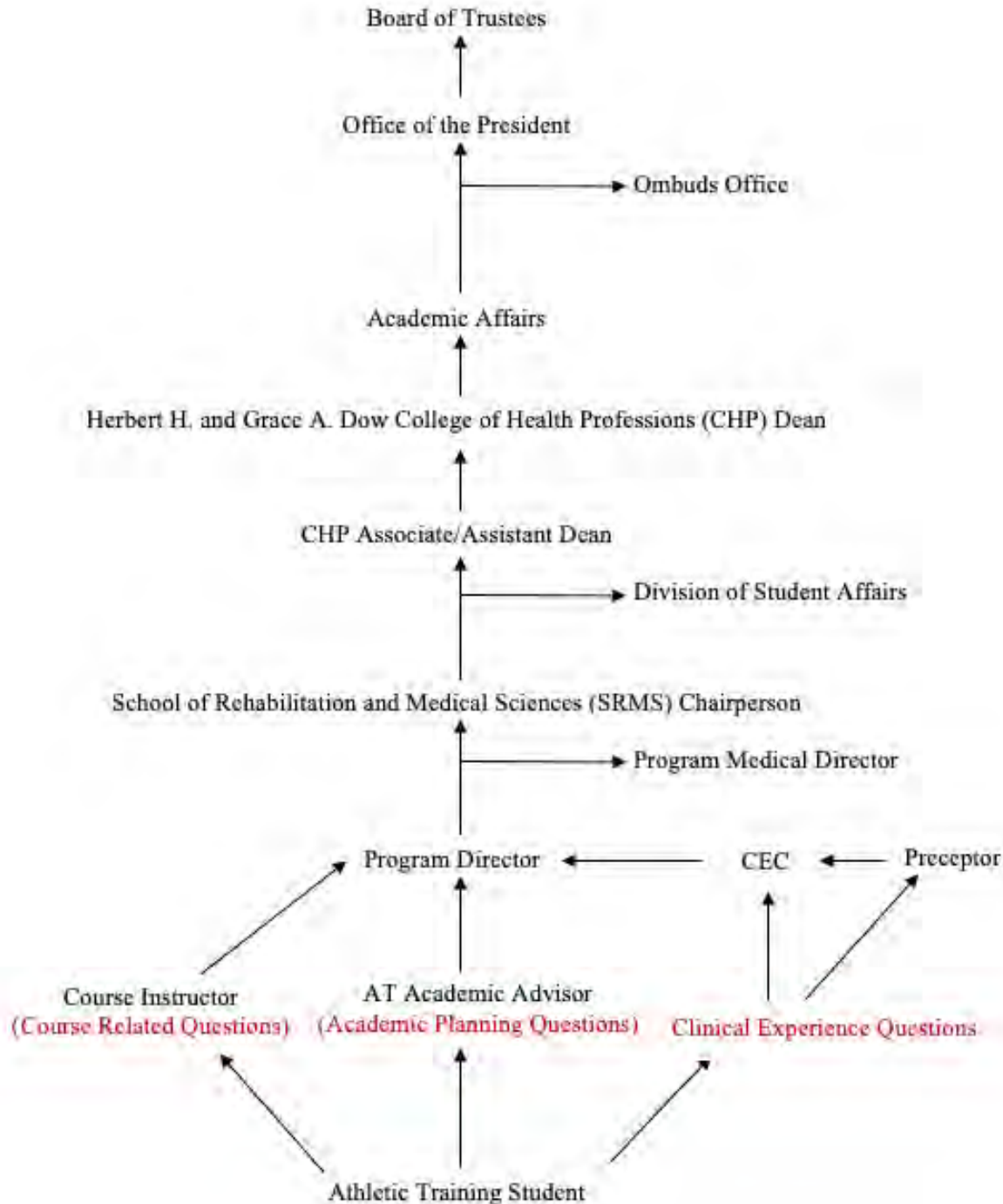
\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Initial/Date



## CHAIN OF COMMAND

The chain of command is to assist students on who to contact when they have questions or concerns relative to their experience in the Athletic Training Program.



*\*Based on the nature of the students' questions students may need to have discussions with their Preceptor, AT Clinical Education Coordinator (CEC), or Program Director.*



## CLINICAL EXPERIENCE REQUIREMENTS

The Athletic Training Program, administered by Central Michigan University School of Rehabilitation and Medical Sciences, is designed to prepare entry-level athletic trainers for future employment in colleges and universities, secondary schools, clinics, hospitals, professional sports, as well as emerging settings like the performing arts, public safety, military, and occupational health. The athletic training program provides an effective blend of classroom, laboratory instruction and clinical experiences, which are designed to prepare students in the prevention, management, rehabilitation and referral of injuries and illnesses sustained by patients or clients. As a part of the Athletic Training Program, students will complete three different types of clinical experiences- athletic training, supplemental, and immersive. With students being required to drive up to 45 miles to their clinical experience travel costs will vary based on location. Prior to a student being assigned to one of those sites, the Clinical Education Coordinator will ensure the student has the means to provide transportation for themselves.

## CLINICAL EXPERIENCE PROGRESSION

The athletic training student will spend two years in various clinical experiences. Students are required to complete two immersive clinical experiences, six clinical experiences, and supplemental experiences. The goal of clinical experiences is to provide students a range of clinical opportunities within athletic training. The student should develop progressive independence each semester.

		Year 1				Year 2				
Semester	Summer 1 Immersive	Fall 1	Spring 1			Summer 2	Fall 2			Spring 2 Immersive
Clinical Experience Site	Preseason CMU	Athletics CMU	Group A	Athletics 1st 8 wks	ICC 2nd 8 wks	Gen Med HS Preseason	Group A	ICC/Rehab 1st 8 wks	HS 2nd 8 wks	HS Athletics Clinic/HS Clinic
	Northwood	Northwood	B	2nd 8 wks	1st 8 wks		B	2nd 8 wks	1st 8 wks	
	Alma	Alma								

\*ICC – Injury Care Center. This center is in the CMU student activity center (SAC).

- A. **Summer 1.** Students will complete their first immersive clinical experience with preseason collegiate athletics at CMU, Northwood University, or Alma College. The immersive clinical experience will provide a full-time athletic training experience under the supervision of a preceptor. Students will have opportunities to observe and practice athletic training skills and abilities related to injury prevention and professional behaviors.
- B. **Fall 1.** Students will complete their first athletic training clinical experience in collegiate athletics at CMU, Northwood University, or Alma College under the supervision of a preceptor. Students will develop and progress clinical reasoning skills in musculoskeletal examination, diagnosis, and therapeutic interventions.
- C. **Spring 1.** Students will complete two eight-week athletic training clinical experiences, one in CMU collegiate athletics and the other in CMU’s Injury Care Center (ICC). Students will have opportunities to put theory-to-practice and synthesize their athletic training knowledge and skills. Students will be able to examine patients, interpret findings and formulate a comprehensive plan of care.

- D. **Summer 2.** The second summer is devoted to a supplemental clinical experience with allied health care professionals in urgent care clinics and emergency rooms. Student will also participate in a clinical experience associated with high school preseason athletics under the supervision of a preceptor. Both experiences will allow students to advance their critical reasoning, communication, and leadership skills along with athletic training clinical skills.
- E. **Fall 2.** Students will complete two eight-week athletic training clinical experiences, one in the ICC and the other at a high school. Additionally, students will complete a supplemental clinical experience in a rehabilitation facility. Students will integrate their athletic training knowledge, skills, and clinical decision making into patient care under the supervision and guidance of a preceptor.
- F. **Spring 2.** Students will complete an immersive experience at a CMU athletic training program approved agency. Sites include colleges, universities, secondary schools, clinics, hospitals, professional sports, or occupational health. Students will be given opportunities to demonstrate proficiency in athletic training skills and abilities related to domains of athletic training.

## **ATHLETIC TRAINING AND SUPPLEMENTAL CLINICAL EXPERIENCE SCHEDULES**

Much of the athletic training and supplemental clinical experiences are conducted during the afternoon and early evenings. Schedule adjustments may be necessary to allow students the opportunity to be available during times specific to the clinical experiences.

- Collegiate and High School Athletics
  - Most practice times vary based on the location. Weekends and evenings are likely.
- Injury Care Center
  - Specific schedule as assigned by the ICC Coordinator
    - i. Monday-Friday afternoons or evenings
    - ii. Sunday variable
- Urgent Care Clinics
  - Two afternoons a week for 3-4 hour shifts.
- Emergency Departments
  - Two afternoons a week for 3-4 hour shifts or one 8-hour shift in a week, not to exceed 10:00 PM.
- Rehabilitation Facility
  - Two afternoons a week for 3-4 hour shifts.

## GOALS FOR ATHLETIC TRAINING CLINICAL EXPERIENCES

A goal of the Athletic Training Program is to provide students with a variety of athletic training clinical experiences that include multiple settings. It is our desire to place students in as many different settings as possible, as they progress through the clinical portion of the program. Each student is assigned to a preceptor at the identified clinical site. Preceptor/Athletic Training Clinical Experience and Student Goals have been identified to assist with understanding the learning opportunities and skills that should be accomplished.

### 1. Athletic Settings

- Collegiate
  - Alma College
  - Central Michigan University
  - Northwood University
  - Saginaw Valley State University
- High School
  - Alma High School
  - Beal City High School
  - Bullock Creek High School
  - Clare High School
  - H.H. Dow High School
  - Meridian Early College High School
  - Midland High School
  - Mount Pleasant High School
  - Sacred Heart Academy
  - Shepherd High School
  - St. Louis High School
  - Vestaburg High School

### Preceptor/Athletic Training Clinical Experience Goals

- A. Illustrate the basic concepts of organizing and coordinating an athletic training program within a secondary and higher education institution.
- B. Provide experiences to observe the professional, ethical and legal parameters, which define the role of the athletic trainer in the treatment and rehabilitation of clients within the athletic setting, and the administration and implementation of an athletic health care delivery system at different levels of athletic competition.
- C. Provide opportunities to be responsible for documentation, maintenance of records and the confidentiality of medical files associated with the administration of athletic training health-care programs in the secondary and higher education athletic setting.
- D. Demonstrate the role of individuals, medical and non-medical, in the athletic health care system and recognize the athletic trainer's role as a liaison among the different groups in the athletic loop.
- E. Provide learning experiences, which will provide athletic training students an opportunity to develop the competencies and proficiencies necessary for effective functioning as an entry-level athletic trainer.

### **Student Goals**

- A. Recognize and comprehend the moral and ethical responsibility for conducting a safe athletic program and the techniques possible for fully minimizing injury/illness risk factors, when possible.
- B. Appreciate the importance of developing and implementing a thorough, comprehensive athletic health care delivery system.
- C. Appreciate the need for cooperation among all individuals, which enter the athletic health care loop.
- D. Respect the injured athlete as an individual deserving of quality health care.
- E. Provide appropriate health care, which includes prevention, evaluation and diagnosis, immediate and emergency care, treatment and rehabilitation and referral to patients as illustrated in the facility Standard Operating Procedure (SOP).
- F. Recognize and accept the need for good interpersonal relationships among individuals who may become involved in the athletic arena.

## **2. Injury Care Center, University Recreation**

- An athletic training facility for recreational athletes and physically active individuals.

### **Preceptor/Clinical Experience Goals**

- A. Provide opportunities to observe the administration and organization of an injury care center in a recreational facility.
- B. Provide experiences to observe and appreciate the importance of cooperation and communication between different agencies (university recreation, health services and center staff), which have direct interest in the injury care center.
- C. Provide opportunities to interact with the various individuals using the recreational opportunities in the Student Activity Center and accepting each individual with or without a physical complaint without personal bias or prejudice.
- D. Provide opportunities for the athletic training student to conduct clinical evaluations and to formulate a clinical diagnosis, administer proper first aid, immediate and emergency care, treatment and rehabilitation, and make appropriate referrals per SOP.

### **Student Goals**

- A. Provide appropriate first aid and immediate and emergency care according to accepted standards and refer patient to appropriate medical personnel per SOP.
- B. Provide clients with sound health information pertaining to injury and other health matters.
- C. Conduct a thorough clinical evaluation, formulates a diagnosis, and communicates their assessment and advice in a comprehensive manner; makes appropriate referral per SOP.
- D. Plan and implement basic treatment, rehabilitation/reconditioning programs, and communicates the program in an effective manner.
- E. Utilizes objective criteria which will indicate to the individual their ability to safely return to physical activity.
- F. Accepts the responsibility for completion of paperwork and maintains up-to-date and accurate records.

## GOALS FOR SUPPLEMENTAL CLINICAL EXPERIENCES

A goal of the Athletic Training Program is to provide students with a variety of supplemental clinical experiences in various healthcare settings. Preceptor/Supplemental Clinical Experience and Student Goals have been identified to assist with understanding the learning opportunities and skills that should be accomplished.

### 1. Affiliated Health Care Settings

- McLaren Central Michigan
  - Mt. Pleasant Emergency Department
- MyMichigan Health
  - MyMichigan Medical Center Clare (Emergency Department)
  - MyMichigan Medical Center Alma (Emergency Department)
  - MyMichigan Medical Center Mt. Pleasant (Emergency Department)

### Preceptor/Supplemental Clinical Experience Goals

- A. Demonstrate the role and function of the physicians, physician's assistants, nurse practitioners, and nurses at affiliated health care settings, in the treatment of illnesses and injuries sustained by patients at Central Michigan University, the City of Mt. Pleasant and/or surrounding area.
- B. Provide opportunities to demonstrate the relationship between typical symptoms and clinical signs, and illness/injury pathology.
- C. Provide experiences to demonstrate commonly accepted techniques and procedures for clinical evaluation of illnesses/injuries.
- D. Provide opportunities to develop an understanding of the methods for treatment prescribed by the physician, physician's assistant, or nurse practitioner.
- E. Demonstrate the organization and operation of a community-based emergency room or urgent care facility.
- F. Demonstrate the roles and responsibilities of various health care providers in an emergency room or urgent care facility.
- G. Provide interaction with other health-care professionals.
- H. Demonstrate the administration of standard first aid techniques and medical care to injured and/or ill individuals.
- I. Demonstrate the role of an emergency room or urgent care center within the community.

### Student Goals

- A. Observe and comprehend characteristic pathologies for common ailments seen at affiliated health care settings.
- B. Listen to and comprehend the use of standard nomenclature for proper communication of identified clinical signs and symptoms among health care providers.
- C. Observe the communication process between the health care provider and patient.
- D. Comprehend the importance of confidentiality and patient-physician privilege.
- E. Observe and comprehend the:
  - Construction and phrasing of questions appropriate to obtaining a medical history.
  - Identification of observable clinical signs typically associated with illnesses/injuries.
  - Location and palpation of anatomical structures commonly involved in illness/injury pathology.



- Administration of appropriate functional tests and/or medical(laboratory) tests for evaluation of illness/injury.
  - Incorporation of appropriate examination techniques and procedures into an effective, systematic scheme of clinical evaluation.
- F. Explain the role and responsibilities of EMTs, emergency room or urgent care health care providers in the health-care delivery system to ill or injured individuals.
- G. Observe and assist, when directed, with the care and treatment of patients seeking medical attention at an emergency room facility or urgent care center.
- H. Recognize the physiological response of the body to illness and injury.
- I. Obtain the knowledge and skill in recognizing abnormalities of the body and the relationship to severity of pathological signs and symptoms.
- J. Observe and assist, when directed, the implementation of appropriate treatment, follow-up care, and/or referral to other medical personnel of patients seen in an emergency room or urgent care center.

## **2. Rehabilitation Facilities**

- Central Michigan Rehab
  - Mt. Pleasant
  - St. Louis
- Midland Chiropractic Sports Rehabilitation
- MyMichigan Health
  - Rehabilitation Services (Alma)
  - Rehabilitation Services (Mount Pleasant)
  - Rehabilitation Services Campus Ridge (Midland)
- Mountain Town Rehab

### **Preceptor/Supplemental Clinical Experience Goals**

- A. Provide opportunities to observe and interact with health care professionals in their respective work environment.
- B. Demonstrate the planning and implementation of comprehensive rehabilitation programs for ill and/or injured individuals.
- C. Provide the opportunity to observe the administration and organization of a rehabilitation facility including patient billing, confidentiality, and personnel and department management.

### **Student Goals**

- A. Observe and understand a thorough physical examination (screening) prior to the development and implementation of a rehabilitation program.
- B. Assist with the application of commonly used therapeutic techniques under the direction and supervision of a preceptor.
- C. Assist with ambulation aids and techniques.
- D. Observe and comprehend the effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems, and resulting implications for selection of therapeutic modalities and rehabilitation exercises.
- E. Assist with the administration of postural evaluation and screening procedures to assess baseline levels of health and to track patient care and progress.

- F. Observe and understand the effects of disease processes and their implications to the choice of therapeutic modalities and rehabilitation exercises.
- G. Observe the administration, management and organization of the total operation of a rehabilitation facility.

## **GOALS FOR IMMERSIVE CLINICAL EXPERIENCES**

The immersive clinical experience is comprehensive in nature and allows students to experience the totality of care provided by athletic trainers. This should be done in a manner that will prepare the student to function most effectively as an athletic trainer in the athletic/sport, hospital, clinical, industrial or corporate setting. If possible, plan to have a car available during the immersive experience. Failure to do so minimizes the available immersive experience sites. Students must meet Technical Standards in order to complete the immersive experiences.

### **Preceptor/Immersive Clinical Experience Goals**

- A. Broaden the student's concept of athletic training and provide experiences that will aid in understanding human behavior in the physically active.
- B. Supplement the student's classroom experience and allow for refinement of knowledge, skills, and abilities.
- C. Provide the student an opportunity to gain practical experiences under professional supervision in realistic situations.
- D. Assist the student in identifying their capabilities and selecting areas for possible specialization.
- E. Assist the student in future employment by providing professional experience, networking, and personal references.

### **Student Goals**

- A. Synthesize examination and immediate care knowledge, skills, and experiences to manage acute and emergent conditions.
- B. Document patient care in a comprehensive patient-file management system.
- C. Synthesize examination and therapeutic intervention knowledge, skills, and experiences to create, implement, modify, and progress a plan of care, including return to participation, for common injuries, illnesses and conditions.
- D. Communicate effectively with patients, family members, coaches, policy makers, administrators, and/or other health care professionals.
- E. Model professional behaviors in a manner that is compliant with the BOC Standards of Professional Practice and organizational, local, state, and federal laws, regulations, guidelines, and policies and procedures.
- F. Perform administrative duties related to the delivery of health care services.
- G. Develop and implement preventative strategies and programs to reduce risks associated with injuries, illnesses, and other health conditions.



HEALTH PROFESSIONS

**ATHLETIC TRAINING**

CENTRAL MICHIGAN UNIVERSITY

## **CLINICAL EXPERIENCE VOLUNTEER POLICY**

Students' clinical field experience (CFE) begins on the first day of classes and ends on the last day of classes apart from pre-season clinical experiences.

If a student chooses to engage in clinical experiences prior to the first day of class or after the last day of class, this experience will be considered "volunteer" and not an academic requirement of their course work. This experience will be considered outside the scope of any University requirement.

Prior to any volunteer clinical experience, the student must receive written permission from their supervising clinical site preceptor, stating the supervising clinical site understands the Clinical Experience is on a volunteer basis and not the result of an educational requirement by CMU. This documentation must be submitted to the Clinical Education Coordinator.

In the case where a student's clinical experience is at a high school, the clinical site preceptor and athletic director must also provide written permission. Central Michigan University and the Athletic Training Program are not liable for a volunteer's actions or any injuries that may arise while working with the clinical site.

As a volunteer, time tracking and case logs are not to be documented in an online database system as this experience occurs outside CAATE requirements, the accrediting body for Athletic Training programs. Students may choose to document their time and experiences but will not use an online database system to do so.

Choosing to gain additional clinical experience outside the students CFE is the student's personal choice. If a student chooses not to volunteer, their refusal to participate in these opportunities will not be held against them.



## **CLINICAL EXPERIENCE SUPERVISION POLICY**

### **Supervised Clinical Experience**

1. Definition
  - a. The identified preceptor is present, on-site, to guide the athletic training student, provide professional feedback during or immediately after the teachable moment, and intervene on behalf of the athletic training student and/or patient, if necessary. All clinical experiences have established goals for the athletic training student and preceptor
2. Athletic Training Student Expectation
  - a. The athletic training students' level of competency and their clinical responsibility have been defined and outlined by the athletic training faculty, and may be found in the Athletic Training Policies and Procedures Manual and Preceptor Manual

### **Strategic Alliance Statement on Athletic Training Student Supervision**

The leadership of the Strategic Alliance, which includes the Commission on Accreditation of Athletic Training Education (CAATE), the National Athletic Trainers' Association (NATA), and the Board of Certification, Inc. (BOC), and NATA Research and Education Foundation has concluded that it is both appropriate and necessary to issue this formal statement to remind institutions, supervisors, and students that athletic training students should provide services to patients only when directly supervised by the appropriate personnel. This includes athletic training students who travel with athletic teams. According to the *2020 Standards for the Accreditation of Professional Athletic Training Programs*, "preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision must also occur in compliance with the state practice act of the state in which the student is engaging in client/patient care."

The Strategic Alliance has a vested interest in student supervision, an issue that transcends educational programs and impacts the profession of athletic training. The CAATE is involved from an educational standpoint, the BOC is involved from the regulatory perspective, and the NATA is concerned about issues affecting the athletic training profession. Athletic training services should be provided only by BOC-certified or otherwise regulated personnel or by students under the direct supervision of such personnel. Athletic training students should only travel with teams when directly supervised at all times by appropriately credentialed athletic trainers. The practice of an unsupervised student providing athletic training services replaces licensed athletic training staff with unregulated personnel. This is illegal in most states, and the practice is contrary to the safety and welfare of patients. Additionally, it is not in the best interest of the profession and therefore cannot be supported by the Strategic Alliance.

The direct supervision of athletic training students is in the best interest of the institutions, supervisors, students, and patients. It is required under the CAATE education standards. As stated above, the Standards

stipulate a clinical instructor must be physically present and able to interact with an athletic training student at the site of the clinical experience.

The Strategic Alliance acknowledges that critical thinking and independent clinical decision-making are at the heart of good clinical supervision. Direct supervision does not preclude students' ability to learn and exercise those key skills. Clinical instructors and supervisors should allow students the appropriate freedom to engage in critical thinking and decision-making in a suitable environment. Above all, supervision by an instructor or supervisor must be adequate to ensure that each patient receives competent and quality care and to ensure compliance with the relevant state practice act. Failure to provide adequate supervision could expose the institution and regulated professionals to liability.

The Strategic Alliance is evaluating clinical education from several perspectives and is developing additional models and tools. This collective effort will assist athletic training students and classroom and clinical instructors.

11.8.11 Reference: CAATE



HEALTH PROFESSIONS

**ATHLETIC TRAINING**

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## **CLINICAL EXPERIENCE HOUR POLICY**

Once selected into the Athletic Training Program, students must complete two years of coursework which includes assigned clinical experiences. Some states as part of their licensure/registration bills may require documentation of clinical hours. The Athletic Training Program will require students to track their clinical experience hours not to exceed 20 hours per week while enrolled in ATR 610, 620, 730, and 740. During the immersive clinical experience, students enrolled in ATR 600 will have up to 30 hours per week. For ATR 799, students will have a minimum of 40 hours per week. Athletic training students will receive one day off in a seven-day period and not report to their clinical experience more than 6 days in a row. The goal of clinical education is to provide the student a range of experiences within the athletic training profession while providing progressively autonomous clinical experiences.

*The Athletic Training faculty reserves the right to adjust the minimum and maximum clinical experience and immersive hours.*



HEALTH PROFESSIONS

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## **CLINICAL EXPERIENCE TRAVEL POLICY**

You must take the transportation provided by your clinical field experience site to and from events. Exceptions are made if the risk to the student driving from their residence to the location of the event is less than the risk of traveling to the original clinical site to utilize the provided transportation. Any request to self-transport to an event must be received in writing by the Clinical Education Coordinator at least 48 hours prior to travel.

If transportation is not provided by the clinical field experience site to and/or from the event, transportation arrangements must be pre-approved by the Clinical Education Coordinator and/or Program Director and are considered on a case-by-case basis. Travel requests must be received in writing at least one week prior to travel. Students enrolled in ATR 799 are not required to seek pre-approval from the Clinical Education Coordinator and/or Program Director.

Preceptors may choose not to take the transportation provided by the clinical experience site to and/or from events (e.g., the Preceptor drives their personal vehicle). During these cases, you may travel in the transportation provided by the clinical field experience site if the Preceptor is caravanning (e.g., directly ahead or behind the vehicle the athletic training student is in).

Travel opportunity must either be documented in your Clinical Field Experience Form (CFE) or communicated via email with the Clinical Education Coordinator at least 48 hours in advance. You must also communicate with your CMU instructors to assure you are able to miss class as traveling to such events is not an excused absence. Some clinical skills are covered one time and require your attendance in order to meet accreditation standards.



## **CLINICAL PERFORMANCE APPRAISAL**

A minimum of two evaluations will be used to assess an acceptable level of student clinical performance. These evaluations will be completed each academic semester including the students' immersive clinical experiences.

1. Athletic (Collegiate or Interscholastic) and University Recreation Settings
  - a. In this clinical setting, student will complete a midsemester and end of the semester evaluation. The mid-semester evaluation is to be completed by the preceptor. The purpose of this evaluation is to assess where the students are in their clinical skills respective in their time within the program. Students are required to schedule the midsemester evaluation meeting with the preceptor to discuss their performance. The end of the semester evaluation will also be completed by the preceptor. The goal with this evaluation is to provide an overall summative assessment of the students' performance during their clinical experience and will allow for feedback on clinical skills and abilities as well as professional attributes at their current level of expected knowledge in the program. Once midsemester and end of the semester evaluations are complete, the preceptor will submit these evaluations it to the Clinical Education Coordinator.
2. Affiliated Health Care Setting and Rehabilitation Facilities
  - a. Evaluation tools are designed specifically for these clinical field experience settings. Students are to submit the appropriate evaluation form to your preceptor before their final day. On the last day, students are required to review the evaluation with your preceptor and submit a signed evaluation to their clinical course instructor.
3. Preceptor and Clinical Field Experience Evaluation
  - a. At the conclusion of each clinical field experience, students are required to complete an evaluation of the preceptor and the clinical site (two evaluations). Prior to completing these evaluations students must review the preceptor and clinical field experience goals to ensure accuracy. Students are not required to meet with your preceptor to discuss this evaluation. Once complete, the student will submit these evaluations it to the Clinical Education Coordinator. These evaluations are to occur at the completion of each clinical field experience [(i.e., Athletics and (Collegiate or Interscholastic) and University Recreation Setting, and Affiliated Health Care Settings and Rehabilitation Facilities)].





## COMMUNICABLE AND INFECTIOUS DISEASE POLICY

1. Wash your hands frequently (about 15-20 seconds) (before/after treating patients; after using the restroom; after coughing/sneezing)
2. Do not share drinks; no “double dipping”
3. Cover your mouth/nose with a tissue when coughing or sneezing, then dispose of own tissue
4. Wear a mask if you are sick, to prevent others from becoming sick
5. Wash/disinfect working surfaces per BBP/universal precautions guidelines

### PREVENTING THE SPREAD OF GERMS IN THE CLASSROOM AND CLINICAL SITES

#### Spreading of Germs

- Illnesses like the flu (influenza) and colds are caused by viruses that infect the nose, throat, and lungs. The flu and cold usually spread from person to person when an infected person coughs or sneezes.

#### Preventing the Spread of Germs

- 1. Cover your mouth and nose when you sneeze or cough.**
  - a. Cough or sneeze into a tissue and then throw it away.
  - b. Cover your cough or sneeze if you do not have a tissue.
  - c. Clean your hands and do so every time you cough or sneeze.
- 2. Clean your hands often.**
  - a. When available, wash your hands with soap and warm water then rub your hands vigorously together and scrub all surfaces. Wash for 15-20 seconds
  - b. It is soap combined with the scrubbing action that helps dislodge and remove germs.
  - c. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used.
  - d. You can find them in most supermarkets and drugstores. If using a gel, rub the gel in your hands until dry. The gel doesn't need water to work; the alcohol in the gel kills germs that cause the cold and flu.
- 3. Avoid touching your eyes, nose, or mouth**
  - a. Germs are often spread when a person touches something that is contaminated with germs and then touches their eyes, nose, or mouth. Germs can live for a long time (some can live for 2 hours or more) on surfaces like doorknobs, desks, and tables.
- 4. Stay home when you are sick and check with a health care provider as needed.**
  - a. When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed.
- 5. Notify your Preceptor, Instructors, and Clinical Education Coordinator as soon as possible regarding your ability to attend class and clinical experience.**
  - a. Your professor/employer may require a doctor's note for an excused absence. Remember: keeping your distance may protect others from getting sick
- 6. Practice other good health habits.**
  - a. Get plenty of sleep
  - b. Be physically active
  - c. Manage your stress
  - d. Drink plenty of fluids
  - e. Eat nutritious food

**Common Signs and Symptoms of the Flu**

- Fever (usually high)
- Headache
- Extreme tiredness
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Nausea, vomiting, and diarrhea (much more common among children than adults)

**Common Signs and Symptoms of the Coronavirus Disease 2019 (COVID-19)**

- Fever, chills, or shaking
- Cough
- Shortness or difficulty breathing
- Change in taste or smell
- Unusual fatigue
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**Emergency Warning Signs for the Coronavirus Disease 2019 (COVID-19)**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to walk
- Inability to stay awake
- Bluish lips or face

I hereby certify that I have read and understand the prevention strategies for the transmission of communicable diseases as outlined above. I agree to abide by these strategies to the best of my ability.

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Athletic Training Student Signature

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Date

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Print Name



## **BLOODBORNE PATHOGENS CONTROL PLAN**

It is the desire of the Athletic Training Program faculty to limit or prevent student exposure to blood and other potentially infectious materials, and to provide information regarding such exposure to those students in the Athletic Training Program. This document serves to clarify the process for education, prevention, post-exposure medical treatment and follow-up care provided for athletic training students regarding bloodborne pathogens and the potential exposure, which may be part of their clinical experience.

### **Definitions**

- Bloodborne Pathogens
  - Pathogenic microorganisms that are present in human blood and can cause diseases in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- Student Exposure
  - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the student's participation during their clinical experience.
- Athletic Training Student
  - Students identified as an athletic training student performing duties at specific clinical sites as assigned by a member of the Athletic Training Faculty.
- Clinical Experience
  - Activities that are related to the clinical requirements of the Athletic Training Program.
- Other Potentially Infectious Materials
  - The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate bodily fluids.
  - Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
  - HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- Universal Precautions
  - A standardized approach to infection control where you treat all human blood and certain bodily fluids as if they are known to contain HIV, HBV, or other bloodborne pathogens.

- Exposure Incident
  - A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of their duty as an athletic training student during their assigned clinical experience.

### **Policy Implementation**

- The Athletic Training Faculty shall provide education and prophylactic guidelines to athletic training students who may be exposed to bloodborne pathogens. Athletic training students will have access to appropriate evaluation and treatment of exposures through health care centers. Athletic training students in the Athletic Training Program are not covered by OSHA standards or Worker's compensation therefore, evaluation and treatment are at the student's or student's health insurer's expense.

## **HEPATITIS INFORMATION**

Hepatitis B is an inflammation of the liver often caused by viruses. Most cases of hepatitis occur without visible signs or symptoms, and usually clear completely without lasting effects. Specific blood tests can show whether an individual has hepatitis. There are various types of Hepatitis. Two major types, each caused by a different virus are Hepatitis A and Hepatitis B.

### **Hepatitis A**

- Sometimes called “Infectious hepatitis”, is usually acquired by eating food contaminated by feces, by drinking contaminated water, or by close intimate contact with an infected person

### **Hepatitis B**

- Sometimes known as “serum hepatitis”, is a viral infection caused by the Hepatitis B Virus (HBV). Some of the symptoms of the acute illness are loss of appetite, nausea, vomiting, fatigue and headache, followed by jaundice. The hepatitis B virus is found in blood, as well as, other body fluids, such as saliva and semen of infected individuals. The most frequent means of transmitting the virus is through direct inoculation by needle of contaminated blood or serum.
- Most people with hepatitis B recover completely, but some may become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute hepatitis and reduce sickness and death from chronic active hepatitis, cirrhosis and liver cancer.

### **Possible Methods of Contracting Hepatitis B**

- In order of potential risk are: Direct injection of contaminated blood or serum by needle; e.g. blood transfusion, tattooing, ear piercing, illicit drug use.
  - Transfer of infective serum or plasma through small, often unrecognized breaks in the surface of the skin as well as through larger skin lesions such as burns or scratches.
  - Introduction of the infective serum or plasma onto inner (mucosal) surfaces of the mouth or eyes.
  - Introduction of saliva containing blood or semen containing the virus onto mucosal surfaces of the mouth, eyes, vagina, or rectum. Mouth-to-mouth or mouth-to-body contact, sexual activity and kissing may be potential routes for transmission of hepatitis B.
  - Indirect transfer of infective serum or plasma from obviously soiled surfaces or environmental objects.

## **Potential Methods Hepatitis B Transmission**

- Through the air or by coughing or sneezing (i.e., airborne particles).
- Contact with feces of infected persons (i.e., fecal-oral spread).
- Use of public drinking fountains, musical instruments, swimming pools, and toilet seats.
- Social contact in schools, workshops, and similar social settings.

## **Precautions for Reducing Risk of Spread of Hepatitis B and Other Infectious Diseases**

- Good personal hygiene is the basis for protection against hepatitis B infection, as well as other contagious conditions. The purpose of maintaining good personal hygiene is to reduce the chance infected blood, serum, saliva, and other bodily secretions from an infected person will enter a susceptible person's blood stream through a break in the skin or by absorption through mucous membranes.
- Handwashing is the single most important personal hygiene practice. Careful, thorough, frequent handwashing must be followed at all times.
- Obviously soiled surfaces (e.g., floors, doorknobs, countertops, desks, etc.) should be cleaned and disinfected with appropriate solutions.
- Carriers should be prevented from placing their fingers in the mouths of others and from having other individuals' fingers in their mouths. Activities such as kissing, in which a carrier's mouth directly contacts the mouth, face or skin of another person should be strongly discouraged. Mouth-to-mouth sharing of food and other objects should be prevented.
- Personal toilet articles should not be shared, especially with hepatitis B positive individuals. This includes razors, towels, toothbrushes, clippers or scissors used for cutting fingernails and toenails. Tools, which may potentially cause cutting injuries, should not be shared.
- Breaks in skin are potential entry points for infection. Susceptible persons with broken skin should be especially careful about personal hygiene.
- Bleeding or oozing cuts or abrasions (in either a susceptible person or a hepatitis B carrier) are hazardous and should be covered with bandages or gauze where possible.
- Items soiled by a carrier's blood or saliva should not be used by others; those items should be discarded or thoroughly cleaned before reuse.
- Susceptible personnel should avoid direct skin contact while caring for a carrier's nose bleeds, bleeding or oozing wounds, or menstrual blood accidents.
- There is presently no evidence that hepatitis B has been transmitted by food or utensils. Customary hygienic practices, which prevent the spread of any infectious disease, should be all that are necessary.

## **Hepatitis B Vaccine**

- Possible Side Effects:
  - Injection soreness in the most common adverse reaction
  - Less common local reactions are redness, swelling, and warmth or an area of hardness, which usually subsides in 48 hours.
  - Low-grade fever occurs occasionally during the 48-hour period after vaccination.
  - Fatigue, headache, nausea, dizziness, muscle or joint pains are uncommon
  - Rash is rare
- Contraindications:
  - Hypersensitivity to any component of the vaccine
  - Pregnancy
  - Serious active infection

- Because of the long incubation period of Hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given. The vaccine may not prevent Hepatitis B in such people.

**If you have any questions about Hepatitis B or the Hepatitis B vaccine, please ask the health care provider before receiving any medication.**

### **HBV IMMUNIZATION AND PREVENTATIVE TRAINING**

Before engaging in a clinical experience where exposure to blood and/or other potentially infectious materials is possible, students will undergo training as it relates to their duties as an athletic training student. Students are informed regarding risks of exposure, methods to prevent or minimize exposure, the reasons for considering the HBV vaccine, and procedures to follow if an exposure incident occurs. The hepatitis-B vaccination is not a condition of acceptance or continuance in the clinical experience portion of the Athletic Training Program. Students must sign a declaration indicating their understanding of the risks involved with their clinical experience and their status regarding hepatitis-B immunization. Students should check with their health insurers about coverage of, or reimbursement for, HBV immunization.

### **EXPOSURE INCIDENT PROCEDURE**

Any athletic training student who believes that they may have had an exposure to any body fluids or other potentially infectious materials should:

- A. Wash the area immediately.\*
- B. Inform your preceptor.\*
- C. Report promptly to a healthcare center as directed by your preceptor for evaluation.
- D. Complete appropriate accident report if required at your clinical experience site.
- E. Inform Central Michigan University Program Director of incident within 48 hours to complete an Exposure Incident Report form.
- F. Recommendations regarding treatment and follow-up are provided by the healthcare center and are at the student's or student's health insurer's expense.

*\*Completing this simultaneously, is most beneficial.*

## UNIVERSAL PRECAUTIONS

These precautions represent prudent practices that apply to preventing transmission of HIV, Hepatitis B (HBV), acquired immunodeficiency syndrome (AIDS) and other bloodborne infections. These steps must be completed routinely.

- When the possibility of exposure to blood or other fluids exists, appropriate barrier precautions to prevent skin and mucous membrane exposure should be followed. Gloves should be worn for touching blood and other bodily fluids, mucous membranes or non-intact skin of all patients, and for handling items or surfaces soiled with blood or bodily fluids. Gloves should be changed after contact with each patient and disposed of in a proper waste container.
- Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other bodily fluids. Hands should be washed immediately after gloves are removed.
- Sharp items should be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries. After they are used, syringes, needles, scalpel blades and other sharp items should be placed in a puncture-resistant container for disposal. The puncture-resistant container (e.g., sharp's container) should be located as close as practical to the use area. Needles or sharp blades should not be purposefully bent, broken, recapped, removed, or otherwise manipulated by hand.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use in which the need for resuscitation is predictable.
- Staff who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
- Pregnant staff should be especially familiar with the precautions to minimize the possible transmission of infectious pathogens to the fetus.

\*If questions, arise, please check with preceptor or clinical site administrator for specific site procedures.

## UNIVERSAL PRECAUTIONS CHECKLIST

### Athletic Training Medical Facility

- During an Evaluation or Treatment
  - Use appropriate protective barrier as necessary.
  - Handle sharp instruments carefully.
  - Use proper technique for use and disposal.
- After an Evaluation or Treatment
  - Dispose sharp instrument in sharp's container. Do not recap.
  - Discard gloves and potentially infectious waste in appropriate biohazard container.
  - Clean reusable instruments in accordance with manufacturer and store accordingly.
  - Clean surfaces with appropriate germicide cleaner
  - Wash hands.

### Practice/Competition: On-Field

- Carry protective barriers in pockets, fanny pack, or glove caddy:
  - Gloves
  - Mouth shield
  - Gauze
- Use kit for additional supplies and/or instruments:
  - Extra gloves
  - Gauze
  - Two-way valve mouth barrier
- Handle sharp instruments carefully and dispose in an approved sharps container.
  - Use temporary containers to dispose of materials; dispose properly on return to athletic training facility.
- If you do not have protective barriers immediately available:
  - Use any material, i.e., towel, plastic bag, multiple gauze layers, to protect yourself from direct fluid contact.
  - If patient is conscious (and if possible), instruct them to perform task until protective barrier is obtained.
- Clean hands as soon as possible or use antiseptic liquid sanitizer/towelette as necessary.

### End of Day Before Leaving any Facility

- Check your clinical sites policy on appropriate end of the day activities.
  - Re-stock as necessary.
  - Clean surfaces with appropriate medical grade cleaner.
  - Wash hands thoroughly.





## **TUBERCULOSIS (TB) and TB TESTING**

Tuberculosis (TB) is a life-threatening infection that primarily affects your lungs. Tuberculosis spreads through airborne droplets when a person with the infection coughs, talks or sneezes. In general, you need prolonged exposure to an infected person before becoming infected yourself. Even then, you may not develop symptoms of the disease, or symptoms may not show up until many years later.

Left untreated, tuberculosis can be fatal. With proper care, however, most cases of tuberculosis can be treated, even those resistant to the drugs commonly used against the disease.

### **TESTING PROCEDURES**

A common diagnostic tool for TB is a simple skin test. Although there are two methods, doctors consider the Mantoux test the most accurate. For the Mantoux test, a small amount of a substance called PPD tuberculin is injected within the skin of your inside forearm. You should feel only a slight needle prick. Within 48 to 72 hours, a health care professional will check your arm for a local reaction to the injected material. Therefore, when getting tested it is best to initially go Monday-Wednesday so that your test can be read no later than Friday afternoon. Depending on your response, the test is diagnosed as positive or negative. A positive response — usually shown by a hard, raised bump at the injection site — means you're likely to have TB infection.

### **ATHLETIC TRAINING STUDENT RESPONSIBILITY**

Anyone of any age, race, or nationality can contract TB. However, certain factors increase your risk of the disease, including lowered immunity. As an athletic training student, being a health care worker increases your risk. It is important that you follow appropriate bloodborne pathogens precautions and frequently wash your hands.

As a part of the MSAT Program, you may be asked to have a TB test performed. Because the test is good for 1 year, you may need to have multiple tests completed while being an athletic training student. Currently, a TB test is required when assigned to a hospital for a clinical experience. Payment for testing is the sole responsibility of the athletic training student. For more information on TB and TB testing, go [here](#).

## Section IV



# Athletic Training Practice Standards





## MICHIGAN PRACTICE ACT

Michigan Law: Public Act 368 of 1978 (known as the Public Health Code)

### MICHIGAN BOARD OF ATHLETIC TRAINERS'

The Michigan Athletic Trainer Board was created with the enactment of Public Act 54 of 2006, which amended the Public Health Code, Public Act of 1978.

The practice of athletic training, as defined in the Public Health Code, means the treatment of an individual for risk management and injury prevention, the clinical evaluation and assessment of an individual for an injury or illness, or both, the immediate care and treatment of an individual for an injury or illness, or both, and the rehabilitation and reconditioning of an individual's injury or illness, or both, as long as those activities are within the rules promulgated for this profession and performed under the direction and supervision of an individual licensed as an allopathic or osteopathic physician.

The Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the Board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the Board by ascertaining minimal entry-level competency of health practitioners. The Board also has the obligation to take disciplinary action against licensees who have adversely affected the public's health, safety, and welfare.

### DOCUMENT LOCATION

Public and Local Acts of The Legislature of the State of Michigan. Regular session of 1978. As compiled by the Legislative Service Bureau and published by the Department of Management and Budget and can be found [here](#)

Public Act 54 of 2006, amended the Public Health Code, Public Act of 1978 (which governs the practice of athletic training) can be found [here](#)

Michigan Department of Licensing and Regulation. Occupational Regulation Sections of the Michigan Public Health Code. (Articles 1 and 15 of Act 368 of 1978) For Non-Prescribing Professions: Does not include Article 7 on Controlled Substances.

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Email: [BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

Bldg. Address:

611 W. Ottawa Street Ottawa Bldg. N Lansing, MI

[Department of Licensing and Regulatory Affairs \(LARA\)](#)

## Section V



# **Athletic Training Program Agreement Signature Forms**





## TECHNICAL STANDARDS

The Master of Science in Athletic Training Program at Central Michigan University is a rigorous and intense program that places specific requirements on students. All students must possess the perseverance, diligence, and commitment to complete the athletic training program as outlined and sequenced in our curriculum. It is the objective of this program to prepare graduates to enter a variety of athletic training employment settings and to render unique athletic training services and be an integral part of an inter-professional health care team. The technical standards establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skill, competencies and proficiencies of an entry-level BOC certified athletic trainer, as well as meet expectations of the program's accrediting agency (CAATE). *The following abilities and expectations must be met by all students selected to the Master of Science in Athletic Training Program and be maintained throughout the student's progress in the program.* In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student may be placed on progressive discipline or dismissed from the program.

Candidates for admission and athletic training students in the Master of Science in Athletic Training Program must:

1. 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. Demonstrate sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations utilizing accepted techniques; perform common prevention and emergency care techniques; and accurately, safely and efficiently use equipment and materials during assessment and therapeutic treatment of patients.
3. Communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes but is not limited to establishing rapport with patients and communicating judgments and treatment information effectively. Students must understand and speak the English language at a level consistent with competent professional practice.
4. Record the physical examination results and a treatment plan clearly and accurately.
5. Maintain composure and continue to function well during periods of high stress including the ability to respond with precise, quick and appropriate actions in emergency situations.
6. Be flexible and adjust to changing situations and uncertainty in clinical situations.
7. Demonstrate affective skills and appropriate demeanor and rapport with patients, caregivers, and fellow students, instructors, and professional colleagues.
8. Accept constructive criticism and respond by appropriate modification of behavior.

Admission to the Master of Science in Athletic Training Program will be contingent on the student's verification that they understand and meet these technical standards either with or without reasonable accommodation(s).

Student Disability Services will evaluate a student who states they can 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 they can meet the technical standards with accommodation, the agent for the University will determine whether it agrees the student can meet the technical standards with reasonable accommodation; this includes review of whether the accommodations requested are reasonable, taking into account whether the accommodations would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical education and immersive clinical experiences.

Please sign statement A OR B below.

**Statement A: NO Accommodations Requested**

I certify that I have read and understand the technical standards listed above and I believe to the best of my knowledge that I meet each of these standards without accommodation at this time. I understand that if I am unable to meet these standards I may be dismissed from the program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Statement B: Accommodations REQUESTED**

I certify that I have read and understand the technical standards listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations at this time. I will contact the Student Disabilities Office to determine what accommodations may be available. I understand that if I am unable to meet these standards, with or without accommodations, I may be dismissed from the program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**PHYSICAL EXAMINATION**

Name \_\_\_\_\_

DOB: \_\_\_\_\_

**IV. PERSONAL HEALTH HISTORY**

Have you ever experienced any of the following? (Circle yes or no). If yes, please comment:			Comment
Anxiety/Depression	YES	NO	
Arthritis	YES	NO	
Asthma	YES	NO	
Auditory issues (hearing)	YES	NO	
Back pain	YES	NO	
Bleeding issues	YES	NO	
Blood disorders	YES	NO	
Bowel disorder	YES	NO	
Cardiovascular issues	YES	NO	
Carpal tunnel	YES	NO	
Coronavirus 2019 (COVID-19) and/or variant	YES	NO	
Diabetes	YES	NO	
Disc disease	YES	NO	
Dizziness or Fainting	YES	NO	
Gastritis	YES	NO	
Headache	YES	NO	
Hernia or Hernia Rupture	YES	NO	
High blood pressure	YES	NO	
Joint pain	YES	NO	
Kidney problems	YES	NO	
Liver/hepatitis disease	YES	NO	
Lung disorder	YES	NO	
Nose/sinus/throat problems	YES	NO	
Neck pain	YES	NO	
Numbness or Tingling	YES	NO	
Previous surgery	YES	NO	
Seasonal allergies	YES	NO	
Seizures	YES	NO	
Shortness of breath	YES	NO	
Skin problems	YES	NO	
Stomach problems	YES	NO	
Substance abuse or addiction	YES	NO	
Tendonitis	YES	NO	
Thyroid disease	YES	NO	
Ulcers/gastritis	YES	NO	
Vision problems	YES	NO	

I hereby state that the answers to the above questions are correct.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

Records Appropriate: Yes \_\_\_ No \_\_\_

If No, Suggestions: \_\_\_\_\_

**I. IMMUNIZATION RECORDS. ATTACH A COPY.**



## ESSENTIAL FUNCTIONS

Please assess the following essential functions (Completed by Physician or Qualified Medical Provider)

4. Read, write, and orally communicate in the English language; and use auditory, tactile and visual senses to evaluate, receive information, and treat clients.
  - a. Hear and understand the normal speaking voice and discern audible instrument alert signals and timing devices.
  - b. 20/40 corrected vision to correctly see activities across a field, court, or a treatment/rehabilitation area, and observe client activities close at hand.
  - c. Discriminate colors in order to detect the presence of various bodily fluids, differentiate various topical applications and ascertains the presence of biological and/or anatomical abnormalities according to visual cues.
  - d. Read patient charts and documentation, read instructions related to use of equipment and supplies, and print-outs generated for by various pieces of equipment.
5. Possess basic neurological function, manual dexterity, strength and stamina to perform required tasks.
  - a. Sit for 2-8 hours, stand 2-3 hours daily; ambulate 10-15 yards at 2 miles per hour indoor or outdoor over various terrains.
  - b. Lift 20-25 pounds, possibly lift 10-15 pounds overhead; maintain 10-15 pounds of grip strength for 30 seconds; occasionally carry up to 30 pounds while walking 10-20 feet.
  - c. Twist, bend, stoop and kneel on the floor up to 15 minutes; move place to place and position to position and must do so at a speed that permits safe handling of client.
  - d. Stand and walk while providing support to an injured and/or ill client.
  - e. Bladder and bowel control for 3-4 hours.
  - f. Neurological function to perceive hot, cold and change in contour of surface and body part.
  - g. Manual dexterity to perform emergency management and first aid techniques, and athletic training skills.
6. Possess emotional stability and health to exercise sound judgment; and develop mature, sensitive, and effective relationships with clients.
  - a. Recognize trauma settings, and make and execute quick, appropriate, and accurate steps to render care.
  - b. Critically think, problem-solve, and maintain emotional control in stressful situations.
  - c. Adapt to changing environments, display flexibility and learn to function in face of uncertainties inherent in clinical practice.
  - d. Communicate with individuals from different cultural and social backgrounds without bias.

## II. PHYSICAL EXAMINATION (completed by Physician or Qualified Medical Provider)

	Normal Findings	Abnormal Findings	Comment
Alert and Oriented			
Equilibrium			
Hearing			
Heart			
HEENT*			
Lungs			
Neuromuscular Control			
Manual Dexterity			
Posture Control			
Speaking Voice			
Vision			

\*Head, Eyes, Ears, Nose, Throat

\_\_\_\_\_  
 Clinician Signature and Credentials

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name





## PHYSICAL EXAMINATION VERIFICATION

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

Based on the results of the physical exam completed using the Athletic Training Program physical examination form, the above-named student demonstrates the essential functions to perform the tasks of a health care professional in the Athletic Training Program.

\_\_\_\_\_ Yes

\_\_\_\_\_ Yes, with accommodations\* Student is to report findings to Student Disability Services.

\_\_\_\_\_ No, Suggestion for further evaluation:

\_\_\_\_\_  
Clinician Signature and Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## SELF-REPORT FORM

In accordance with the Athletic Training Program Policy and Procedure Manual:

- Athletic training students are expected to self-report/disclose any civil or criminal felonies or misdemeanors,
- Athletic training students are expected to self-report/disclose the nature of the consensual romantic and/or sexual relationship or consensual intimate or sexual activity with all students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a patient or minor patient. Athletic training students are also expected to report the subsequent termination of the relationship.
- Failure to comply with the disclosure requirements constitutes a violation of the policies and therefore may become grounds for discipline as outlined in the Student Retention Policy.

I agree that my answers to the following questions may be submitted to a validity check by university offices and by state or certifying agencies. For the purposes of questions 1 and 2, include convictions that have since been removed from your record, such as through expungement or through a pre-trial diversion program or similar process.

1. Have you ever been convicted of or are you currently under indictment for a felony?	Yes	No
2. Have you ever been convicted of or are you currently under indictment for a misdemeanor?	Yes	No
3. Are you currently involved in a consensual romantic and/or sexual relationship or consensual intimate or sexual activity with all students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a minor patient with whom you might interact in your role as an athletic training student?	Yes	No

If you answered “**YES**” to any of the above questions, please elaborate below (use the back of the form if necessary):

I hereby certify the above responses are accurate. I agree to notify the Director of the Athletic Training Program immediately if responses to the questions change during the current semester in the program.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name



## ACKNOWLEDGEMENT OF SELF-REPORT MEETING

This form acknowledges that I have self-reported/disclosed all civil and/or criminal felonies and/or misdemeanors to the Athletic Training Program. As per Athletic Training Program protocol, I am acknowledging that I have met with the Program Director to discuss the potential implications raised by any adverse results.

I understand that my academic standing in the Athletic Training Program at Central Michigan University (CMU) may not be jeopardized based on my self-report. However, affiliated clinical or internship sites and all credentialing or licensing organization governing the practice of athletic training may have differing guidelines pertaining to the ability to practice athletic training with past criminal convictions. By affixing my signature upon this agreement, I acknowledge that I understand the following:

- As potentially required by my clinical field experience as an athletic training student, I may be required to complete a criminal background check. All clinical site background checks are conducted independently of the Athletic Training Program. All communication between the clinical site and the student is confidential and I may be responsible for the cost of the background check. If a background check is positive, the clinical site retains the right to excuse me from my clinical experience. Failure to be clinically placed may result in my inability to progress through the Athletic Training Program at CMU.
- As potentially required by my clinical field experience, as an athletic training student, I am required to report a consensual romantic and/or sexual relationship or consensual intimate or sexual activity with students participating in athletics, patients, athletic administration/personnel, clinic/hospital administration/personnel, and/or the parent/guardian of a minor patient with whom I might interact with in my role as an athletic training student. Failure of reporting such information may result in the clinical field experience in accordance with the Athletic Training faculty the right to excuse me from my clinical experience. This failure in reporting may result in my inability to progress through the Athletic Training Program at CMU.
- The [Board of Certification, Inc.](#) (BOC) sets the standards for practice of athletic training and is the only accredited certifying body for athletic trainers in the United States. If I have any civil and/or criminal felonies and/or misdemeanors, I must notify the BOC per the following standards:

<b>BOC Standards of Professional – Code 3: Professional Responsibility</b>	
<b>3.10</b>	Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event
<b>3.12</b>	Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training
<b>BOC Disciplinary Guidelines – Section 5: Conviction of a Crime or Professional Discipline</b>	
<b>5.12</b>	Duty to Report Criminal Conviction or Professional Suspension: An AT or BOC applicant who is convicted of any crime (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs), or who becomes subject to any professional discipline, shall notify the BOC in writing of such conviction or professional discipline within 10 calendar days after the date on which the Respondent is notified of the conviction or professional discipline.

- All discipline and/or sanctions, including potential denial from becoming a BOC and/or licensed athletic trainer are decisions made by the BOC and Bureau of Health Professions and are reached independently of, and without input from, the CMU Athletic Training Program.
- In the State of Michigan, athletic trainers are health care professionals licensed through the Bureau of Health Professions. All individuals applying for a health professional license or registration in the State of Michigan are required to submit fingerprints and undergo a criminal background check as mandated by Public Act 26 of 2006 which states that “an applicant for initial licensure or registration shall submit his or her fingerprints to the department of state police to have a criminal history check conducted.” If criminal history information is found, the record will be reviewed by the Bureau of Health Professions. States, other than Michigan, may have separate protocols and licensing standards.

I acknowledge that I have been given a copy of the BOC Standards of Professional Practice (implemented January 1, 2018), BOC Professional Practice and Discipline Guidelines and Procedures (implemented January 2018) and the Licensing Division, Michigan Bureau of Health Professions Memorandum re: Fingerprinting Requirement (March 16, 2009). It is my responsibility to follow up with the aforementioned entities regarding my status as a future athletic trainer.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Athletic Training Program Director

\_\_\_\_\_  
Date



## RELIGIOUS ACCOMMODATIONS POLICY

The Athletic Training Program, in accordance with the university, will strive to create an environment that enhances the underlying principles and stated policies of affirmative action, diversity, and equal access for all, without regard to age, color, disability, gender, gender identity, gender expression, genetic information, familial status, height, marital status, national origin, political persuasion, race, religion, sex, sexual orientation, veteran status, or weight except where such a distinction is required by law or institutional policy. We understand students may have specific needs relative to religious beliefs, practices, and observances. Athletic Training Faculty will work with students on a case-by-case basis to reasonably accommodate students' religious beliefs, practices, and observances so long as undue hardship does not result.

Admission to the Athletic Training Program will be contingent upon the student's verification that they understand and meet the standards of the program either with or without religious accommodations. If a student state they can meet Program standards with religious accommodations, the Athletic Training Program Director, and/or Clinical Education Coordinator, in conjunction with university officials and the appropriate Athletic Training faculty, will review and determine if the standards can be met with reasonable accommodation. The review will assess clinician/patient safety, as well as the educational process of the student or the institution, including all course work, clinical education, clinical experiences, and internship.

Please sign statement A OR B below.

### **Statement A: NO Accommodations Requested**

I certify that I have read and understand the Religious Accommodations Policy as listed above and I believe to the best of my knowledge that I can meet the standards of the Athletic Training Program without accommodation at this time. I understand that if I am unable to meet the standards of the Program, I may be dismissed from the Program.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

### **Statement B: Accommodations REQUESTED**

I certify that I have read and understand the Religious Accommodations Policy as listed above, and I believe to the best of my knowledge that I can meet the standards of the Program with certain accommodations at this time. I will contact the necessary Athletic Training faculty members, Program Director, and/or Clinical Education Coordinator to determine what accommodations can be made. I understand that if I am unable to meet the standards of the Program, with or without accommodations, I may be dismissed from the program.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name



## SOCIAL MEDIA POLICY

The Athletic Training Program recognizes and supports its athletic training students' rights to freedom of speech, expression, and association, including the use of online social media networks. In this context, however, students are held to the standards of the Athletic Training Program, the National Athletic Trainers' Association (NATA) Code of Ethics, and the Board of Certification (BOC) Code of Professional Responsibility. Students in violation of the guidelines below are subject to discipline up to and including suspension and/or dismissal from the program as per the Progressive Discipline Policy. Discipline will be at the discretion of the Program Director and Athletic Training Faculty.

Inappropriate or malicious use of social media networks may include but is not limited to:

1. Posting information about patients. Even if the patient is not named directly, this is a violation of the patient's privacy.
2. Derogatory language or remarks regarding patients, fellow students, coaches, administration, clinical sites/affiliations, faculty or staff.
3. Demeaning statements or threats that endanger the safety of another person.
4. Incriminating photos or statements regarding, underage drinking, usage of illegal drugs, sexual harassment, violence or any other form of illegal and/or criminal behavior.
5. Capturing video, audio, or images of faculty or staff or fellow students for personal or social media use without their express written permission.
6. Capturing video, audio, or images of coaches, medical personnel, or patients, which includes athletes, for personal or social media use.
7. Accepting or sending friend requests or other join requests to patients until you no longer work in a patient/clinician capacity.
8. Providing a medical diagnosis or opinion under the guise of a licensed healthcare professional.
9. Indicating knowledge regarding any of the acts listed above.

**Students in the Athletic Training Program must follow the Code of Ethics related to social media provided by the NATA which includes the following:**

<b>1.3</b>	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.
<b>4.1</b>	Members should conduct themselves personally and professionally in a manner that does not compromise the professional responsibilities or the practice of athletic training.
<b>4.5</b>	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.

**Students of the Athletic Training Program must also follow the Code of Professional Responsibility related to social media provided by the BOC which includes the following:**

<b>1.2</b>	Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice.
<b>1.5</b>	Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain.
<b>3.14</b>	Complies with all confidentiality and disclosure requirements of the BOC and existing law.
<b>5.1</b>	Strives to serve the profession and the community in a manner that benefits society at large.

I hereby certify that I have read and understand the Social Media Policy as outlined above. I agree to abide by this policy to the best of my ability.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## WORKING WITH MINORS

The Athletic Training Program has affiliation agreements with many of the local high schools and rehabilitation clinics. There is a high likelihood that during a student's time in the Athletic Training Program, they will be working with minors. In addition to the Board of Certification (BOC) Standards of Professional Practice, National Athletic Trainers' Association (NATA) Code of Ethics and the Commission on Accreditation in Athletic Training Education (CAATE) standards, the following guidelines are to be followed and adhered to. In addition, you may be asked to complete a background check prior to beginning your clinical rotation. However, this depends on the site in which you are assigned.

1. Per the Commission on Accreditation of Athletic Training (CAATE) you may never be unsupervised while rendering patient care. Always make sure your preceptor is present when acting in the role as a athletic training student. At all other times, avoid being alone with a minor.
2. Choose appropriate language and messages. Be careful using sarcasm and never use vulgar language.
3. Seek agreement from patients prior to any physical contact.
4. Only touch patients when is it necessary in relation to rendering patient care.
5. Immediately report any inappropriate interactions to your preceptor and the clinical education coordinator.
6. Immediately report to your preceptor any reports of abuse (physical, sexual, emotional/mental, neglect), homicidal or suicidal thoughts.
7. Set and monitor appropriate boundaries and relationships when working with minors. Never meet with minors outside of your assigned clinical rotation.
8. Be a positive role model by maintaining an attitude of respect, patience, courtesy, and maturity.

**Students of the Athletic Training Program must follow the BOC Standards of Professional Practice:**

<b>1.2</b>	Protects the patient from undue harm and acts always in the patient's best interest and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice.
<b>1.5</b>	Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain.
<b>1.6</b>	Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient.
<b>1.7</b>	Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan.
<b>3.11</b>	Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training.
<b>3.13</b>	Cooperates with the BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information.



<b>Students of the Athletic Training Program must also follow the NATA Code of Ethics:</b>	
<b>2.3</b>	Members shall refrain from and report illegal or unethical practices related to athletic training.
<b>2.4</b>	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 ethics investigations is an ethical violation.
<b>4.1</b>	Members shall conduct themselves personally and professional in a manner that does not compromise their professional responsibilities or the practice of athletic training.

<b>Students of the Athletic Training Program must also follow the CAATE Standards:</b>	
<b>59</b>	Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other healthcare professional, consumer, payors, policy makers, and others.
<b>65</b>	Practice in a manner that is congruent with the ethical standards of the profession.
<b>66</b>	Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organization, local, state, and federal laws, regulations, rules, and guidelines.

I hereby certify that I have read and understand the Working with Minors Policy as outlined above. I agree to abide by this policy.

\_\_\_\_\_

Athletic Training Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name



## COMMUNICABLE AND INFECTIOUS DISEASE POLICY

6. Wash your hands frequently (about 15-20 seconds) (before/after treating patients; after using the restroom; after coughing/sneezing)
7. Do not share drinks; no “double dipping”
8. Cover your mouth/nose with a tissue when coughing or sneezing, then dispose of own tissue
9. Wear a mask if you are sick, to prevent others from becoming sick
10. Wash/disinfect working surfaces per BBP/universal precautions guidelines

## PREVENTING THE SPREAD OF GERMS IN THE CLASSROOM AND CLINICAL SITES

### Spreading of Germs

- Illnesses like the flu (influenza) and colds are caused by viruses that infect the nose, throat, and lungs. The flu and cold usually spread from person to person when an infected person coughs or sneezes.

### Preventing the Spread of Germs

- 7. Cover your mouth and nose when you sneeze or cough.**
  - a. Cough or sneeze into a tissue and then throw it away.
  - b. Cover your cough or sneeze if you do not have a tissue.
  - c. Clean your hands and do so every time you cough or sneeze.
- 8. Clean your hands often.**
  - a. When available, wash your hands with soap and warm water then rub your hands vigorously together and scrub all surfaces. Wash for 15-20 seconds
  - b. It is soap combined with the scrubbing action that helps dislodge and remove germs.
  - c. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used.
  - d. You can find them in most supermarkets and drugstores. If using a gel, rub the gel in your hands until dry. The gel doesn't need water to work; the alcohol in the gel kills germs that cause the cold and flu.
- 9. Avoid touching your eyes, nose, or mouth**
  - a. Germs are often spread when a person touches something that is contaminated with germs and then touches their eyes, nose, or mouth. Germs can live for a long time (some can live for 2 hours or more) on surfaces like doorknobs, desks, and tables.
- 10. Stay home when you are sick and check with a health care provider as needed.**
  - a. When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed.
- 11. Notify your Preceptor, Instructors, and Clinical Education Coordinator as soon as possible regarding your ability to attend class and clinical experience.**
  - a. Your professor/employer may require a doctor's note for an excused absence. Remember: keeping your distance may protect others from getting sick
- 12. Practice other good health habits.**
  - a. Get plenty of sleep
  - b. Be physically active

- c. Manage your stress
- d. Drink plenty of fluids
- e. Eat nutritious food

**Common Signs and Symptoms of the Flu**

- Fever (usually high)
- Headache
- Extreme tiredness
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Nausea, vomiting, and diarrhea (much more common among children than adults)

**Common Signs and Symptoms of the Coronavirus Disease 2019 (COVID-19)**

- Fever, chills, or shaking
- Cough
- Shortness or difficulty breathing
- Change in taste or smell
- Unusual fatigue
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**Emergency Warning Signs for the Coronavirus Disease 2019 (COVID-19)**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to walk
- Inability to stay awake
- Bluish lips or face

I hereby certify that I have read and understand the prevention strategies for the transmission of communicable diseases as outlined above. I agree to abide by these strategies to the best of my ability.

---

Athletic Training Student Signature

---

Date

---

Print Name



## **CLINICAL EXPERIENCE DECLARATION NON-DISCLOSURE OF INFORMATION**

Before an athletic training student can be assigned to a clinical experience, the student is required to sign the following statement. Should the athletic training student refuse to sign the statements, they will not be assigned to a clinical experience. The student must submit a written explanation for their refusal to sign, which will then be reviewed by the Athletic Training Faculty. The faculty will determine the merits of the refusal to sign for appropriate action. This declaration shall remain in the student's personal file for the duration of their involvement in the Athletic Training Program.

### **CONFIDENTIALITY STATEMENT**

I understand that all the information I may become knowledgeable of in my capacity as an athletic training student is subject to the patient/physician privilege and the standards, as applicable, according to the Health Insurance Portability and Accountability Act (HIPAA). Therefore, all information regarding the patient must be considered confidential and protected by privacy standards. I will not discuss medical information or other protected health information with anyone except for members of the medical staff at my clinical experience. Discussion with the Central Michigan University Athletic Training Faculty will involve the specific injury/illness without disclosure of any identifiable information. Any breach of these standards will result in immediate review of the student's status in the professional phase of the Athletic Training Program.

---

Athletic Training Student Signature

---

Date

---

Print Name



## **CLINICAL EXPERIENCE DECLARATION BLOODBORNE PATHOGENS**

I understand as an athletic training student I am at risk of exposure to blood and other potentially infectious materials that may contain blood-borne pathogens, including hepatitis-B (HBV) and human immunodeficiency virus (HIV). I have been given information regarding the risk of exposure, modes of transmission, recognizing tasks and activities that may involve exposure, methods to reduce or prevent exposure, and procedures to follow if an exposure incident occurs. I understand exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis-B vaccination, signs and labels, and other provisions.

I have been given information specific to hepatitis-B infection, which causes hepatitis-B, a serious liver disease. I understand that a hepatitis-B vaccine is available and is the best defense against hepatitis-B.

\_\_\_\_\_ I have received the hepatitis-B vaccination. However, I understand I still must follow the field experience Exposure Control Plan in order to protect myself from the risk of exposure to other blood-borne pathogens.

\_\_\_\_\_ I have chosen not to receive the hepatitis-B vaccination at this time, by my own accord. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis-B. I understand I must follow the field experience Exposure Control Plan in order to protect myself from the risk of exposure to blood-borne pathogens.

I understand the hepatitis-B vaccination is not a condition of acceptance or continuance in the Athletic Training Program. Further, I understand should an exposure incident occur during my clinical programmed activity that payment for evaluation, treatment, and follow-up care is at the student's or student's health insurer's expense.

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Athletic Training Student Signature

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Date

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Faculty Initial/Date



## ATHLETIC TRAINING STUDENT AGREEMENT

I, \_\_\_\_\_, have been admitted into the Athletic Training Program at Central Michigan University. The term of this affiliation shall begin \_\_\_\_\_ and will not conclude before \_\_\_\_\_. During this period, I agree to fulfill all the required CMU graduation requirements, educational standards, and to track the clinical experiences hours, in my assigned clinical experiences.

By affixing my signature upon this agreement, I agree to:

1. Read and abide by the policies, procedures, and regulations governing the Athletic Training Program, as stated in the Program Policies and Procedures Manual and that of the clinical site.
2. Perform the responsibilities of an athletic training student as outlined in the Student Responsibilities.
3. Act and dress professionally.
4. Maintain an open line of communication with faculty, fellow students, patients, supervisors, medical staff, and other individuals as required by my clinical experience.

The student confirms the above agreement has been discussed. The student understands the commitment involved with the Athletic Training Program and agrees to fulfill all aspects to the best of their ability.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Training Faculty Signature

\_\_\_\_\_  
Date



HEALTH PROFESSIONS

**ATHLETIC TRAINING**

CENTRAL MICHIGAN UNIVERSITY

## **ATHLETIC TRAINING FACULTY AGREEMENT**

Being Central Michigan University is an institution of higher learning and this university supports and sponsors the Athletic Training Program, there is a responsibility of the individuals of the program to provide the student with learning opportunities. Therefore, the Athletic Training Faculty agrees to the following:

1. Conduct an orientation program and provide pertinent information deemed necessary for the professional phase athletic training student.
2. Provide academic advisement to facilitate the student's educational experience.
3. Ensure appropriate supervision and guidance is available that will enable the student to apply the theory in the clinical setting.
4. Provide practical experience in realistic situations.
5. Disseminate the knowledge necessary for the entry-level athletic trainer and allow for adjustments and redirection.
6. Maintain an open line of communication.
7. Provide the student the opportunity for leadership.
8. Accept the student as a professional and allow and encourage the fulfillment of personal and professional goals, to the best of our capabilities.

## **ATHLETIC TRAINING FACULTY SIGNATURES**



HEALTH PROFESSIONS  
**ATHLETIC  
TRAINING**

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UNIVERSITY**

**Fire Up Chips!!!**