



## EASTERN KENTUCKY UNIVERSITY

*Serving Kentuckians Since 1906*

College of Health Sciences  
Department of Exercise and Sport Science  
Athletic Training Education Program  
[www.athletictraining.eku.edu](http://www.athletictraining.eku.edu)  
Email: [Eric.fuchs@eku.edu](mailto:Eric.fuchs@eku.edu)

109 Moberly  
521 Lancaster Avenue  
Richmond, Kentucky 40475-3102  
(859) 622-8173 (O)  
(859) 622-1254 (Fax)

### MEMORANDUM

DATE: August 5, 2009

TO: Prospective Eastern Kentucky University Athletic Training Students

FROM: Dr. Eric J. Fuchs, ATC, NREMT-B  
Assistant Professor & Director,  
CAATE-accredited Athletic Training Education Program

RE: ECU Athletic Training Education Program Application Process

On the following pages you will find directions for completing the application process seeking entrance into the CAATE-accredited Athletic Training Education Program at Eastern Kentucky University. **All of the components of the application process must be completed in ONE COMPLETE PACKET and submitted to the ECU ATEP Clinical Education Coordinator Dr. Tracy Spigelman, ATC in Moberly 230 by Tuesday, April 1, 2009.**

All students whose application file are complete, turned in by deadline and meet the 2.5 Cum GPA will interview with members of the Athletic Training Interview Committee approximately 2-3 weeks following the application deadline. Candidates will be notified as to the dates when interviews will take place via email and then allowed to sign-up for an interview time slot that is convenient to them. The interview sign-up sheet will be made available to you on or before *April 10<sup>th</sup>*. **Please note you must be available on the dates the interview committee meets, failure to attend an interview will result in non-consideration for admission to the ECU ATEP**

The Athletic Training Selection Committee can accept approximately **20** students into the Fall 2010 class, assuming there will be no changes in clinical placement site availability, and that all of the applicants meet the necessary criteria as stated in the University Catalog and the current edition of the *Athletic Training Education Program Student Handbook found on our website at [www.athletictraing.eku.edu](http://www.athletictraing.eku.edu)*. Additionally and as stated in the *Student Handbook*, students can re-apply into the ATEP the following year if they are not accepted during the semester they make initial application. Students re-applying for admission into the ATEP need to **resubmit all required materials** by the April 1, 2010 deadline.

Should you have any questions regarding any aspect of the application process, or your eligibility to apply, please feel free to contact Dr. Eric J. Fuchs, ATC, NREMT-B, Director at [eric.fuchs@eku.edu](mailto:eric.fuchs@eku.edu) or OFF: (859) 622 8173 or Dr. Tracy Spigelman, ATC , Clinical Coordinator at [tracy.spigelman@eku.edu](mailto:tracy.spigelman@eku.edu) OFF (859) 622 2134.

Thank you and good luck in becoming a member of the ECU Athletic Training Education Program.

**ITEMS TO SUBMIT AS PART OF THE APPLICATION PROCESS FOR ENTRANCE  
INTO THE ATHLETIC TRAINING EDUCATION PROGRAM AT  
EASTERN KENTUCKY UNIVERSITY**

***I. Letter of Application***

- A. Must be a 2-3 page, typewritten letter explaining, but not limited to, the below questions.
  - 1. Why do you want to enter the Athletic Training Education Program at ECU?
  - 2. What leadership abilities do you have to offer that would enhance the ATEP?
  - 3. Why should you be selected to enter the ATEP?
  - 4. What observations/experiences have you obtained that would make you an asset to the ATEP?
- B. Address the letter to the Eastern Kentucky University Athletic Training Selection Committee

***II. Reference Evaluations***

- A. Submit three (3) reference evaluations to Dr. Tracy Spigelman, ATC, Clinical Coordinator each in a sealed envelope signed across the back **as part of your single completed application packet by April 1, 2008.**
- B. You must complete the top one-third of the evaluation before giving the evaluation to the individuals named below.
- C. \*Pick 1-2 from the list of Athletic Training faculty or Staff below Then, choose at least 1-2 other individuals for **a total of three (3) references.** (No family members may be used as a reference)
  - 1. Dr. Eric Fuchs, ATC, NREMT-B Director, ATEP
  - 2. Hanna Clark, MS, ATC, Coordinator, Clinical Education ATEP
  - 3. Dr. Bobby Barton, Professor Emeritus/ACI
  - 4. David Green, MS, ATC, Director, ECU Sports Medicine
  - 5. David Brajuha. Assistant Athletic Trainer/ACI
  - 6. Tim Pike, Assistant Athletic Trainer/ACI
  - 7. Tiffany Napier, Assistant Athletic Trainer/ACI
  - 8. Affiliated Clinical Site ACI
  - 9. Advisor, Class Instructor, former coach etc
  - 10. Other ATEP Faculty or Staff you have interacted with

**NOTE: a total of three (3) reference evaluations must be submitted**

### **III. Interview with ATEP Interview Committee**

- A. During the designated week, you will have an approximately 30 minute interview with the ATEP Interview Committee. The location of this interview will be posted and announced in advance.
- B. Dress for all interviews as if you were interviewing for a job and make sure you are punctual and polite. (NOTE: Interviews must be completed no later than **May 1, 2009.**)

### **IV. Proof (Copies) of the following items will need to be provided to the ECU Athletic Training Education Program within your application Packet: Including a copy of your Shot Records.**

- A. Vaccinations/Immunizations must be reviewed and signed off on by physician. This is a CAATE Requirement effective for 2008-2009 School year. Please have the physician, PA or NP who completes your physical exam review your shot records as by signing the ECU- ATEP physical form the health care providers are stating you are current and up-to-date on all required vaccinations. This means you may need to have a copy of your shot records available at the time of your physical
  - PPD Intermediate Strength Skin Test
  - Varicella Titer (Chicken Pox Immunity)
  - Rubella
  - Rubeola (Measles)
  - Mumps
  - Hepatitis B vaccination information or Declination Form
- B. A Physical Examination (signed by your family physician, ECU campus physician, or a ECU Team Physician, or PA or NP, but **this must be on the ECU ATEP Provided Forms Below**)
- C. Current CPR (Professional Rescuer or Healthcare Provider) certification
- D. Current First Aid certification or you must obtain this prior to Fall Clinical start and a First Aid course will be offered on the Saturday before class start for recertification if needed.

### **V. Students must complete and sign the “Application Form” and “Course Evaluation Form”**

### **VI. Students must read and sign the final page of the “Athletic Training Major Requirements Checklist”**

### **VII. Students must read and sign the “Hepatitis B Immunization Informed Consent/Refusal”**

### **VIII. Students must complete the College of Health Science Required “Criminal Background Check” through Verified Credentials**

### **IX. Students must read and sign the “Technical Standards” form**

### **X. \*COMPONENTS FROM WHICH YOUR APPLICATION WILL BE EVALUATED:**

- A. GPA overall
- B. GPA in core Athletic Training Education Program required courses: ATR 100, PHE 180 and 212, BIO 171, 271 and/or 301/378, EMC 102, etc.
- C. Successful completion of assigned clinical proficiencies in ATR 100 and PHE 212
- D. Documentation and evaluation of directed observation clinical experiences
- E. Reference Evaluations
- F. Application Letter
- G. Interview
- H. Bonus
  - 1. Member NATA, ECU SATA Club
  - 3. Other Certifications - lifeguard, EMT, etc.
  - 4. On and Off-Campus Activities
  - 5. Community Service

*\*The rubric used to quantitatively measure each applicant's application materials (indicated here) can be found at the end of this document*

***XI. Students must complete and sign the Notice of Confidentiality and review of FERPA and HIPPA regulations.***

***A. This is completed during ATR100 during the review of the Athletic Training Student Handbook and prior to starting directed observation experiences***

***XII. Students will be informed of their acceptance/non-acceptance status into the ECU Athletic Training Education Program via individual e-mail and letter shortly after final grades are posted in the Registrar's Office.***

**EASTERN KENTUCKY UNIVERSITY**  
**CAATE-Accredited Athletic Training Education Program**  
**Application Form**  
**Spring 2008**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Date \_\_\_\_\_

University/Local Address \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Current Major(curriculum) \_\_\_\_\_

School e-mail \_\_\_\_\_ Preferred e-mail \_\_\_\_\_

Number of semester hours completed to date \_\_\_\_\_

Number of semester hours completed at EKU \_\_\_\_\_

Semester hours currently scheduled \_\_\_\_\_

Grade Point Average to date \_\_\_\_\_



**Courses Evaluated for Admission into the  
Eastern Kentucky University  
Athletic Training Education Program**

**Directions:** On the page below, indicate the date(s) you took the following courses and the grade(s) received.

Class	Semester/Year	Grade
ATR 100 Introduction to Athletic Training (2 Hrs)		
BIO 171 Anatomy (3 Hrs)		
BIO 271* Advanced Human Anatomy (3 Hrs)		
BIO 301* Physiology (3 Hrs)		
BIO 378* Physiology Lab (1 Hr)		
PHE 212 Care & Prevention of Athletic Injuries (3 Hrs)		
EMC 102 First Response Emergency Care (3 Hrs)		
HEA 202/203 Safety & First Aid (3 Hrs)		
PHE 180 Lifetime Wellness (2 Hrs)		
<i>* Courses may be in progress</i>		

I, \_\_\_\_\_, do hereby certify that the grades I have indicated above are correct. I also certify and realize that failure to release accurate information on these courses will cause me to no longer be considered for admission into the ECU Athletic Training Education Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Overall GPA: \_\_\_\_\_ Selected Courses GPA: \_\_\_\_\_ Athletic Training GPA: \_\_\_\_\_

# ATHLETIC TRAINING MAJOR REQUIREMENTS CHECKLIST

(Please make photocopy of this document for your records)

## **I. PROGRAM CONSIDERATION:**

To be considered for acceptance into the ATEP, all students shall:

- \_\_\_ A. Meet with instructor of the ATR 100 course and/or PHE 212 course during the semester prior to the semester in which application will be made, to indicate their interest and qualifications, learn about requirements and criteria for formal acceptance into the ATEP, and provide information to start a prospective student file (NOTE: see Director of ATEP if you are a transfer student).

## **II. STUDENT APPLICATION, SCREENING AND APPROVAL:**

To be screened and considered for approval into the Athletic Training major, all students shall make a formal application when the following criteria have been met:

- \_\_\_ A. By end of freshman year, students must have completed a minimum of 30 college credits with at least a 2.5 Grade Point Average.
- \_\_\_ B. Satisfactory completion of the following prerequisite courses (or equivalents) prior to acceptance: ATR 100, PHE 180 and 212, BIO 171, 271 and/or 301/378, HEA 202/203 or EMC 102 or EMC 110.
- \_\_\_ C. Meet minimal acceptable level for educational competencies and clinical proficiencies from prerequisite courses listed above.
- \_\_\_ D. Will be interviewed by the ATEP Interview Committee to determine oral communication skills, critical thinking skills, professional attitude and attributes, and overall suitability as an Athletic Training student.
- \_\_\_ E. Submits a formal typed (2-3 page minimum) letter of application indicating why he/she wants to become a Certified Athletic Trainer and explain what important contributions one will make to the Athletic Training profession in general, and specifically to the EKU Program **as part of your SINGLE APPLICATION PACKET.**
- \_\_\_ F. Complete clinical proficiency and other clinical education requirements as part of the ATR 100 course.
- \_\_\_ G. Complete EKU College of Health Sciences Required Criminal Record Background Check through Verified Credentials. See information below in this packet on how to do this.
- \_\_\_ H. Complete all application forms, be screened and formally recommended (or denied) for approval by the ATEP Selection Committee.
- \_\_\_ I. Understand that final selections are determined on a space available basis, and individuals most suitable and qualified are accepted. A rubric will be used to objectively make this decision.

### **III. STUDENT COMPLIANCE/EVALUATION:**

To successfully matriculate through the ATEP in order to graduate with the Bachelor of Science degree in Athletic Training, and meet the Board of Certification (BOC) examination requirements all students shall:

- A. Maintain a 2.5 cumulative GPA.
- B. Maintain a 2.5 cumulative GPA in major courses (non-general education).
- C. Meet all professional/behavioral requirements and expectations (code of ethics, University code of conduct, standards of practice, etc.).
- D. Meet all clinical related requirements (competencies, proficiencies, required rotations, policies and procedures, etc.). See the athletic training student handbook for more information which can be found at: [www.athletictraining.eku.edu](http://www.athletictraining.eku.edu)
- E. Meet all additional requirements (athletic training and athletics, first aid/CPR: PR certifications, service points, etc.).
- F. Understand that failure to meet the above requirements will lead to probation and/or dismissal from the program if the offense persists. Students can appeal probation/suspension status. (NOTE: see "Grievance Procedure" in current copy of *Athletic Training Student Handbook*).
- G. Follow all policies, procedures, guidelines, etc. as stated in the current copy of the *EKU Athletic Training Student Handbook* found on-line at [www.athletictraining.eku.edu](http://www.athletictraining.eku.edu) .

### **IV. CLINICAL EXPERIENCE REQUIREMENTS:**

To successfully matriculate through the ATEP in order to graduate with the Bachelor of Science degree in Athletic Training and to meet the BOC examination requirements all students shall:

- A. Satisfactorily complete all clinical proficiencies and educational competencies from the NATA major domains list (Risk Management and Injury Prevention, Pathology of Injuries and Illnesses, Assessment and Evaluation, Acute Care of Injury and Illness, Pharmacology, Therapeutic Modalities, Therapeutic Exercise, General Medical Conditions and Disabilities, Nutritional Aspects of Injury and Illness, Psychosocial Intervention and Referral, Health Care Administration, and Professional Development and Responsibilities).
- B. Accurately record and report all clinical hours and related clinical education experiences.
- C. Satisfactorily complete all required clinical rotations.
- D. Satisfactorily complete clinical experiences as assigned or required.
- E. Meet all course/curriculum and service points requirements for graduation.
- F. become a student member of the National Athletic Trainers Association (NATA) upon being accepted into the ATEP and maintain membership while matriculating through the ATEP.
- G. Understand that the student bears responsibility for travel and travel-related expenses for off-campus required clinical experiences.

### **V. GRADUATION REQUIREMENTS:**

To graduate with the Bachelor of Science degree in Athletic Training and meet the BOC examination requirements all students shall:

- \_\_\_ A. Complete each Athletic Training course with a grade of “C” or higher.
- \_\_\_ B. Complete each Athletic Training practicum course with a grade of “B” or higher.
- \_\_\_ C. Complete each level of Athletic Training course with a “C” or higher prior to enrolling in a higher level course (NOTE: the exception to this requirement is for practicum courses, in which students must earn a grade of “B” or higher.)
- \_\_\_ D. Achieve a grade of “C” or higher in the following required Athletic Training courses that are applicable to your particular program of study: BIO 171, BIO 271, BIO 301, BIO 378, EMC 102, STA 215/270, PHE 180, PHE 212, PHE 320, PHE 325, and PHE 407 (NOTE: some departments or programs use a different grading scale than the ATEP).
- \_\_\_ E. Achieve a minimum GPA of 2.75 on all work completed at EKU.
- \_\_\_ F. Complete a minimum of 120 academic credit hours.
- \_\_\_ G. Complete the required number of service points (NOTE: see current copy of the *EKU Department of Athletic Training Student Handbook* for details or the policy & procedures tab at [www.athletictraining.eku.edu](http://www.athletictraining.eku.edu) and scroll down to the section titled service points, this is also in the EKU Catalog and is a Degree Requirement
- \_\_\_ H. Complete all required general education courses.

**VI. STUDENT INFORMATION:**

Providing my name and signature below indicates my understanding of, and acceptance to meet all requirements of the Athletic Training Education Program at Eastern Kentucky University as described above.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**EASTERN KENTUCKY UNIVERSITY**  
**CAATE-Accredited Athletic Training Education Program**

**HEPATITIS B IMMUNIZATION**  
**Informed Consent/Refusal**

Hepatitis is inflammation of the liver which may be caused by several viruses, one of which is Hepatitis B. The Hepatitis B virus has been detected in almost all body fluids and secretions including blood, saliva, semen, vaginal fluid, breast milk, tears and urine of someone infected with Hepatitis B. Although contact with infected blood is the most common way in which the virus is transmitted, it can also pass through cuts, scrapes or breaks in the skin or mucous membrane.

A carrier of Hepatitis B is someone who may or may not show signs of liver disease, but who continues to carry the Hepatitis B virus in the body and, therefore, can transmit to others.

A Hepatitis B virus infection may be mild or more severe. Death is uncommon in the early stages of infection. Chronic infection develops in 6-10 percent of patients who become carriers. This chronic infection may last for years, possibly for life, and it may lead to cirrhosis and liver cancer.

There is not a treatment or drug available that can kill the Hepatitis B virus. In most cases the body's own defense mechanism will eliminate the infection. In health care workers, the risk of acquiring Hepatitis B is determined mainly by their degree of exposure to blood.

Hepatitis B vaccine is recommended for persons at high risk of contracting Hepatitis B. It will not prevent Hepatitis caused by other agents such as Hepatitis A virus or Hepatitis non A, non B virus.

Hepatitis B immunization should be withheld in the presence of:

1. Any serious active infection except when a physician believes withholding the vaccine entails a greater risk.
2. Hypersensitivity (allergy) to yeast or any components of the vaccine (alum, thersasola mercury derivative, aluminum hydroxide, formaldehyde).
3. Pregnancy or breast-feeding.
4. Severe heart/lung problems.

Hepatitis B vaccine is generally well-tolerated. As with any vaccine there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials. There may be a local reaction at the injection site such as soreness, pain, tenderness, itchiness, redness, black/blue mark, swelling, and warmth or nodule formation. Other reactions may include low grade fever, fever over 102 degrees (uncommon), general arthralgia or rash neurological disorders.

The vaccine consists of three injections. The first dose is at an elected time, the second dose one month later and the third dose six months after the first dose. Full immunization requires three doses of the vaccine over a six month period to confer immunity. However, the duration of the protective effects of the Hepatitis B vaccine is presently unknown and the need for boosters is not yet defined.

Students enrolled in the Athletic Training Education Program are encouraged to obtain their own immunizations prior to the start of their freshman year. The cost shall be incurred by the student. If a student so desires, he/she may decline by signing the appropriate form and submitting it to the Clinical Coordinator's office by the start of his/her first clinical experience prior to entering the ATEP.

**EASTERN KENTUCKY UNIVERSITY**  
**CAATE-Accredited Athletic Training Education Program**

**HEPATITIS B IMMUNIZATION**  
**Informed Consent/Refusal**

I have read the information on this form about the Hepatitis B vaccine and I have had the chance to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of Hepatitis B vaccine and choose to accept the immunization against Hepatitis B. To the best of my knowledge, I do not have any active infection, nor am I pregnant or nursing an infant. Vaccination for Hepatitis B is at the expense of the Athletic Training Student.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

	Date	Site	Lot #	Immunized by
--	------	------	-------	--------------

1<sup>st</sup> Dose

2<sup>nd</sup> Dose

3<sup>rd</sup> Dose

HbsAB Screening ordered: \_\_\_\_\_

**HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at my own expense. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious material and want to be vaccinated with the Hepatitis B vaccine, I can receive, at my own expense, the vaccination series.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
EKU ID Number

# Criminal Record Background Check

Eastern Kentucky University College of Health Sciences now requires background checks for all students entering programs in the Health Sciences. This is to ensure a safe clinical environment for both students and the public and to meet the contractual requirements of clinical facilities.

Eastern Kentucky University College of Health Sciences has worked with Verified Credentials, Inc. to establish an acceptable screening procedure. Students who fail to submit a background check cannot complete or maintain enrollment in any Eastern Kentucky University College of Health Sciences Program.

Please follow the directions below for submitting your application to Verified Credentials:

- Access website: [www.myvci.com/ekuhealthsciences](http://www.myvci.com/ekuhealthsciences)
- Click the "GO" button
- Select your program from the drop down menu.
- Complete and sign disclosure.
- Complete information page.
- Review information, make payment selection and submit order.

Payment can be made by personal credit card, debit card or electronic check. **(Name on card must match step 2 exactly).**

## Additional Payment Choices

You may also use a prepaid credit card, but make sure that there is enough value on the card to cover any handling charges incurred for use of the prepaid card as well as the cost of the background check.

You may mail a money order to Verified Credentials but it must be received by the deadline of **April 1<sup>st</sup>, 2009** when your **Application must be complete**. Please add your name and last 4 digits of your social security number on the check.

Upon completion the results of the background screening will be sent to you via email and to Eastern Kentucky University College of Health Sciences. If any information is found that would negatively affect your eligibility for a Health Sciences program, you will be given an opportunity to challenge the information through the Adverse Action process associated with Verified Credentials.

If you have any questions on the background screening process, please contact Verified Credentials Client Services at 800.938.6090.

**It is important that you submit information in a timely fashion.** Thank you for your prompt attention to this request.

Please let me know if you have any other questions or concerns as well or if you have any issues or problems with the process.

Lastly you will need to print off a copy of your detailed Report as you may need to provide a copy to your clinical site especially those of you at various High Schools, additionally you will need to submit a copy of your detailed report to me as well, which you can submit electronically to me via email or provide me a copy.

If you have any further questions you can contact me at the numbers and email listed below

Sincerely,

Dr. Eric J. Fuchs, ATC, NREMT-B  
Assistant Professor & Director  
Athletic Training Education Program  
College of Health Sciences  
Moberly Bldg. 109  
521 Lancaster Ave.  
Richmond, KY 40475  
OFF: 859 622 8173  
FAX: 859 622 1254  
Email: [eric.fuchs@eku.edu](mailto:eric.fuchs@eku.edu)  
Website: [www.athletictraining.eku.edu](http://www.athletictraining.eku.edu)

**REFERENCE EVALUATION FOR ADMISSION TO THE  
EASTERN KENTUCKY UNIVERSITY ATHLETIC TRAINING EDUCATION PROGRAM**

Name \_\_\_\_\_

Class \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

School Address \_\_\_\_\_

Phone \_\_\_\_\_

Major(s) \_\_\_\_\_

Identify the evaluating individual by checking the appropriate space:

- |   |  |
|---|--|
| <input type="checkbox"/> Applicant's Advisor        | <input type="checkbox"/> Biology 171, 271 Instructor |
| <input type="checkbox"/> ATR/PHE____ (?) Instructor | <input type="checkbox"/> Other instructor _____      |
| <input type="checkbox"/> Clinical Supervisor        | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Athletic Coach             | <input type="checkbox"/> Student Self Evaluation     |

On the basis of the information which I have concerning this candidate, he/she ranks as follows on the characteristics which are considered as being indicative of a successful athletic trainer (utilize the back of this form to substantiate all below average ratings).

Criteria	Above Average	Average	Below Average	No Opportunity to Observe
<b>Enthusiasm</b>				
<b>Speech</b>				
<b>Health &amp; Vitality</b>				
<b>Appearance/Personal Hygiene</b>				
<b>English Proficiency</b>				
<b>Judgment</b>				
<b>Self Confidence</b>				
<b>Leadership/Fellowship</b>				
<b>Integrity</b>				
<b>Initiative</b>				
<b>Punctuality</b>				
<b>Creativity</b>				
<b>Responsibility/Dependability</b>				
<b>Emotional Stability</b>				
<b>Rapport with Students</b>				
<b>Rapport with Faculty</b>				
<b>Accepts Criticism</b>				
<b>Maturity</b>				

Comments: (Please write comments on back or on an attached page.)

Printed name of evaluator: \_\_\_\_\_

Signature & date \_\_\_\_\_

**Eastern Kentucky University**  
**College of Health Sciences**  
**Department of Exercise and Sport Science**  
**Technical Standards for Athletic Training Education Program**

The Athletic Training Education Program at Eastern Kentucky University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the accrediting agency of athletic training education (Commission on Accreditation of Athletic Training Education {CAATE}) and state regulations. The following must be attainable by all students admitted to the Athletic Training Education Program.

Compliance with the program's technical standards does not guarantee a student will successfully complete the program and meet degree requirements nor achieve a passing score on the BOC (Board of Certification) examination or to become licensed as an athletic trainer in the commonwealth of Kentucky by the Board of Medical Licensure.

The following must be demonstrated for a student to participate in the educational program:

- Assimilate, analyze, and synthesize information; integrate concepts and problem solve; and formulate appropriate therapeutic judgments while distinguishing deviations from the norm.
- Read patient (athlete) charts, instructions related to the use of all equipment and supplies, and instrument panels and print outs generated by various pieces of equipment (i.e., isokinetic therapy equipment).
- Detect the presence of various bodily fluids, ascertain the presence of biological abnormalities according to visual cues (i.e., erythema {redness}), and differentiate various topical applications.
- Read, write, and communicate in the English language to facilitate effective communication including assessments and providing treatment information to patients (athletes), physicians, clinical staff, peers, and others charged with patient care functions. Candidates must also demonstrate the ability to communicate with individuals of diverse cultural and social origins and establish levels of rapport consistent with competent professional practice.
- Be able to verbally communicate effectively and appropriately and discern instrument alert signals and timing devices.
- Demonstrate competency in areas including, but not limited to: emergency management (i.e. rescue breathing, CPR, and airway management) and first aid techniques (i.e. wound care, splinting, patient transportation); applying supportive devices (i.e. taping, bracing, wrapping, equipment fitting); assessing joint/extremity motion, strength, and stability; utilizing therapeutic modalities (i.e. ultrasound and muscle stimulation equipment); and passive/active-assisted mobility/strength restoring techniques while utilizing accepted guidelines. Candidates must use equipment and supplies accurately and safely during such circumstances.
- Traverse about on-campus and affiliated site clinical settings and render assistance to patients (athletes) acutely disabled on an athletic field or court.
- Problem solve, maintain composure, and react expediently yet effectively in emergency and other stressful circumstances. Must be able to recognize situations and then take appropriate steps. The student must be able to function effectively.

- Demonstrate the perseverance, diligence, and commitment to complete the athletic training education program as outlined and sequenced. This will include experiences beyond the confines of the Eastern Kentucky University campus for which the student must provide their own transportation.
- Candidates for selection to the athletic training education program at Eastern Kentucky University will be required to verify that they understand and meet these technical standards or that they believe, with certain reasonable accommodations, they can meet the standards.

The Eastern Kentucky University Office of Equal Opportunity (see below) in conjunction with additional offices and departments' on-campus and as appropriate will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program. **Moreover, if at anytime I am enrolled in the ATEP, I become unable to meet the Technical Standards, I understand it is my responsibility to report this to the ATEP Program Director, so that my status can be reviewed and potential accommodations can be developed.**

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Faculty Witness Date

**Alternative statement for students requesting accommodations.**

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Eastern Kentucky University Office of Equal Opportunity (see below) to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program. Moreover, if at anytime I am enrolled in the ATEP, I become unable to meet the Technical Standards, I understand it is my responsibility to report this to the ATEP Program Director, so that my status can be reviewed and potential accommodations can be developed.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Faculty Witness Date

The Disabilities Coordinator at Eastern Kentucky University is Ms. Teresa Belluscio. She can be contacted at (859) 622-2933 or at the Case Annex Room 202.

Eastern Kentucky University is an Equal Opportunity/Affirmative Action employer and educational institution and does not discriminate on the basis of age, race, color, religion, sex, sexual orientation, disability, national origin or Vietnam era or other veteran status, in the admission to, or participation in, any educational program or activity which it conducts, or in any employment policy or practice. Any complaint arising by reason of alleged discrimination should be directed to the Equal Opportunity Office, Eastern Kentucky University, Jones Building, Room 106, Coates CPO 37A, Richmond, Kentucky 40475-3102, (859) 622-8020 (V/TDD), or the Director of the Office for Civil Rights, U.S. Department of Education, Philadelphia, PA.

Revised

**EASTERN KENTUCKY UNIVERSITY**  
**Athletic Training Education Program**  
**PHYSICAL EXAMINATION**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

**History:** Please indicate if you have a history of any of the following. (Attach additional sheets if necessary)

Allergy _____	Muscular Disorders _____
Diabetes _____	Nervous Disorders _____
Epilepsy _____	Psychiatric Disorders _____
Heart Disease _____	Ear Disease or Defective Hearing _____
Kidney Disease _____	Eye Disease or Defective Vision _____
Lung Disease _____	Bone or Joint Injury or Disease _____
Menstrual Disorder _____	Other _____

Elaborate on any yes answers above:

\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ B.P. \_\_\_\_\_ Pulse \_\_\_\_\_ Vision R20/\_\_\_\_\_ L20/\_\_\_\_\_

Corrected? YES / NO    Glasses    Contacts    Color Blind? YES / NO

Urine Analysis: Protein \_\_\_\_\_ Sugar \_\_\_\_\_

**Physical:**

1. General Appearance _____	6. Abdomen _____
2. Eyes, Nose, Throat _____	7. Hernia _____
3. Heart _____	8. Neurological _____
4. Lungs _____	9. Spine _____
5. Skin _____	10. Musculoskeletal _____

**Immunizations:** Date of last Tetanus injection \_\_\_\_\_ Hepatitis B \_\_\_\_\_  
PPD Positive \_\_\_\_\_ Negative \_\_\_\_\_ Date \_\_\_\_\_

In addition to the above immunizations, I have reviewed this individuals Immunization Record and Verify that all Immunizations are current and up-to-date regarding current required vaccination

**Check One**

\_\_\_\_ At the time of examination, this person is free from physical defects that might interfere with the performance of his/her duties, except as noted above, as is physically able to participate in the Athletic Training Education Program.

\_\_\_\_ This student requires a follow-up evaluation with the following medical specialist prior to participation in the Athletic Training Education Program.

Cardiologist\*      Orthopaedist\*    Other\* \_\_\_\_\_

Date of Physical Exam \_\_\_\_\_ Physician's Signature \_\_\_\_\_

*\*Students requiring a follow-up evaluation must provide a copy of the Specialist's recommendation regarding the student's physical ability to participate in the Athletic Training Education Program to the Eastern Kentucky University Student Health Center.*

Eastern Kentucky University  
Athletic Training Education Program  
***Athletic Training Student Applicant Admission Assessment Form***

Applicant Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Semester Applied: Spring 20\_\_\_\_\_

Criteria	Points Possible	Points
<b>Overall GPA</b>	4.00 - 3.75 = 45 Pts 3.74 - 3.50 = 40 Pts 3.49 - 3.25 = 35 Pts 3.24 - 3.00 = 30 Pts 2.99 - 2.75 = 25 Pts 2.74 - 2.50 = 20 Pts	____ (Maximum of 45pts)
<b>Pre-Requisite Course Grades</b>	PHE 212 _____ A = 5 pts B = 3 pts C = 1 pts  ATR 100 _____ A = 5 pts B = 3 pts C = 1 pts  BIO 171 _____ A = 5 pts B = 3 pts C = 1 pts  BIO 271 _____ A = 5 pts B = 3 pts C = 1 pts  EMC 102 or (HEA 202 & 203 _____) A = 5 pts B = 3 pts C = 1 pts  PHE 180 _____ A = 5 pts B = 3 pts C = 1 pts	____ (Maximum of 30 pts)
<b>AT Application File*</b>	A = 10 Pts, B = 8 Pts, C = 6 Pts <u>or</u> See below for rating criteria*	____ (Maximum of 10pts)
<b>Interview</b>	15 Points (Avg. of all Interviewers Scores)	____ (Maximum of 15pts)
<b>(100 Points Maximum) TOTAL SCORE</b>		

All applicants must achieve the minimum acceptance score of 60 points on this Eastern Kentucky University ATEP Prospective Athletic Training Student Admission Assessment form to be considered for acceptance. All Eastern Kentucky University ATEP candidates will be ranked according to the assessment form score. Available slots within the ATEP major will be filled according to this prioritized listing of candidates starting with the top score downward. If there is a tie score and there are not enough slots to admit all the students with a tie into the ATEP, then a tie breaker will be used. Applicants will be rank ordered from the highest to lowest based upon the documented evidence provided in their application file regarding their directed observation clinical experiences for the available slots. ATEP Applicants not being accepted may re-apply for admission during the next available application period.

*\*Student's application file based upon the following criteria: letter of app = 4 pts; reference evaluations = 2 pts each (total of 6pts).*

### **Provisional Admission Status**

Students may be provisionally accepted into the ATEP by the Program Director upon approval of the clinical coordinator providing that they have no more than two deficiencies of the required admission standards, can complete these deficiencies prior to their 4<sup>th</sup> semester in the ATEP, and agree to meet all the following requirements:

In order to move from “provisional” status to full admission status next semester, the following criteria must be met:

1. Obtain an overall GPA of 2.5 or higher next semester (NOTE: remember that a 2.75 GPA is required to graduate from our program).
2. Earn a letter grade of “C” or higher in all classes required for completion of the ATEP that you will be taking next semester.
3. Earn a letter grade of “B” or higher in the practicum course in which the student is enrolled during their semester of provisional admission.
4. Complete all clinical proficiencies that are required as part of the practicum course and/or ATR lab course in which the student is enrolled during their semester of provisional admission.
5. Earn a median score of 2.0 on all clinical evaluations that will be completed on the student during their semester of provisional admission (NOTE: the evaluation scale is 1-5, with 1 being “very good” and 5 being “not effective”).

**NOTE:** Provisionally admitted students must complete all documented deficiencies prior to enrolling in the first clinical course during their first semester of enrollment in the ATEP.)

**EKU Athletic Training Interview Evaluation**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

**Using the scale below, choose the single best response for each criteria or question based on your assessment of the candidate's answer.**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable/ No basis to judge</b>
	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Adequately described his/her personal background (i.e., family, high school activities, hobbies, etc.) openly and freely.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Adequately described and has a clearly understanding of his/her professional aspirations for the future.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Provided good reasons why he/she should be accepted into the ATEP.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Provided apparent evidence that he/she is a good manager of his/her time and could handle an increased time commitment	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Overall, appears to be as good as or better than other students his/her level.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Demonstrated good verbal communication skills.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Appropriately described the role and responsibilities of the certified athletic trainer to a layperson.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Demonstrated above average leadership skills and leadership ability.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Adequately identified areas in which they need to improve and has an appropriate plan to address these weaknesses.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Demonstrated an understanding of and willingness to adhere to all clinical requirements and responsibilities of the ATEP.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>

**Student is adequately and appropriately able to respond the questions below:**

Please describe the worst decision you've ever made. How did you handle the situation? What, if anything, would you do differently?	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Describe the type of people you find the most enjoyable to work with and why.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
What approach do you take in getting people to accept your ideas, suggestions, or goals?	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
Describe at least one aspect of the athletic training profession that you consider a positive and one you consider a negative.	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>
If you were the only person in the athletic training room and an athlete of the opposite sex came in with a groin injury, how would you handle the situation?	<b>-1</b>	<b>-.5</b>	<b>0</b>	<b>.5</b>	<b>1</b>	<b>NA</b>

**Comments :** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator Signature \_\_\_\_\_

Total Points \_\_\_\_\_ / 15