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Athletic Training Education Terminology

CAATE – Commission on Accreditation of Athletic Training Education.

ATP – Athletic Training Program.

Program Director (PD) – The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program.

Clinical Education Coordinator (CEC) – The individual designate by the program as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATP.

Medical Director (MD) – The physician (MD or DO) who serves as a resource for the Program Director and ATP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.

Preceptor – A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base.

Allied Health Care Personnel – Physician Assistants, physical therapists, registered nurses, doctors of dental surgery, and other health care professionals, recognized by the AMA/AOA as allied health professionals, who are involved in direct patient care and are used in the classroom and clinical education portions of the ATP. These individuals may or may not hold formal appointments to the instructional faculty.

Affiliated Clinical Site – Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATP for clinical experiences.

Clinical Education – The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of an ACI/CII.

Clinical Experience – Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.

Direct Supervision – Supervision of the athletic training student during clinical experience. The ACI and or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
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Marywood University
Athletic Training Program

MU ATP Mission
The mission of the Athletic Training Program at Marywood University is to provide dedicated, effective undergraduate teaching, scholarship, and service to our students preparing to be health care providers to benefit the people of the state of Pennsylvania, the nation, and the world. Students in the Athletic Training Program are offered a curriculum of didactic, laboratory, and clinical experiences which emphasize a “hands on” learning approach. The Athletic Training Program is committed to providing students with educational, clinical, and professional growth opportunities that will help prepare them for The Board of Certification (BOC) examination, and entry into the Athletic Training profession. The Athletic Training Program at MU does not discriminate against religion, race, color, creed, gender, sexual orientation, marital status, national origin, or disability.

Program Goals
1. Facilitate student knowledge, and clinical skill development as the foundation for sound practice and leadership in the profession of Athletic Training.
2. Graduate with a Bachelor of Science degree in four years.
3. Athletic training students will complete a variety of clinical experiences.
4. All athletic training students will sit for the BOC examination.
5. A first time passing rate on the BOC exam of 75%
6. An overall passing rate on the BOC exam of 100%
7. Encourage scholarship application at the university, state, region, and national level.
8. Support university values of teaching and learning as a first priority providing quality service to students, to the university, and to the community.

Program Objectives
At the completion of the Athletic Training Program, the students will:
1. Demonstrate competence and proficiency in the following educational content areas for the practice of Athletic Training:
   - Evidence-Based Practice
   - Prevention and Health Promotion
   - Clinical Examination and Diagnosis
   - Acute Care of Injury and Illness
   - Therapeutic Interventions
   - Psychosocial Strategies and Referral
   - Healthcare Administration
   - Professional Development and Responsibility
2. Demonstrate respect for and treat the patient as an individual, without regard to race, color, sexual preference, socioeconomic status, political or religious affiliation, or athletic ability.
3. Understand the profession of Athletic Training, the athletic trainer's role in the health care arena, and the professional and ethical responsibilities associated with the athletic trainer as a health care professional.
4. Recognize the need for the support of clinical practice through ongoing education, research and service.

National Athletic Trainers’ Association Code of Ethics

The ATP at Marywood University expects all individuals involved with the program to follow the Code of Ethics set forth by the National Athletic Trainers’ Association, regardless of their membership status. Any person found to be in violation of these ethical codes will be subject to appropriate disciplinary action as outlined in the MU ATP demerit policy.

PREAMBLE

The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

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

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

PRINCIPLE 3:
Members shall maintain and promote high standards in their provision of services.
3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified through education or
experience and which are allowed by their practice acts and other pertinent regulation.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.

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

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

PRINCIPLE 4:
Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

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

4.2 National Athletic Trainers’ Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3 Members shall not place financial gain above the patient’s welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

Board of Certification Code of Professional Responsibility

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

Code 1: Patient Responsibility
The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient’s race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law

1.2 Protects the patient from harm, acts always in the patient’s best interests and is an advocate for the patient’s welfare

1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice

1.4 Maintains the confidentiality of patient information in accordance with applicable law

1.5 Communicates clearly and truthfully with patients and other persons involved in the patient’s program, including, but not limited to, appropriate discussion of assessment results, program plans and progress

1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and
does not exploit his or her relationship with the patient for personal or financial gain
1.7 Exercises reasonable care, skill and judgment in all professional work

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

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

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

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

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

**MU ATP Admission Policy**
A limited number of applicants will be admitted to the professional phase of the Athletic Training major. A maximum of 16 students will be admitted to the program each year. Application to the Athletic Training Program takes place during the spring semester. A second round of admissions may occur in the summer for students completing either HPE 180 or BIOL 122 during one of the summer terms if space is available. Interested students must meet with the Program Director prior to applying for admissions to the ATP.

The admission of transfer students will include a careful evaluation of the students' cumulative GPA and prerequisite coursework. The Program Director will make all decisions related to the acceptance of transfer courses required for the major. Transfer students are required to complete all Athletic Training specific courses at MU. Transfer students should contact the Program Director regarding program requirements and any questions regarding transfer courses.

Application to the Athletic Training Program requires:
1. The following courses need to be in progress or completed at the time application is submitted:
   a. HPE 130 with a grade of C or better
   b. HPE 155 with a grade of C or better
   c. HPE 180 with a grade of B- or better
   d. BIOL 121 with a grade of C or better
   e. BIOL 122 with a grade of C or better
2. A cumulative GPA $\geq 2.50$
3. Submission of the following:
   a. Program application form
   b. An unofficial Marywood University transcript
   c. Submission of official transcripts of any college courses taken at another college/university.
d. Proof of current Emergency Cardiac Care (ECC) certification from one of the following providers:

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Heart Association</td>
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</tr>
<tr>
<td>National Safety Council</td>
<td>Basic Life Support for Health Care and Professional Rescuers</td>
</tr>
</tbody>
</table>

e. Proof of current 1st aid certification.
f. Two letters of recommendation.
   i. One from an individual that can speak to the academic qualities of the applicant.
   ii. One from an AT, MD, DO, PT, OT, or DC that addresses likelihood the applicant will be successful as a healthcare professional.
g. Copies of physical examination and vaccination verification from Marywood Health Services.
h. A signed copy of the programs technical standards for admission form (see appendix A).
i. 500 word minimum essay addressing the question “Why athletic training is the correct major and career path for you”.
j. Supervising AT evaluation of student observation hours. 25 hours of clinical observation completed under the supervision of an Athletic Trainer.

Once all required materials are submitted, and reviewed, the candidate will be eligible for a formal interview.

Acceptance to the program will be based on the following criteria:

1. B- or better in HPE 180-Introduction to Athletic Training (25 points possible)*
   - A = 25
   - A- = 24
   - B+ = 23
   - B = 22
   - B- = 21
2. C or better in BIOL 121,122; HPE 130, 155 (20 points possible)*
   Points based on total GPA of prerequisite coursework
   - (4.00 – 3.80 = 20)
   - (3.70 – 3.50 = 19)
   - (3.40 – 3.20 = 18)
   - (3.10 – 2.90 = 17)
   - (2.80 – 2.60 = 16)
   - (2.50 – 2.3 = 15)
   - (2.20 – 2.00 = 14)
   * Applicants must receive a grade of B- or better in HPE 180 and a grade of C or better in BIOL 121,122; HPE 130, 155 for further admissions consideration.
3. Cumulative GPA of 2.50 or higher (17 points possible).
   - (4.00 – 3.80 = 17)
   - (3.70 – 3.50 = 16)
   - (3.40 – 3.20 = 15)
   - (3.10 – 2.90 = 14)
   - (2.80 – 2.60 = 13)
   - (2.50 = 12)
4. Formal interview consisting of 6 questions
   (18 total points possible, 3 points possible for each question).
5. 500 word minimum essay addressing the question “Why athletic training is the correct major and career path for you”. (10 points possible)
   a. Paper addresses question listed above. (6 points possible)
   b. Proper grammar, punctuation, spelling, and terminology (4 points possible).
6. AT clinical observation verification of completion form (10 points)
   a. (30 hours of observation required)
   b. (20 hours of observation must be in completed in traditional AT setting)

   Applicants must obtain at least 75% of the total points available to be considered for admission. If more than sixteen applicants obtain a score of 75% or higher, the top sixteen applicants will be admitted into the program. Students meeting the criteria for admission, but not initially accepted will be placed on a wait list. Should a student accepted into the program decline their admission, the top applicant on the wait list will be offered admission to the program. Candidates will be notified of their admission status to the program via confidential email as soon as final grades have been posted and the applicants admission score has been totaled.

   **Probationary Admission**
   Applicants that receive an overall score of 75% or higher and that have passed HPE 180 with a grade of B- or better and BIOL 121, 122; HPE 130, 155 with a grade of C or better, but have an overall GPA in a range from 2.30 – 2.49 may be considered for probationary admission to the program if space is available.

   Students admitted on probationary status must have their overall GPA at or above 2.50 by the end of their first semester in the program. If the student is not able to achieve a GPA of 2.50 or higher by the end of their first semester, they will be removed from the program and may reapply for admission once their GPA is 2.50 or higher. Students admitted on probation that take courses in the summer prior to their first semester in the program and are able to raise their overall GPA to 2.50 or higher will be removed from probationary status at that time.

   **Academic Progress**
   In order to maintain good standing in the ATP once admitted to the professional phase, the student shall:
   1. Maintain a cumulative GPA of 2.50 or better.
   2. Maintain a major GPA of 2.50 or better.
   4. The student must retake a course if they do not receive the required minimum grade.

   **Program Probation Policy**
   If the GPA criteria listed in the academic progress section are not maintained, the following actions will be taken:
1. The student will receive written notification from the program director concerning probationary status.
2. The student must meet with the program director to determine a course of action to remedy the problem. The student must follow through with the course of action set by the program director in order to be removed from program probation.
3. Students on program probation are not allowed to travel to away events associated with their assigned clinical rotation.
4. If the student has not achieved a cumulative and/or major GPA of 2.5 or higher by the end of the probationary period, they will be removed from the program, and will need to reapply for admission (see readmission policy for more information).

Requirements for Completion of Program

1. Maintain appropriate academic progress in the classes listed above.
2. Complete at least 70% of all Clinical Integration Proficiencies (CIP) prior to the end of the fall semester senior year.
3. Pass the ATP exit exam with a score of 75% or higher.
4. Complete at least 90% of all CIPs prior to registering for BOC exam.
5. Attend at least one PATS Student Symposium.
6. Attend at least one of the following meetings:
   a. PATS Annual Meeting
   b. EATA Annual Meeting
   c. NATA Annual Meeting
   d. Regional Conference approved by the Program Director
7. Complete 100% of the CIPs prior to graduation.

Once criteria 1 – 6 are met, the student may apply to sit for the BOC examination and request the endorsement to sit for the examination from the Program Director. The student should be aware that the Program Director does reserve the right to remove the endorsement of the student if they fail to maintain a passing grade in all classes listed as well as an overall GPA of 2.5. Certification by the BOC will be withheld by the BOC if the student does not meet all requirements for graduation.

Readmission Policy

Students who have been suspended from or that have voluntarily quit the program will be considered for readmission to the program once the following criteria have been met:
1. GPA and coursework requirements listed in the admissions and academic progress policies are satisfied.
2. Student has addressed any outside conflicts that may have caused removal from program.
3. Students may re-apply for admission at least one semester following dismissal from or quitting the program.
4. Students will be readmitted to the program at the level they were dismissed/quit.
Transfer Policy
Marywood University Athletic Training Program accepts transfers into the Athletic Training program under the following conditions:

1. The student must be accepted to Marywood University, and apply to the ATP through the Application Process. (Admission to the ATP is competitive, and all who apply may not be accepted into the program.)
2. The admission of transfer students will include a careful evaluation of the students' cumulative GPA and prerequisite coursework. The Program Director will make all decisions related to the acceptance of transfer courses.
3. General/social science courses that may transfer include courses equivalent to BIOL 114/114L, 121/121L, 122/122L; CHEM 121/121L; and PSY 211. A grade of C or better is required for these courses to be transferred.
4. Transfer students are required to complete all Athletic Training specific courses at Marywood University, excluding HPE 130, 155, and 180. Transfer students should contact the Program Director regarding program requirements and any questions regarding transfer courses.
5. All clinical rotations must be completed at affiliated Marywood University clinical sites.
6. Transfer students will begin their clinical rotations in the fall semester and complete the clinical progression in the same sequence as traditional students. Transfer students should plan for a minimum of three years to complete all program requirements.

Education Guidelines for Athletic Training Students
Courses for the didactic and clinical components of the program must be taken in the sequence outline in the four-year education plan on page 18 of this handbook. The clinical education component is a six-semester experience that begins in the fall semester of the sophomore year. It includes two semester long rotations during the sophomore and junior years, and either a full year rotation or two separate one semester rotations during the senior year (5-6 rotations total). Determination of the length of the senior year rotation(s) will be based on the needs and future career goals of the student. The rotations include area high schools, four area colleges or universities, and the MU athletic training center.

The following guidelines delineate the role of an athletic training student as well as the Program Director, Clinical Education Coordinator and The Preceptor. As a student in the Athletic Training Program at Marywood University you are expected to conduct yourself in accordance with these guidelines during any didactic and clinical experience (on- or off-campus).

Program Expectations
1. As an athletic training student, you are a part of building the foundation for the Athletic Training Program at Marywood University. We are striving to gain a reputation for preparing students to become exceptional certified athletic trainers and for promoting the
profession of athletic training. To build a quality program, it is important that athletic
training students excel both academically and clinically.

2. You must be currently enrolled as a full-time student (minimum of 12 credits per semester).
   a. If at any time your enrollment status changes, you must notify the program
director immediately.
   b. Senior students may enroll in less than 12 credits per semester if there are no
other courses needed to complete the student’s degree plan.
   c. Enrollment in less than 12 credits per semester may have an effect on the
student’s financial aid. It is the student’s responsibility to clarify this issue.

3. You are expected to attend all of your classes.
   a. You cannot gain the knowledge base necessary to perform clinical skills without
attending, paying attention, and studying hard.
   b. Class attendance and academic progress will be monitored throughout the
academic year.
      If you are struggling in a class, it is important that you speak to the instructor and
seek extra help early in the semester.

4. Each athletic training student must maintain current certification in Emergency Cardiac
Care (ECC). The Athletic Training Program offers CPR for the PR certification, and
updates bi-annually, or students can contact one of the approved provider from the
following list:

<table>
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<tr>
<th>Provider Name</th>
<th>Course Title</th>
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<tbody>
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<td>Basic Life Support for Health Care and Professional Rescuers</td>
</tr>
</tbody>
</table>

5. Each athletic training student is covered by the university's liability insurance during
clinical experiences associated with the ATP. It is recommended that the student also carry
his or her own malpractice liability insurance coverage.

6. You must always conduct yourself as a professional.
   a. All athletic training students are expected to treat each other, the faculty and
   professional staff, as well as the patient with respect.
   b. If there is a conflict, it should be dealt with privately and professionally.
   c. Do not bring personal problems to the classroom or clinical settings.
   d. Individuals associated with the ATP (Students, faculty/staff, and preceptors)
should not speak poorly of each other, or the program to others not involved with
the situation.
   e. Follow the 3 R’s
      1. Respect for self
2. Respect for others
3. Responsibility for all your actions

**Clinical Education Requirements**

These rules apply for **ALL** clinical rotations associated with the ATP.

1. Student will be informed to contact their preceptor (except for general medical rotations, they will be contacted by the CEC) prior to start of rotation to set a schedule for the entire rotation.

2. An athletic training student acting under the direct supervision of a preceptor may:
   a. Provide all athletic training services that have been taught within a previous or concurrent academic course and have been evaluated by a member of the AT faculty or their preceptor as proficient.
   b. Write progress notes recording actions of care under the supervision of a preceptor.

3. The athletic training student is responsible for knowing the location of and/or familiarizing themselves with the following at each clinical site they are assigned:
   a. Clinical site location and preceptor contact information.
   b. Emergency action plan (EAP) for clinical site.
   c. Clinical site policies and procedures.
   d. Paperwork associate with the site (evaluation forms, injury logs, etc.)
   e. Any other rotation specific requirements

4. Attendance at clinical rotations:
   a. The student is expected to respect the time commit the preceptor is making for the students clinical education.
   b. You are responsible for all of your clinical rotation assignments.
      i. If you cannot be at your clinical rotation at your scheduled time due to athletic competition, illness or family emergency, you must contact your preceptor prior to your assigned time. If possible, you should find another student of the same or higher level assigned to that rotation to fill in for you.
      ii. If you would like to request an absence from your clinical rotation for any other reason, you must complete and submit the Request of Absence from Clinical Experience form (see appendix B).
         1. This form needs to be completed and submitted to the CEC at least 2-days prior to the start of your absence.
         2. If required by your preceptor, you must find another student of the same or higher level assigned to that rotation to fill in for you.
            a. If you are unable to find a student to switch hours with you, you are expected to show up for your rotation (see demerit policy).
            c. Use your time in the clinical setting as another learning situation.
               i. If there is not much to do, use this time to practice your skills.
ii. Don’t just put in the required amount of hours. Make it a quality experience.

5. Clinical Education Hours:
   a. All clinical hours must be directly supervised by a preceptor associated with the ATP.
      i. Students may be supervised by a preceptor other than the one the student has been assigned to if the assigned preceptor needs to be somewhere else (gym, Athletics office, meeting, etc) during the student’s scheduled rotation time so long as the other preceptor has more than one-year experience as a health care professional.
   b. Students are to be scheduled to an appropriate number of hours based on educational level to ensure a quality clinical education experience.
      i. Sophomores (1st years) must obtain a minimum of 100 and a maximum of 200 clinical hours per semester, and should be scheduled for approximately 10-15 hours per week.
      ii. Juniors (2nd years) must obtain a minimum of 100 and a maximum of 250 clinical hours per semester and should be scheduled for approximately 15-20 hours per week.
      iii. Seniors (3rd years) must obtain a minimum of 100 and a maximum of 300 clinical hours per semester, and should be scheduled for approximately 20-25 hours per week.
   c. Fluctuation in the number of hours completed each week is expected, however students are not to be utilized as a replacement for full-time staff.
   d. Athletic Training Students are to be provided at least one day off a week from their clinical rotations.
   e. It is the student’s responsibility to accurately record their clinical experience hours on the timesheet everyday.
      i. Clinical hours must be signed on a daily basis by your preceptor.
      ii. It is the student’s responsibility to take their hour sheet to their assigned preceptor at the end of the day’s experience for review of the day’s activities and a signature.
   f. It is the student’s responsibility to turn their hour sheets in to the CEC twice a month (the 16th day and last day of each month).
      i. Failure to turn in hour sheets on the 16th and last day of the month will result in a reduction of points in your clinical experience grade as outlined in the clinical experience course syllabi.
      ii. If the 16th or last day of the month falls on a weekend, the hour sheets are due the following Monday.
   g. Clinical hours will be closely monitored by the PD and CEC.
      i. If it seems that the student is committing too much time to the clinical aspect of their education, and not enough time to the academic portion the PD will speak to the student and their assigned preceptor to determine a remedy to this problem.
      ii. If the problem continues, each incident will be reviewed and a solution will be determined on a case-by-case basis.
h. A record of the student’s clinical hours will be maintained in the student’s program folder in the Program Director’s office.

6. Student rotations prior to start of the academic semester:
   i. AT students are required to be on-campus and at their clinical rotations at the start of the clinical experience class.
   ii. Fall clinical experience classes (HPE 255A, 355A, and 455A) are scheduled by the university to begin 2 weeks prior to the start of the fall semester.
   iii. Students may volunteer to show up for their spring clinical rotation prior to the start of the spring semester, however the student is not required to show to their clinical rotation prior to the start of the spring semester.
   iv. Pre-semester hours **will not** be included as part of the student’s clinical experience grade. These hours will be logged and kept on file for future need if necessary, i.e. license requirements in other states.

7. Background checks are required prior to the start of each academic year. An ATS who is convicted of any crime (with the exception of petty misdemeanors, misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs), or who becomes subject to any university disciplinary actions, may not be allowed to complete their rotations. Student’s unable to complete their clinical rotation due to a negative background check may be dismissed from the program.

**Athletic Training Students as First Responders**

1. Students enrolled in the ATP at MU are not to serve as first responders during their clinical rotations.
2. The ATP at MU does not require, nor recognize, student experiences that are not conducted under the supervision of a MU trained preceptor.
3. If an outside entity hires an ATS to serve as a first responder, the programs blanket malpractice insurance policy **does not** cover the student in these situations.
4. It is the responsibility of the student to either obtain malpractice insurance coverage, or to ensure that liability coverage is provided by the hiring agency.
5. **Any paid or volunteer first responder experience may not interfere with, nor replace the students assigned clinical experience.**
6. **Athletic Training Students (ATS) hired as first responders are not to call or refer to themselves as an Athletic Trainer, Student Athletic Trainer, Athletic Training Student, ATS, SAT, AT, ATC, LAT or Certified Athletic Trainer.**
7. Students found to have violated point 5 and/or 6 above, will be immediately dismissed from the program.

**Roles of the Preceptor**

1. Provide direct supervision of each athletic training student.
2. Accept all AT students assigned to his/her facility or sport without discrimination.
3. Assign responsibilities to AT students that are appropriate for their level in the program.
4. Assist each AT student by reviewing and critiquing the competencies designated to his/her academic level in the Athletic Training Program.
5. Refrain from giving AT students the answers and allowing them to become critical thinkers.
6. Assist each AT student in setting and obtaining personal goals throughout the clinical rotation.
7. Notify the CEC if you are taking vacation while a student is assigned to you so adjustments to the students rotation can be made if needed.

Clinical Evaluations
Athletic training student’s general performance will be evaluated twice during each clinical rotation, at the mid-rotation and the end of the rotation. The athletic training student will evaluate his/her preceptor and the clinical site once, at the end of the rotation. These evaluations constitute a portion of the students clinical experience grade. It is your responsibility to schedule a time to meet with your preceptor to discuss your clinical evaluations.

Prior to the start of each rotation, the student will meet with their preceptor to complete a learning profile and goal setting/expectation form for the rotation. Students will keep the form in their clinical binder until the end of the rotation, at which time it will be reviewed by the student with the preceptor. This form must be submitted to the CEC with the end of the rotation evaluation.

Dress Code
The ATP at Marywood University is committed to preparing you for a future in allied health care. Part of this commitment involves professionalism. Professionalism is comprised of many portions, one of which is professional attire. The dress code for the ATP is mandatory and must be followed at all times during your clinical education experience. Preceptors associated with the ATP have the authority to enforce this policy by any means they see fit.

Appropriate attire includes**:
1. Khaki pants/slacks
2. Khaki shorts
3. Dresses/skirts and blouses for women
4. Athletic training polo shirts
5. Long or short sleeved collared shirts
6. Ties for certain occasion for men
7. Closed toed shoes
8. Appropriate grooming and hygiene (i.e. Hair pulled back, nails trimmed, beards trimmed and neat)
9. Name tags may be required at certain clinical sites

**Additional dress code policies of the clinical site are to be followed
CURRICULUM REQUIREMENTS
BS – Athletic Training

LIBERAL ARTS CORE REQUIREMENT

A. First Yr Experience

<table>
<thead>
<tr>
<th>Living Responsibly – 1 credit*</th>
<th>Sem</th>
<th>Grade</th>
<th>Credit</th>
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</thead>
<tbody>
<tr>
<td>1. UNIV 100</td>
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</tbody>
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* Waived for transfer students

Writing Skills – 3 credits

| 1. ENGL 160 Writing Skills |       |       | 3      |

B. Ultimate Relationships

Religion – 6 credits

| 1. RST 112 Modern Belief     |       |       | 3      |
| 2. RST                       |       |       | 3      |

Philosophy – 6 credits

| 1. PHIL 113 Intro to Phil    |       |       | 3      |
| 2. PHIL                      |       |       | 3      |

C. Physical Universe

Math – 1 course

| 1. MATH 115 or 201 or 216    |       |       | 3      |

Science – 3 credits

| 1. BIOL 121 Anat & Phys      |       |       | 3      |

D. Social Structure

| 1. PSY 211 General Psychology|       |       | 3      |

E. Cultural Context/Lit/FA

World Literature

| 1. ENGL180 Intro World Lit   |       |       | 3      |

Upper-level English

| 1.                           |       |       | 3      |

Fine Arts

| 1. FA                        |       |       | 3      |

F. Cultural Context/Foreign Language – 3-6 credits

Complete two Foreign Language courses in the same language. For students who have taken 4 years of High School language, this requirement may be met by taking one Foreign Language courses numbered above 212.

| 1.                           |       |       | 3      |
| 2.                           |       |       | 3      |

G. Historical Context*

History – 6 credits

| 1. HIST                      |       |       | 3      |
| 2. HIST                      |       |       | 3      |

* One course needs to fulfill the Global Requirement

Total Core Credits

ATHLETIC TRAINING REQUIREMENT

HPE Theory Courses

| BIOL 121 Anat. & Phys Lab    |       |       | 1      |
| BIOL 122 Anat. & Phys        |       |       | 3      |
| BIOL 122L Anat. & Phys Lab   |       |       | 1      |
| HPE 210 Anatomical Concepts  |       |       | 1      |
| HPE 221 Kinesiology          |       |       | 3      |
| HPE 225 Phys. of Exer.       |       |       | 3      |
| HPE 225L Phys. of Exer. Lab  |       |       | 5      |
| HPE 324 Motor Learning       |       |       | 2      |
| HPE 424 Organization & Admin.|       |       | 3      |

Athletic Training Core Courses

| BIOL 114 Microbio. HP        |       |       | 3      |
| BIOL 114L Microbio. HP Lab   |       |       | 1      |
| CHEM 121 Prin. of Chemistry  |       |       | 3      |
| CHEM 121L Prin. of Chem. Lab |       |       | 1      |
| HPE 130 Emer. Response in AT |       |       | 2      |
| HPE 180 Intro to AT          |       |       | 3      |
| HPE 155 Pre-Clinical Exper AT|       |       | 1      |
| HPE 255A Clinical Exper I    |       |       | 3      |
| HPE 255B Clinical Exper II   |       |       | 3      |
| HPE 308 Concepts in AT       |       |       | 3      |
| HPE 311 Eval & Assess for AT I|      |       | 3      |
| HPE 311L E & A for AT I Lab  |       |       | 1      |
| HPE 313 Eval & Assess AT II  |       |       | 3      |
| HPE 313L E & A for AT II Lab |       |       | 1      |
| HPE 355A Clinical Exper AT III|      |       | 3      |
| HPE 355B Clinical Exper AT IV|       |       | 3      |
| HPE 360 Exer. Test & Rx      |       |       | 3      |
| HPE 360L Exer. Test & Rx Lab |       |       | 1      |
| HPE 400 Therapeutic Modalities|      |       | 3      |
| HPE 401 Therap. Modal. Lab   |       |       | 1      |
| HPE 410 Therapeutic Exercise |       |       | 3      |
| HPE 411 Therap Exer. Lab     |       |       | 1      |
| HPE 418 Gen Med. Cond. AT    |       |       | 4      |
| HPE 455A Clinical Exper AT V  |       |       | 3      |
| HPE 455B Clinical Exper AT VI|       |       | 3      |
| HPE 459 Research in AT       |       |       | 2      |
| HPE 460 Senior Seminar       |       |       | 2      |
| ND 330 Sports Nutrition     |       |       | 3      |

MU ATP Handbook. Revised 08/08/14
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<th>Semester 1</th>
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<th>Semester 2</th>
<th>Cr.</th>
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<td>HPE 180 Introduction to AT</td>
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<td>HPE 155 Pre-Clinical Experience in AT</td>
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<td>BIOL 122 Anatomy &amp; Physiology II</td>
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<td>BIOL 122L Anatomy &amp; Physiology II Lab</td>
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<td>CHEM 121 Principles of Chemistry</td>
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<td>HPE 130 Emergency Response in AT</td>
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<tbody>
<tr>
<td>HPE 255A Clinical Experience I</td>
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<td>HPE 210 Anatomical Concepts</td>
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<tr>
<td>HPE 221 Kinesiology</td>
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<tr>
<td>HPE 308 Concepts in Athletic Training</td>
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<tr>
<td>ND 330 or MATH Sports Nutrition or Math Core</td>
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<tr>
<td>Foreign Language I</td>
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<tr>
<td>ND 330 or MATH</td>
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<tr>
<td>HPE 355A Clinical Experience III</td>
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<tr>
<td>HPE 313 Eval &amp; Assess for AT II</td>
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<td>HPE 313L Eval &amp; Assess for AT II Lab</td>
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<td>HPE 410 Ther Exercise</td>
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<tr>
<td>HPE 411 Ther Exercise lab</td>
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<td>ND 330 or MATH Sports Nutrition or Math Core</td>
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<td>PHIL 113 Intro to Phil</td>
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<th>Semester 7</th>
<th>Semester 8</th>
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<tr>
<td>HPE 455A Clinical Experience V</td>
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<tr>
<td>HPE 459 Research in AT</td>
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<tr>
<td>ENGL 180 Intro World Lit</td>
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<tr>
<td>History I</td>
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<td>PHIL II</td>
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### Clinical Experience I (HPE 255A)

#### Assessments completed in-class

<table>
<thead>
<tr>
<th>Proficiency</th>
<th>Competency Code(s)</th>
<th>Date Completed</th>
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</thead>
<tbody>
<tr>
<td>Spine Boarding</td>
<td>PHP-17h, AC-23, AC-24, AC-25, AC-26, AC-42</td>
<td></td>
</tr>
<tr>
<td>Blood Borne Pathogens</td>
<td>PHP-7</td>
<td></td>
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<tr>
<td>CPR, O₂, and Airway Management</td>
<td>AC-9, AC-10, AC-11, AC-12, AC-13, AC-14, AC-15, AC-16, AC-17</td>
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<tr>
<td>Shock</td>
<td>PHP 17g, AC-35</td>
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<tr>
<td>Vital Signs</td>
<td>AC-6, AC-7, AC-18</td>
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<tr>
<td>- pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature</td>
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<tr>
<td>Scene, primary, and secondary survey</td>
<td>AC-4</td>
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#### Assessments completed at clinical sites

<table>
<thead>
<tr>
<th>Proficiency</th>
<th>Competency Code(s)</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fabrication, modification, and appropriate application of splints</td>
<td>PHP-21, AC-37</td>
<td></td>
</tr>
<tr>
<td>Wound Care</td>
<td>AC-20, AC-22</td>
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<tr>
<td>SOAP, Hx</td>
<td>AC-5</td>
<td></td>
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<tr>
<td>Taping, wrapping</td>
<td>PHP-23, TI-16</td>
<td></td>
</tr>
<tr>
<td>- Foot, ankle</td>
<td>PHP-23, TI-16</td>
<td></td>
</tr>
<tr>
<td>Taping, wrapping</td>
<td>PHP-23, TI-16</td>
<td></td>
</tr>
<tr>
<td>- Knee, hip wrap, shoulder wrap</td>
<td>PHP-23, TI-16</td>
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<tr>
<td>Taping, wrapping</td>
<td>PHP-23, TI-16</td>
<td></td>
</tr>
<tr>
<td>- Wrist, thumb, elbow</td>
<td>PHP-23, TI-16</td>
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<tr>
<td>Ambulatory aids</td>
<td>AC-39</td>
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<tr>
<td>Patient transportation</td>
<td>AC-40</td>
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<tr>
<td>Immediate treatment of musculoskeletal injury</td>
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<tr>
<td>Patient education</td>
<td>AC-43</td>
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<tr>
<td>- Home care for acute injury</td>
<td>AC-43</td>
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<tr>
<td>EAP</td>
<td>HA-21</td>
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## Clinical Experience II (HPE 255B)

### Assessments completed in-class

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<thead>
<tr>
<th>Proficiency</th>
<th>Competency Code(s)</th>
<th>Date Completed</th>
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</thead>
<tbody>
<tr>
<td>Environmental Injury/Illness</td>
<td>PHP-11, PHP-13, PHP-17d,e,l, AC-30</td>
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<tr>
<td>Helmet &amp; Shoulder Pad Fitting/Removal</td>
<td>AC-8, PHP-22</td>
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<tr>
<td>Ergodynamics</td>
<td>PHP-19</td>
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<tr>
<td>EBP</td>
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### Assessments completed at clinical sites

<table>
<thead>
<tr>
<th>Proficiency</th>
<th>Competency Code(s)</th>
<th>Date Completed</th>
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<tbody>
<tr>
<td>Integration of EBP in clinical setting</td>
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<tr>
<td>- Defines EBP and explains role in clinical decision making process</td>
<td>EBP-1, EBP-2</td>
<td></td>
</tr>
<tr>
<td>- Describes and implements systematic approach to formulate and answer a clinical question</td>
<td>EBP-4, EBP-7</td>
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<tr>
<td>Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:</td>
<td></td>
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<tr>
<td>- Heat illness</td>
<td>AC-36d</td>
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<tr>
<td>- Hypothermia</td>
<td>AC-36m</td>
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<tr>
<td>- Local allergic reaction</td>
<td>AC-36o</td>
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<tr>
<td>Communication Skills</td>
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<tr>
<td>Practice guidelines for physical activity during extreme weather conditions</td>
<td>PHP-12</td>
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<tr>
<td>Dangerous conditions (environment, field or playing surface)</td>
<td>PHP-18</td>
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<tr>
<td>Role of exercise in maintaining health and preventing chronic disease</td>
<td>PHP-25</td>
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<tr>
<td>Proper hydration</td>
<td>PHP-36</td>
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<tr>
<td>Setting/activity specific rules and guidelines for injury/illness management</td>
<td>CE-23</td>
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<tr>
<td>Assessment of hydration status</td>
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## Clinical Experience III (HPE 355A)

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<th>Proficiency</th>
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<tr>
<td><strong>Lower Extremity Injury Evaluation</strong></td>
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<tr>
<td>- Foot</td>
<td>CE-7, CE-10, CE-11, CE-12, CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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<tr>
<td>- Ankle</td>
<td>CE-7, CE-10, CE-11, CE-12, CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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<tr>
<td>- Knee</td>
<td>CE-7, CE-10, CE-11, CE-12, CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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<tr>
<td><strong>Therapeutic Modalities</strong></td>
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<tr>
<td>- Cryotherapy</td>
<td>TI-10, TI-11a-c,e; TI-12, TI-13, TI-20</td>
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<tr>
<td>- Thermotherapy</td>
<td>TI-10, TI-11a-c,e; TI-12, TI-13, TI-20</td>
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<tr>
<td>- Hydrotherapy</td>
<td>TI-10, TI-11a-c,e; TI-12, TI-13, TI-20</td>
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<tr>
<td>- Ultrasound</td>
<td>TI-10, TI-11a-c,e; TI-12, TI-13, TI-20</td>
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<tr>
<td>- Electrical Stimulation</td>
<td>TI-10, TI-11a-c,e; TI-12, TI-13, TI-20</td>
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<tr>
<td>- Intermittent Compression</td>
<td>TI-10, TI-11a-c,e; TI-12, TI-13, TI-20</td>
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<tr>
<td>- Traction</td>
<td>TI-10, TI-11a-c,e; TI-12, TI-13, TI-20</td>
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<tr>
<td>- Massage</td>
<td>TI-10, TI-11a-c,e; TI-12, TI-13, TI-20</td>
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<tr>
<td>- Biofeedback</td>
<td>TI-10, TI-11a-c,e; TI-12, TI-13, TI-20</td>
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## Clinical Experience IV (HPE 355B)

<table>
<thead>
<tr>
<th>Proficiency</th>
<th>Competency Code(s)</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury Evaluation</td>
<td></td>
<td></td>
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<tr>
<td>- Hip</td>
<td>CE-7, CE-10, CE-11, CE-12, CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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<tr>
<td>- Pelvis/Lumbar</td>
<td>CE-7, CE-10, CE-11, CE-12, CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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<tr>
<td>- Shoulder</td>
<td>CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
<td></td>
</tr>
<tr>
<td>- Elbow</td>
<td>CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
<td></td>
</tr>
<tr>
<td>- Wrist</td>
<td>CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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<tr>
<td>- Hand</td>
<td>CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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<tr>
<td>- Cervical</td>
<td>CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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</tr>
<tr>
<td>- Head/Neck</td>
<td>CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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<tr>
<td>- Thorax</td>
<td>CE-13, CE-14, CE-15, CE-17, CE-18, CE-19, CE-20a-f; CE-21a-h, CE-22, PD-9</td>
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<tr>
<td>Therapeutic Exercise</td>
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<tr>
<td>- Upper Extremity</td>
<td>PHP-31, TI-10, TI-11a,b,d; TI-12, TI-15, TI-17, TI-20</td>
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<tr>
<td>- Lower Extremity</td>
<td>PHP-31, TI-10, TI-11a,b,d; TI-12, TI-15, TI-17, TI-20</td>
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<tr>
<td>- Spine/Trunk</td>
<td>PHP-31, TI-10, TI-11a,b,d; TI-12, TI-15, TI-17, TI-20</td>
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<tr>
<td>Educational programming</td>
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</tr>
<tr>
<td>- Case study</td>
<td>PD-10</td>
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### Clinical Experience V (HPE 455A)

#### In-Class Assessments

<table>
<thead>
<tr>
<th>Proficiency</th>
<th>Competency Code(s)</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical Evaluation</td>
<td>CE-20g-k; CE-21i-p</td>
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</tr>
<tr>
<td>Asthma</td>
<td>AC-31, AC-33</td>
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<tr>
<td>Pharmacology</td>
<td>TI-23, TI-31</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>HA-11</td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td>HA-12</td>
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</table>

#### Clinical Site Assessments

<table>
<thead>
<tr>
<th>Clinical Integration Proficiencies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtaining baseline data regarding general health and using data to design, implement, evaluate, and modify a program specific to performance and health goals of the patient</td>
<td>CIP-1</td>
</tr>
<tr>
<td>Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices</td>
<td>CIP-2</td>
</tr>
<tr>
<td>Clinical Examination and Therapeutic Intervention:</td>
<td></td>
</tr>
<tr>
<td>- Foot</td>
<td>CIP-4b</td>
</tr>
<tr>
<td>- Ankle</td>
<td>CIP-4b</td>
</tr>
<tr>
<td>- Lower leg</td>
<td>CIP-4b</td>
</tr>
<tr>
<td>- Knee</td>
<td>CIP-4b</td>
</tr>
<tr>
<td>- Hip</td>
<td>CIP-4b</td>
</tr>
<tr>
<td>- Lumbar region</td>
<td>CIP-4f</td>
</tr>
<tr>
<td>Evaluation of emergency injury or condition and appropriate emergency care</td>
<td>CIP-6</td>
</tr>
<tr>
<td>Integration of psychosocial skills during treatment or rehabilitation</td>
<td>CIP-7</td>
</tr>
<tr>
<td>Documentation strategies for effective communication</td>
<td>CIP-9</td>
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</tbody>
</table>
### Clinical Experience VI (HPE 455B)

<table>
<thead>
<tr>
<th>Proficiency</th>
<th>Competency Code(s)</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Integration Proficiencies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop, implement, and monitor prevention strategies for at-risk individuals and large groups to allow safe physical activity in a variety of conditions.</td>
<td>CIP-3</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Examination and Therapeutic Intervention:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Shoulder region</td>
<td>CIP-4a</td>
<td></td>
</tr>
<tr>
<td>- Elbow</td>
<td>CIP-4a</td>
<td></td>
</tr>
<tr>
<td>- Forearm</td>
<td>CIP-4a</td>
<td></td>
</tr>
<tr>
<td>- Wrist</td>
<td>CIP-4a</td>
<td></td>
</tr>
<tr>
<td>- Hand</td>
<td>CIP-4a</td>
<td></td>
</tr>
<tr>
<td>- Head</td>
<td>CIP-4c</td>
<td></td>
</tr>
<tr>
<td>- Thorax</td>
<td>CIP-4d</td>
<td></td>
</tr>
<tr>
<td>Comprehensive clinical examination of a patient with a common illness/condition</td>
<td>CIP-4e</td>
<td></td>
</tr>
<tr>
<td>Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies</td>
<td>CIP-5</td>
<td></td>
</tr>
<tr>
<td>Documentation strategies for effective communication</td>
<td>CIP-8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CIP-9</td>
<td></td>
</tr>
</tbody>
</table>

### Travel Policy

Athletic training student opportunities to travel with sports teams are determined by the preceptor assigned to the team. Athletic Training Students do not travel without a certified athletic trainer who is also traveling with that athletic team. The ATP will reimburse the athletics department at Marywood for student expenses while traveling with athletic teams. Athletic Training Students traveling to athletic events with a preceptor at an affiliated site will be reimbursed for travel expenses incurred by the student in accordance with HPE and CHHS policies. Students must inform the PD prior to traveling with any clinical site to ensure that funding is available. Each student in the program is guaranteed a minimum of one travel opportunity during their three year clinical experience.

### Off Campus Travel Policy

Students will need to provide their own transportation to off-site clinical rotations. You are responsible for all costs incurred during your travel off-campus. Students who drive to their...
rotations must have a valid drivers license and insurance. There is an assumption of risk by you and the other people in your vehicle if you carpool and an accident occurs.

Additional Financial Costs
Students accepted into the athletic training major will incur additional costs that include MU athletic training clothing and a CPR mask. Khaki slacks, shorts and appropriate shoes and socks may also need to be purchased. In some instances, students are required to wear dress clothes as determined by the dress code of a particular sport team. Required supplies once admitted to the program include 3 MU Athletic Training polo-shirts (1 white, 1 black, and 1 green) and an athletic training medical supply personal pack/kit is required. The cost of clothing and medical supply kit varies from year to year. Students should anticipate spending between $100.00 - $200.00 on these supplies. Athletic Training Students are required to travel to professional meetings as described in the completion of program information. Costs vary by geographical location but involve travel, registration, housing, and food while attending meetings.

Additional fees incurred by students include:
- Course fees - $105.00 (HPE 180, HPE 255A, 255B, 355A, 355B, 455A, 455B)
- Annual background check - $10.00
- Annual child abuse history clearance - $10.00
- Finger print registration (one time cost) - $28.75
- CPR renewal (every two years) – Fee varies by organization (ARC ~ $110.00)
- Transportation to clinical sites – Cost varies by distance and mode of transportation
- Liability insurance (if student purchases own policy – see section on liability insurance)
- NATA membership - (highly recommended, but not required by program)

Liability Insurance
The ATP at MU provides a blanket liability insurance policy for students during their clinical rotation. It is highly recommended that ALL Athletic Training Students purchase personal liability insurance each year in the AT Program. Estimated cost ~$35.50 per year. Please see the following website for more information: http://www.hpspo.com/

Student Employment Policy
The ATP at Marywood University does not prohibit students from holding outside jobs. Student's choosing to work outside their clinical assignments are required to work around the schedule of their clinical assignment. The student needs to be aware that the ATP is a very time intensive educational program. If a student's job is interfering with their performance in either classroom or clinical assignments, it is the student's responsibility to address the problem.

Paid internship opportunities are not available for Athletic Training Students enrolled in the Athletic Training Program. Work-study opportunities are available in a variety of areas at MU. Students in a work-study program are held to the same standard as students seeking employment off-campus.

Extra-Curricular Participation Policy
At Marywood University, it is common for ATSs to be involved in a number of extracurricular activities, whether it is a collegiate sport, or other university activity. The ATS must keep in mind the number of hours required to adequately fulfill his/her didactic and clinical experience in Athletic Training responsibilities before joining one of these organizations. The ATP personnel will make reasonable efforts to accommodate extra-curricular activities with respect to sports assignments and/or clinical education placements. However, in the event that conflicts arise, ATP responsibilities take priority.
**Athletics Participation**
The Marywood ATP is committed to allowing students the opportunity to participate in both athletics and athletic training. Students will be permitted to play one collegiate sport at Marywood University per academic year. An athletic training student needs to complete a minimum of 100 clinical experience hours each semester once they have been admitted to the professional phase of the program. The difficulty with student athletes is that athletic practices are generally held during the same hours as clinical experience, which can make it challenging (but not impossible) to balance both.

When the sport is “in-season”, the student’s first priority is their athletic team and second is clinical experience. This means that the ATP and the preceptor will be as flexible as possible, in order that sport responsibilities are not missed. However, when the sport is “out-of-season”, the priority is the clinical experience. The student may have to miss off-season practices in order to attend their clinical rotation.

**Marywood University Athletic Training Demerit Policy**
Students not adhering to the Marywood University ATP Policies and Procedures can and will be assessed demerits based on the infraction by program faculty and preceptors.

**Reprimand Procedures**
Demerit notices are used to provide a tool for documenting inappropriate behavior and subsequent discussions regarding the behavior.

1. Demerit notices must be completed within 3 weekdays of a violation and be given directly to the Program Director (PD) by the faculty or preceptor.
2. The PD will then meet with the student, and if necessary, the faculty member or preceptor.
3. The PD will make a final decision on the matter and inform the parties of his decision.
4. If a student feels he/she has been treated unfairly in this process, he/she can submit an appeal in writing to the PD within 5 days of the PDs decision. The PD will then follow the appeal/grievance process outlined on page 27.
5. Violations will be ranked:
   a. Minor infractions – up to 3 demerits may be given
   b. Moderate infractions – up to 8 demerits may be given
   c. Severe infractions – up to 16 demerits may be given

**Minor Infractions**
Dress code violation
Tardiness
Unprofessional behavior (Cussing, cell phones, attitude, etc….)
Unexcused absence from meeting
Unexcused absence from clinical rotation assignment (practices)
Insubordination (at faculty/preceptor discretion)

**Moderate Infractions**
Unexcused absence from clinical rotation assignment (games)
Insubordination (at faculty/preceptor discretion)
Minor breech of medical confidentiality
NATA Code of Ethics violation
Academic Dishonesty (Lying, Cheating, Stealing, Plagiarism)
BOC Code of Professional Practice Violation
Major Breech of medical confidentiality

**Severe Infractions**
MU ATP Handbook. Revised 08/08/14
Harassment
Intoxicated during clinical rotations
Academic Dishonesty (Lying, Cheating, Stealing, Plagiarism)
BOC Code of Professional Practice Violation
Major Breach of medical confidentiality

The following disciplinary actions will be taken based on the number of demerits the ATS has received during their 3 years in the program. Students should be aware that these penalties are cumulative and that the actions will be repeated in each level if the student continues to receive demerits.

<table>
<thead>
<tr>
<th>Level</th>
<th>Total number of Demerits</th>
<th>Disciplinary Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1 - 5</td>
<td>• No disciplinary action</td>
</tr>
</tbody>
</table>
| II    | 6 – 10                   | • Community service project/disciplinary actions assigned by PD/CEC  
• Reduction of clinical experience hours by ½ for 30 academic calendar days* |
| III   | 11 – 15                  | • Community service project/disciplinary actions assigned by PD/CEC  
• Reduction of clinical experience hours by ½ for 60 academic calendar days* |
| IV    | 16                       | • Expulsion from program |

* Reduction of clinical experience hours may lead to a reduction in clinical experience grade.

**Appeal of Disciplinary Action**

Students may appeal admissions decisions, transfer course equivalencies, retention decisions, or disciplinary actions by contacting the Program Director in writing within 48 hours after the incident being grieved occurred. The Program Director will confer with the HPE Department Chair on the issue. The Department Head and PD will hear the student’s appeal and investigate the matter. The Program Director will notify the student of the decision in writing. If the student issue involves the PD, the HPE Department Chair will hear the student’s appeal and determine a resolution to the issue. The Department Chair will notify the student and the Program Director of his/her decision in writing. If the student does not feel the issue was handled appropriately, the student may seek remediation through the formal Marywood University appeal process. Information on the MU student grievance process can be found in the Marywood University student handbook.

**Assumption of Risk**

In signing the Assumption of Risk form (See Appendix C), I understand that while I am participating in clinical rotations as part of my education in Athletic Training, there is an inherent risk of injury. I understand that such an injury can range from a minor injury to a major injury. Participation in your clinical rotation could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, or other chronic disabling conditions.
Confidentiality
Athletic Training Students have access to private information, including medical and personal information. Athletes’ records must remain in the clinical site at all times. All ATS’s must sign the confidentiality agreement prior to the start of the fall semester clinical experience course at the beginning of each academic year. Violation of this policy is subject to the program’s demerit policy.

Social Networking Policy
Athletic Training students are cautioned against the expression of negative, malicious and/or unprofessional postings regarding Marywood University, Marywood ATP, and/or Marywood faculty, staff and program preceptors in social networking forums. Additionally, the posting of confidential information (e.g. injury or patient information) falls under the Confidentiality Policy, and may be subject to disciplinary action.

The purpose of this policy is to promote high standards within the ATP, as well as to protect the student. Employers increasingly utilize search strategies on social media sites to research potential employees, and unprofessional postings of any kind may negatively affect future career and employment opportunities.

Athletic Training Student Health Care Policies
1. Athletic Training Student are to have either their own health/medical insurance, or may purchase one through the university.
2. All students are to complete a physical prior to admission to the clinical education portion of the ATP.
3. Athletic Training Student's are required to provide proof of current vaccinations for HBV, MMR, Chickenpox, Adult Tdap, and current TB tests.
4. Through the physical examination, students must be able to demonstrate that they can perform the daily functions required of an athletic trainer.
5. Athletic Training Students are required to review and sign the technical standards document verifying that they are able to meet the demands of the athletic training profession.
6. Students not able to meet the technical standards for the Athletic Training Program may contact Disability Services to determine if special accommodations can be provided.

Communicable Disease Policy
The following policy and procedures are designed to address appropriate notification and control of communicable diseases. This policy is designed to minimize risk to athletic training students, patients, the MU campus community, and the Scranton and surrounding communities.

Any Athletic Training Student that is diagnosed with having a communicable disease must notify the Athletic Training Program Director (PD) and the MU Health Services immediately. Once notified, the PD and the University Health Services will follow the MU protocol for campus communicable disease outbreaks (MU Health Services Policy and Procedure Manual). Information provided by the student will be directed to the appropriate officials (i.e. University Emergency Response Team, Pennsylvania Department of Health) if it is determined there is a risk to others. The student's name will remain confidential when reporting the incident.

Students who acquire a communicable disease while engaging in clinical rotations are required to follow the guidelines given by his/her physician and the recommendations of the
MU Health Services. Students must notify their preceptor, PD, and the Clinical Education Coordinator (CEC) immediately.

Students may not participate in clinical rotations while they are affected by a communicable disease, which may pose a threat to those they come into contact with. Students may return to clinical rotations once they are cleared by their treating physician, and they have notified the MU Health Services, PD and CEC they have been cleared by their physician to return.

The following is a list of common communicable diseases. This list is not all inclusive:

**Diseases preventable by vaccination**
- Diphtheria
- Influenza
- Measles
- Mumps
- Pertussis
- Rubella

**Sexually transmitted diseases**
- Chlamydia infections
- Gonococcal infections
- Syphilis

**Viral hepatitis**
- Hepatitis A
- Hepatitis B
- Hepatitis C

**Food- and water-borne diseases and diseases of environmental origin**
- Botulism
- Cryptosporidiosis

**Air-borne diseases**
- Meningococcal disease
- Pneumococcal infections
- Tuberculosis

**Zoonoses**
- Brucellosis
- Echinococcosis

**Serious imported diseases**
- Cholera
- Malaria

**SPECIAL HEALTH ISSUES**
- Nosocomial infections
- Antimicrobial resistance

### Blood-borne Pathogens

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood contact. The blood-borne pathogens of concern include (but are not limited to) the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). Infections with these (HBV, HIV) viruses have increased throughout the last decade among all portions of the general population. These diseases have potential for catastrophic health consequences. Knowledge and awareness of appropriate preventive strategies are essential for all members of society, including student-athletes.

The particular blood-borne pathogens HBV and HIV are transmitted through sexual contact (heterosexual and homosexual), direct contact with infected blood or blood components, and perinatally from mother to baby. In addition, behaviors such as body piercing and tattoos may place student-athletes at some increased risk for contracting HBV, HIV or Hepatitis C.

The emphasis for the student-athlete and the athletics health-care team should be placed predominately on education and concern about these traditional routes of transmission from behaviors off the athletics field. Experts have concurred that the risk of transmission on the athletics field is minimal.

### Hepatitis B Virus

HBV is a blood-borne pathogen that can cause infection of the liver. Many of those infected will have no symptoms or a mild flu-like illness. One-third will have severe hepatitis, which will cause the death of one percent of that group. Approximately 300,000 cases of acute HBV infection occur in the United States every year, mostly in adults
Five to 10 percent of acutely infected adults become chronically infected with the virus (HBV carriers). Currently in the United States there are approximately one million chronic carriers. Chronic complications of HBV infection include cirrhosis of the liver and liver cancer. Individuals at the greatest risk for becoming infected include those practicing risky behaviors of having unprotected sexual intercourse or sharing intravenous (IV) needles in any form. There is also evidence that household contacts with chronic HBV carriers can lead to infection without having had sexual intercourse or sharing of IV needles. These rare instances probably occur when the virus is transmitted through unrecognized-wound or mucous-membrane exposure. The incidence of HBV in student athletes is presumably low, but those participating in risky behavior off the athletics field have an increased likelihood of infection (just as in the case of HIV). An effective vaccine to prevent HBV is available and recommended for all college students by the American College Health Association. Numerous other groups have recognized the potential benefits of universal vaccination of the entire adolescent and young-adult population.

HIV (AIDS Virus)
The Acquired Immunodeficiency Syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which infects cells of the immune system and other tissues, such as the brain. Some of those infected with HIV will remain asymptomatic for many years. Others will more rapidly develop manifestations of HIV disease (i.e., AIDS). Some experts believe virtually all persons infected with HIV eventually will develop AIDS and that AIDS is uniformly fatal. In the United States, adolescents are at special risk for HIV infection. This age group is one of the fastest growing groups of new HIV infections. Approximately, 14 percent of all new HIV infections occur in persons aged between 12-24 years. The risk of infection is Blood-Borne Pathogens and Intercollegiate Athletics increased by having unprotected sexual intercourse, as well as the sharing of IV needles in any form. Like HBV, there is evidence that suggests that HIV has been transmitted in household-contact settings without sexual contact or IV needle sharing among those household contacts. Similar to HBV, these rare instances probably occurred through unrecognized wound or mucous membrane exposure.

Comparison of HBV/HIV
Hepatitis B is a much more “sturdy/durable” virus than HIV and is much more concentrated in blood. HBV has a much more likely transmission with exposure to infected blood; particularly parenteral (needle-stick) exposure, but also exposure to open wounds and mucous membranes. There has been one well-documented case of transmission of HBV in the athletics setting, among sumo wrestlers in Japan. There are no validated cases of HIV transmission in the athletics setting. The risk of transmission for either HBV or HIV on the field is considered minimal; however, most experts agree that the specific epidemiologic and biologic characteristics of the HBV virus make it a realistic concern for transmission in sports with sustained close physical contact, such as wrestling. HBV is considered to have a potentially higher risk of transmission than HIV.

Testing of Student-Athletes
Routine mandatory testing of student-athletes for either HBV or HIV for participation purposes is not recommended. Individuals who desire voluntary testing based on personal reasons and risk factors, however, should be assisted in obtaining such services by appropriate campus or public-health officials. Student-athletes who engage in high-risk behavior are encouraged to seek
counseling and testing. Knowledge of one’s HBV and HIV infection is helpful for a variety of reasons, including the availability of potentially effective therapy for asymptomatic patients, as well as modification of behavior, which can prevent transmission of the virus to others. Appropriate counseling regarding exercise and sports participation also can be accomplished.

Participation by the Student-Athlete with Hepatitis B (HBV) Infection

Individual’s Health—In general, acute HBV should be viewed just as other viral infections. Decisions regarding ability to play are made according to clinical signs and symptoms, such as fatigue or fever. There is no evidence that intense, highly competitive training is a problem for the asymptomatic HBV carrier (acute or chronic) without evidence of organ impairment. Therefore, the simple presence of HBV infection does not mandate removal from play.

Disease Transmission—The student-athlete with either acute or chronic HBV infection presents very limited risk of disease transmission in most sports. However, the HBV carrier presents a more distinct transmission risk than the HIV carrier (see previous discussion of comparison of HBV to HIV) in sports with higher potential for blood exposure and sustained close body contact. Within the NCAA, wrestling is the sport that best fits this description. The specific epidemiologic and biologic characteristics of hepatitis B virus form the basis for the following recommendation: If a student-athlete develops acute HBV illness, it is prudent to consider removal of the individual from combative, sustained close-contact sports (e.g., wrestling) until loss of infectivity is known. (The best marker for infectivity is the HBV antigen, which may persist up to 20 weeks in the acute stage). Student-athletes in such sports who develop chronic HBV infections (especially those who are antigen positive) should probably be removed from competition indefinitely, due to the small but realistic risk of transmitting HBV to other student-athletes.

Participation of the Student-Athlete with HIV

Individual’s Health—In general, the decision to allow an HIV positive student-athlete to participate in intercollegiate athletics should be made on the basis of the individual’s health status. If the student athlete is asymptomatic and without evidence of deficiencies in immunologic function, then the presence of HIV infection in and of itself does not mandate removal from play. The team physician must be knowledgeable in the issues surrounding the management of HIV infected student-athletes. HIV must be recognized as a potentially chronic disease, frequently affording the affected individual many years of excellent health and productive life during its natural history. During this period of preserved health, the team physician may be involved in a series of complex issues surrounding the advisability of continued exercise and athletics competition. The decision to advise continued athletics competition should involve the student-athlete, the student-athlete’s personal physician and the team physician. Variables to be considered in reaching the decision include the student-athlete’s current state of health and the status of his/her HIV infection, the nature and intensity of his/her training, and potential contribution of stress from athletics competition to deterioration of his/her health status. There is no evidence that exercise and training of moderate intensity is harmful to the health of HIV infected individuals. What little data that exists on the effects of intense training on the HIV-infected individual demonstrates no evidence of health risk. However, there
is no data looking at the effects of long-term intense training and competition at an elite, highly competitive level on the health of the HIV-infected student athlete.

**Disease Transmission**—Concerns of transmission in athletics revolve around exposure to contaminated blood through open wounds or mucous membranes. Precise risk of such transmission is impossible to calculate but epidemiologic and biologic evidence suggests that it is extremely low (see section on comparison of HBV/HIV). There have been no validated reports of transmission of HIV in the athletics setting. Therefore, there is no recommended restriction of student-athletes merely because they are infected with HIV, although one court has upheld the exclusion of an HIV-positive athlete from the contact sport of karate.

**Administrative Issues**
The identity of individuals infected with a blood-borne pathogen must remain confidential. Only those persons in whom the infected student-athlete chooses to confide have a right to know about this aspect of the student-athlete’s medical history. This confidentiality must be respected in every case and at all times by all college officials, including coaches, unless the student-athlete chooses to make the fact public.

**Athletics Health-Care Responsibilities**
The following recommendations are designed to further minimize risk of blood-borne pathogens and other potentially infectious organisms transmission in the context of athletics events and to provide treatment guidelines for caregivers. In the past, these guidelines were referred to as “Universal (blood and body fluid) Precautions.” Over time, the recognition of “Body Substance Isolation,” or that infectious diseases may also be transmitted from moist body substances, has led to a blending of terms now referred to as “Standard Precautions.” Standard precautions, applies to blood, body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood. These guidelines, originally developed for health-care, have additions or modifications relevant to athletics. They are divided into two sections; the care of the student-athlete, and cleaning and disinfection of environmental surfaces.

**Care of the Athlete:**
1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid, and standard precautions.

2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include: Personal Protective Equipment (PPE) [minimal protection includes gloves; goggles, mask, fluid resistant gown if chance of splash or splatter]; antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled “sharps” container for disposal of needles, syringes, scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.

3. Pre-event preparation includes proper care for wounds, abrasions, or cuts that may serve as a source of bleeding or as a port of entry for blood-borne pathogens or other potentially infectious organisms. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have
these areas adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.

4. The necessary equipment and/or supplies important for compliance with universal precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings and a container for appropriate disposal of needles, syringes or scalpels.

5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change their uniform before return to participation.

6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.

7. Personnel managing an acute blood exposure must follow the guidelines for universal precaution. Gloves and other PPE if necessary should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.

8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobials wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student-athletes.

9. Any needles, syringes, or scalpels should be carefully disposed of in an appropriately labeled “sharps” container. Medical equipment, bandages, dressings, and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot water at temperatures of 71°C (160°F) for 25 minutes cycles may be used.

Care of Environmental Surfaces:
1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.

2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include: Disposable gloves (PPE) | goggles, mask, fluid resistant gown
if chance of splash or splatter]; supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol, properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:10 bleach/water ratio).

3. Put on disposable gloves.

4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)

5. Spray the surface with a properly diluted chemical germicide used according to manufacturer’s label recommendations for disinfection, and wipe clean. Place soiled towels in waste receptacle.

6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:10, and follow manufacturer’s label directions for disinfection; wipe clean. Place towels in waste receptacle.

7. Remove gloves and wash hands.

8. Dispose of waste according to facility protocol.

**Exposure Procedure:**
In the event of an exposure to blood, the ATP communicable disease policy is to be followed.
Appendix A

Marywood University
Athletic Training Program
Technical Standards for Admission

The Marywood University Athletic Training Program (ATP) is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation.

In adhering to this policy, the University abides by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and other applicable statues and regulations relating to equality of opportunity. In this venue, the College of Health and Human Services encourages all qualified individuals to apply for admission to the Athletic Training Program.

The Marywood University Athletic Training Program is an academically rigorous program of study that at times can also be physically demanding. One of the primary objectives of the program is to prepare athletic training graduates for a variety of different employment settings and to render care to a wide spectrum of individuals engaged in physical activity. This program requires students to learn didactic knowledge and physical skills and to adopt professional attitudes essential to the profession. The Technical Standards set forth by the Athletic Training Program establish the essential qualities for students admitted to this program in order to achieve the knowledge, skills, attitudes, competencies and proficiencies of an entry-level athletic trainer, as well as meet the expectations of the program’s accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). All students admitted to the Athletic Training Program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodations, the student will not be admitted to the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for the Board of Certification (BOC) examination.

Candidates seeking admission to the ATP program should have (**please initial next to each point acknowledging your understanding of each statement):

<table>
<thead>
<tr>
<th>Initials</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.</td>
</tr>
<tr>
<td>2.</td>
<td>Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during assessment and treatment of patients.</td>
</tr>
<tr>
<td>3.</td>
<td>The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.</td>
</tr>
<tr>
<td>4.</td>
<td>The ability to record the physical examination results and a treatment plan clearly and accurately.</td>
</tr>
<tr>
<td>5.</td>
<td>The capacity to maintain composure and continue to function well during periods of high stress.</td>
</tr>
<tr>
<td>6.</td>
<td>The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.</td>
</tr>
<tr>
<td>7.</td>
<td>Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.</td>
</tr>
<tr>
<td>8.</td>
<td>Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.</td>
</tr>
</tbody>
</table>
Candidates for selection to the athletic training program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

If a student states he/she can meet the technical standards with accommodation, then Disability Services on the Marywood University campus will consult with the department and verify the presence (and impact) of a student's disability based on the documentation that the student provides. The university will then determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review 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.

****PLEASE ONLY SIGN ONE OF THE STATEMENTS BELOW****

**Statement for students not requesting accommodations**

☐ 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.

__________________________  ____________________
Name of Applicant (please print)  Signature of Applicant  Date

**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 ATP Program Director and Disability Services 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.

__________________________  ____________________
Name of Applicant (please print)  Signature of Applicant  Date
Appendix B

Marywood University
Athletic Training Program
Request of Absence from Clinical Experience

I, ___________________________ (print name), am requesting advance approval for absence from my assigned clinical experience on the dates and times as listed below. I have received approval from my clinical instructor, and in anticipation of my absence I have suggested a replacement if needed to complete my responsibilities/duties while I am gone.

Date Submitted: _________________________ (mm/dd/yyyy)

From: ___________________________________________

(time, date)

To: ___________________________________________

(time, date)

Assigned Clinical Experience (including specific schedule for event(s), practice(s), treatments, etc. that you are responsible for):

Possible Replacement(s) (if needed, must be a student on same clinical rotation):

Reason for Absence:

Requesting ATS signature ___________________________ Date ___________

Preceptor Signature ___________________________ Date ___________

Replacement Signature (if applicable) ___________________________ Date ___________
MARYWOOD UNIVERSITY
ATHLETIC TRAINING PROGRAM

ASSUMPTION OF RISK

I, _____________________________ understand that while I am participating in clinical rotations as part of my education in Athletic Training, there is an inherent risk of injury. I understand that such an injury can range from a minor injury to a major injury. Participation in your clinical rotation could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, or other chronic disabling conditions.

I hereby accept and assume the risk of injury and understand the possible consequences of such injury.

_________________________________________  ______________________
ATS Signature                               Date
MARYWOOD UNIVERSITY
ATHLETIC TRAINING PROGRAM

STUDENT HANDBOOK

I, ________________________________, have read, understand and agree to abide by the information in the MU Athletic Training Program’s Student Handbook. I am aware of the repercussions that accompany any violations.

______________________________   _________________
ATS Signature                     Date
MARYWOOD UNIVERSITY
ATHLETIC TRAINING PROGRAM

CONFIDENTIALITY AGREEMENT

I, ________________________________, agree that any information acquired regarding student athletes or patients during clinical experiences is to be held in the strictest of confidence. Information regarding the patients’ overall health will be used solely for the purpose of education and treatment.

The above named further agrees to hold any information including playing status due to injury/illness in confidence and shall not disclose any information to a third party, e.g. coaches, friends, teammates, social media, etc.

The above named student understands that any violation of this policy will result in activation of the demerit policy.

I have read the above and agree to maintain the confidentiality of all information that I have access to.

_________________________________________  _______________________
ATS Signature                  Date
MARYWOOD UNIVERSITY
ATHLETIC TRAINING PROGRAM

COMMUNICABLE DISEASE POLICY

I, ____________________________, have read, understand and agree to abide by the ATP Communicable Disease Policy as stated in the ATP Student Handbook. I agree to notify the appropriate personnel if I am diagnosed with a potentially infectious disease (all names will remain confidential). I understand that I may not be able to attend clinical rotations while affected by a communicable disease that could pose a threat to those I come in contact with.

______________________________________________________________________________  __________
ATS Signature                                                      Date