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Revised: February, 2016
CENTRAL METHODIST UNIVERSITY ATHLETIC TRAINING PROGRAM

POLICIES & PROCEDURES MANUAL AND STUDENT HANDBOOK
VALUES, MISSION, AND GOALS OF THE UNIVERSITY MISSION

Central Methodist University prepares students to make a difference in the world by emphasizing academic and professional excellence, ethical leadership, and social responsibility.

WHO WE ARE:
Central Methodist University is known for its high quality undergraduate and graduate educational programs, its longstanding church relationship, its values-centered learning experiences, its strong liberal arts tradition, its emphasis on character and leadership development, and the success of its graduates through their further educational and professional pursuits. Characterized by academic excellence and proactive, personalized student services, main campus offerings are extended to a statewide audience through partnerships with schools, churches, and other institutions of higher education.

VALUES:
Central Methodist University affirms its Wesleyan heritage and its unique place as the only United Methodist-related University in Missouri. The location of its main campus in a small, historic, rural community provides an opportunity for students to live and to learn in a safe setting. The university values its strong liberal arts tradition, providing a foundation for excellent professional programs. CMU and its outreach activities foster an environment in which a diverse student body can develop intellectually, socially, and spiritually. University life emphasizes honesty, integrity, civility, and a strong sense of personal responsibility as integral elements of character and leadership. Central Methodist University nurtures a spirit of community and caring among its students, faculty, and staff.

EDUCATIONAL GOALS
The Central Methodist University experience engenders, through the academic program and opportunities for practical experiences, student growth in knowledge, personal integrity, spirituality, and professional competence. In addition, students are challenged to develop a sense of global citizenship and a commitment to the betterment of the world. Students with a CMU education are prepared to:
O Demonstrate knowledge of the liberal arts and academic specialties as well as technical skills and professional competencies.
O Think critically and conceptually and apply their knowledge and skills to the solving of problems.
O Communicate accurately and effectively through listening, speaking and writing.
O Continue to develop self-knowledge, confidence, and a sense of honor and commitment by assuming responsibility and leadership in the service of others.
O Seek an understanding of ideas, issues, and events within and beyond their immediate community and appreciate the gifts of diversity.
O Evaluate their personal strengths and abilities, and explore appropriate career choices in a changing world.
O Have the courage to make decisions based on consideration of ethical, esthetic, economic and environmental consequences.
O Commit to a life exemplifying values in relationships with self, family, church, university, and community.

CREED OF THE UNIVERSITY:
The Central Methodist University community, consistent with its United Methodist heritage, strives for academic excellence, individual achievement, and social responsibility. As members of that community we believe in: Seeking knowledge, truth, and wisdom; Knowledge refers to the accumulation of facts or ideas. But mere knowledge of facts cannot inform us as to what constitutes the truth. To seek truth means to go beyond the simple facts; it requires that we recognize that facts alone cannot determine what is good or just, that we must be open to other ways of seeking and knowing truth. Habits of the mind should move us beyond knowledge towards wisdom, which requires an understanding that decisions and actions should be based on both knowledge and the will to do good. Valuing freedom, honesty, civility, and diversity;
POSITION DESCRIPTION MEDICAL DIRECTOR/HEAD TEAM PHYSICIAN

- Act as a medical advisor to the athletic training staff regarding the prevention, care, and rehabilitation of athletic injuries
- Aid in the coordination and participate in physical examinations with the athletic training staff
- Make recommendations regarding the physical fitness and health of CMU athletes. The physician has the final authority to declare limitations and disqualification following review of the athlete’s history and physical exam.
- Attendance may be requested to home athletic events when the risk of injury is high
- Examine referred athletes, assess the severity of the injury and prescribe treatment to be carried out by the athletic training staff
- Advise athletic training staff as to the status of an injured athlete
- Take an active role in the education of athletic training students in a CAATE accredited program i.e. Guest lecturer
- Work closely with school administrators, the athletic training staff, and coaches to promote and maintain a high standard of care for CMU athletics
- Hold periodic clinic on campus for athletes and for the ATEP.

Qualifications:

- A sincere interest and involvement in the Central Methodist University Athletic Training Program and CMU athletics
- Medical Director: The Medical Director must be an MD/DO who is licensed to practice in the state sponsoring the program (Missouri).
- Medical Director: The Medical Director must in coordination with the Program Director, serve as a resource and medical content expert for the program

Current staff:

- Bus Tarbox, M.D., M.S.P.H – Medical Director/Head Team Physician
DATE: January 28, 2014

POSITION TITLE: Program Director, Athletic Training Program

POSITION ACCOUNTABLE TO: Chair, Division of Health Professions

GENERAL SUMMARY:
Carry an academic and administrative load to equal an average of 24 load hours per academic year. Responsible for the accreditation, evaluation, continuing development, and day-to-day operations of the Athletic Training program.

PRINCIPAL DUTIES AND RESPONSIBILITIES:
1. Responsible for successful accomplishment of CAATE accreditation activities: completion of self-study, annual reports, other reports, and site visits to maintain accreditation.
2. Oversee the function of the AT program and faculty to maintain program effectiveness, ATP standards, and budgetary parameters;
3. Market the AT program to the healthcare community, inclusive of prospective students and faculty.
4. Responsible for coordination of the interface between the Athletic Training educational program and the Sports Medicine program that provides service to the CMU community.

MANAGERIAL/SUPERVISORY RESPONSIBILITIES:
At least 50% of time is spent in managerial capacity.
1. Evaluate faculty performances annually and as needed. Discuss evaluations with faculty and provide copy to the Division Chair, the Dean’s office, and the employee file.
2. Directly supervise Program Faculty;
3. Interfaces with the Head Athletic Trainer/Director of Athletic Training Services to contribute to the supervision clinical staff.
5. Provide day-to-day programmatic management.
6. Delineate individual faculty and staff responsibilities within athletic training education at CMU;
7. Work with the Head Athletic Trainer/ Director of Athletic Training Services for the selection and coordination of all sports medicine physicians & allied health personnel
8. Act in conjunction with other Program Coordinators/Directors within the Division of Health Professions to identify opportunities for inter-professional education in both the classroom and the clinical setting.
9. Oversee and resolve programmatic issues and complaints.
10. Preside over programmatic meetings and attend divisional and institutional faculty meetings.
11. Complete program evaluation activities for areas of responsibility.
12. Recommend contractual agreements with clinical agencies.
13. Recruitment and retention of students;
14. Oversight of admission and progression of students;
15. Liaison with the Assistant Dean of Online Programming to assure online or hybrid course structures and schedules remain in congruence with CMU guidelines and requirements;
16. Faculty recruitment and hiring;
17. Develop and maintain policy and procedures manual;
18. Participate in the University-wide, CLAS, or CGES committees as assigned;
19. Participate with University-wide accreditation processes;
20. Develop budget requirements and submit to the Division and the Vice-President and Dean of the University. Oversees budget expenditure.
21. Assist with development and implementation of new divisional programs.
22. Further professional development by participation in professional organizations and/or continuing education programs and workshops. Coordinate faculty load assignments to assure all courses scheduled have qualified instructors.
23. The Program Director must be a full-time employee of the sponsoring institution.
24. The Program Director must have full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.

Revised: February, 2016
25. The Program Director must have programmatic administrative and supervisory responsibility assignment that is consistent with other similar assignments within the degree-granting unit at the institution.
26. The Program Director must have administrative release time.
27. The Program Director’s release time must be equivalent to similar health care programs in the institution. If no such similar program exists at the institution, then benchmark with peer institutions.
28. The Program Director’s Responsibilities must include input to and assurance of the following program features: a. ongoing compliance with the Standards; b. Planning, development, implementation, delivery, documentation, and assessment of all components of the curriculum; c. Clinical education; d. Programmatic budget.
29. Program Director Qualifications: The Program Director must be certified, and be in good standing with the Board of Certification (BOC).
30. Program Director Qualifications: The Program Director must possess a current state athletic training credential and be in good standing with the state regulatory agency (where applicable).
31. Program Director Qualifications: The Program Director must be qualified commensurate with other administrative positions within similar health care programs in the institution. If no such similar program exists at the institution, then benchmark with peer institutions.

EDUCATION AND EXPERIENCE QUALIFICATIONS

Possess a current, unencumbered license from the Missouri Board of Healing Arts as an Athletic Trainer
PhD or practice doctorate in AT or related area preferred
Minimum of a Master’s degree in Athletic Training, education, or a related area
BOC Certified Athletic Trainer
In good standing with the Board of Certification
Administrative experience preferred.
Minimum of 3 years’ experience supervising AT students in the clinical setting.

PHYSICAL REQUIREMENTS:

Frequently stand for at least one hour consecutively.
Able to effectively complete the typical professional AT workload
Operate classroom and meeting audio-visual equipment.
Speak loudly and clearly enough to be understood by students.

OTHER SKILLS AND ABILITIES:

Communication: The Program Director must be able to utilize effective communication with peers, subordinates, students and their families, and other educational providers. This includes, but is not limited to:
1. Ability to effectively interpret and process written and verbal information.
2. Ability to effectively communicate (verbally and in writing) with students, peers, clients/families, healthcare professionals, and others within the community.
3. Ability to access information and to communicate and document effectively via computer.
4. Ability to recognize, interpret, and respond to nonverbal behavior of self and others.
5. Consistently demonstrate a professional presentation that upholds the Central Methodist University missions statements and philosophy.

Behavior: The Program Director must be capable of exercising good judgment, developing empathetic and therapeutic relationships with students, clients and others. This includes, but is not limited to:
1. Ability to work with multiple students/families and colleagues at the same time.
2. Ability to foster and maintain cooperative and collegial relationships with students and peers.
3. Ability to provide faculty leadership and support faculty development.

Critical Thinking: The Program Director must possess sufficient abilities in the areas of calculation, critical problem solving, reasoning, and judgment to be able to comprehend and process information within a reasonable time frame as determined by the profession. The faculty member must be able to prioritize, organize, and attend to responsibilities efficiently. This includes, but is not limited to:
1. Ability to collect, interpret and analyze written, verbal and observed data.
2. Ability to prioritize multiple tasks, integrate information and make decisions.
3. Ability to apply knowledge of the principles, indications, and contraindications for nursing educational processes.
4. Ability to act safely and ethically in the classroom and in the community.

OTHER INFORMATION AND ATTRIBUTES: This is a 12-month position and has a required minimum of 24 hours of academic and administrative load per year. Overload can be negotiated.
Serves as an effective, collegial member of CMU and Health Professions Division faculty.
  a. Contributes to monitoring and evaluating of students.
  b. Supports the work and efforts of colleagues in achieving the programmatic, divisional, and institutional mission and vision.
  c. Contributes creatively and helpfully to setting and meeting goals.
  d. Seeks innovative, cost-effective solutions to programmatic, divisional, and institutional challenges.
  e. Sets and meets timelines; prioritizes own work and that of faculty and students.
POSITION DESCRIPTION CLINICAL EDUCATION COORDINATOR

Date: January 25, 2014

Position Title: Clinical Education Coordinator, Athletic Training Program
Position Accountable To: Program Director, Athletic Training Program

GENERAL SUMMARY:
Carry an academic and administrative load to equal an average of 24 load hours per academic year. Responsible for the oversight and day-to-day operations of the clinical aspects of the Athletic Training educational program.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (Essential functions of position.)
1. Work with the Program Director in the development, implement and monitor the appropriate clinical standards, coursework and milieu for an Athletic Training program that meets CAATE accreditation standards.
2. Coordinate student clinical evaluation and authorize student clinical progression.
3. Participate in the process for CAATE accreditation/re-accreditation.
4. Directly Responsible for programmatic compliance with fieldwork requirements, including preceptor training.
5. Coordinate the clinical aspects of the Athletic Training program and faculty to maintain program effectiveness, and budgetary parameters;
6. Market the AT program to the healthcare community, inclusive of prospective students and faculty.
7. Coordinate clinical load assignments in conjunction with the Program Director to assure all clinical experiences have scheduled have qualified preceptors.

MANAGERIAL/SUPERVISORY RESPONSIBILITIES: At least 25% of time is spent in managerial capacity.
1. Directly supervises clinical faculty.
   1. Evaluate clinical faculty performance annually and as needed and share evaluation with the Head Athletic Trainer/ Director of Athletic Training Services.
2. Oversee and resolve clinical issues and complaints.
3. Complete program evaluation activities for areas of responsibility.
4. Recommend contractual agreements with clinical agencies.
5. Participate in the recruitment and retention of students;
6. Directly responsible for the coordination of schedules for on and off-campus clinical rotations of all CMU athletic training students;
7. Visit Clinical sites;
8. Participate in faculty recruitment;
9. Participate in the University-wide, CLAS, or CGES committees as assigned;
10. Assist with development and implementation of new divisional programs.
11. Further professional development by participation in professional organizations and/or continuing education programs and workshops.
12. Assist with the development of the ATP budget and ordering of supplies.
13. Administration and evaluation of athletic training education program ( clinical portion)
14. Clinical Education Coordinator: A faculty member (the Program Director or other duly appointed faculty) must be identified as the Clinical Education Coordinator.
15. Clinical Education Coordinator: The Clinical Education Coordinator must be allowed release/reassigned workload to meet the institutional responsibilities for Clinical Education.
16. Responsibilities of the Clinical Education Coordinator: The Clinical Education Coordinator must assure the following: a. Student clinical progression; b. Clinical site evaluation; c. Student evaluation; d .Preceptor training; e .Preceptor evaluation.
17. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must be qualified through professional preparation and experienced in their respective academic areas as determined by the institution.
18. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must be recognized by the institution as having instructional responsibilities.

Revised: February, 2016
19. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must incorporate the most current athletic training knowledge, skills, and abilities as they pertain to their respective teaching areas.

20. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must possess a current state credential and be in good standing with the state regulatory agency (where and when applicable) when teaching hands-on athletic training patient care techniques with an actual patient population.

21. Athletic Training Faculty Qualifications: All athletic trainers who are identified as the primary instructor for athletic training courses (as identified by the matrix) must be certified and in good standing with the BOC and, where applicable, be credentialed by the state.

**EDUCATION AND EXPERIENCE QUALIFICATIONS**

- BOC Certified Athletic Trainer
- Licensed by the State of Missouri Board of Healing Arts as a certified Athletic Trainer
- Minimum of a Master’s degree held
- PhD or practice doctorate in AT or related field preferred
- Minimum of 1 year full time experience supervising athletic training students

**OCCUPATIONAL REQUIREMENTS:**

- Frequently stand for at least one hour consecutively.
- Physically able to complete AT professional workload
- Operate classroom and meeting audio-visual equipment.
- Speak loudly and clearly enough to be understood by students.

**OTHER SKILLS AND ABILITIES:**

**Communication:** The Clinical Education Coordinator must be able to utilize effective communication with peers, subordinates, students and their families, and other educational providers. This includes, but is not limited to:

1. Ability to effectively interpret and process written and verbal information.
2. Ability to effectively communicate (verbally and in writing) with students, peers, clients/families, healthcare professionals, and others within the community.
3. Ability to access information and to communicate and document effectively via computer.
4. Ability to recognize, interpret, and respond to nonverbal behavior of self and others.
5. Consistently demonstrate a professional presentation that upholds the Central Methodist University missions statements and philosophy.

**Behavior:** The Clinical Education Coordinator must be capable of exercising good judgment, developing empathetic and therapeutic relationships with students, clients and others. This includes, but is not limited to:

1. Ability to work with multiple students/families and colleagues at the same time.
2. Ability to foster and maintain cooperative and collegial relationships with students and peers.
3. Ability to provide faculty leadership and support faculty development.

**Critical Thinking:** The Clinical Education Coordinator must possess sufficient abilities in the areas of calculation, critical problem solving, reasoning, and judgment to be able to comprehend and process information within a reasonable time frame as determined by the profession. The faculty member must be able to prioritize, organize, and attend to responsibilities efficiently. This includes, but is not limited to:

1. Ability to collect, interpret and analyze written, verbal and observed data.
2. Ability to prioritize multiple tasks, integrate information and make decisions.
3. Ability to apply knowledge of the principles, indications, and contraindications for nursing educational processes.
4. Ability to act safely and ethically in the classroom and in the community.

**OTHER INFORMATION AND ATTRIBUTES:** This is a 10-month position and has a required minimum of 24 hours of academic and administrative load per year. Overload can be negotiated.

Serves as an effective, collegial member of CMU and Health Professions Division faculty.

a. Contributes to monitoring and evaluating of students.

Revised: February, 2016
b. Supports the work and efforts of colleagues in achieving the programmatic, divisional, and institutional mission and vision.

c. Contributes creatively and helpfully to setting and meeting goals.

d. Seeks innovative, cost-effective solutions to programmatic, divisional, and institutional challenges.

e. Sets and meets timelines; prioritizes own work and that of faculty and students.
 POSITION DESCRIPTION ATHLETIC TRAINING FACULTY

Date: March 6, 2013

Position Title: Athletic Training Program Faculty
Position Accountable To: Program Director

GENERAL SUMMARY: Carry a didactic and/or clinical load to equal an average of 24 load hours per academic year.

PRINCIPAL DUTIES AND RESPONSIBILITIES: Plan and deliver learning experiences for students to make maximum use of class time.

1. Develop, evaluate, revise and provide assigned curricular content.
2. Evaluate student performances in the classroom. Discuss evaluations with students and return evaluation to student file. (Evaluation of student performance includes evaluation of papers, projects, and journals, and returning these to students in timely fashion.)
3. Attend departmental and institutional faculty meetings.
4. Serve on at least one University-wide committee.
5. Serve on departmental committees as assigned.
6. Provide student advising to assigned advisee load.
7. Participate in in clinical education, if part of assigned load.
8. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must be qualified through professional preparation and experienced in their respective academic areas as determined by the institution.
9. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must be recognized by the institution as having instructional responsibilities.
10. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must incorporate the most current athletic training knowledge, skills, and abilities as they pertain to their respective teaching areas.
11. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must possess a current state credential and be in good standing with the state regulatory agency (where and when applicable) when teaching hands-on athletic training patient care techniques with an actual patient population.
12. Athletic Training Faculty Qualifications: All athletic trainers who are identified as the primary instructor for athletic training courses (as identified by the matrix) must be certified and in good standing with the BOC and, where applicable, be credentialed by the state

MANAGERIAL/SUPERVISORY RESPONSIBILITIES:
Athletic Training coverage to assigned sport.
Precept AT students in the clinical setting.
Teach didactic AT course content

EDUCATION AND EXPERIENCE QUALIFICATIONS:
In good standing with the Board of Certification
BOC Certified Athletic Trainer
Licensed by the State of Missouri Board of Healing Arts as a certified Athletic Trainer
Minimum of a Master’s degree held
Minimum of 1 year full time experience supervising athletic training students
Academic experience preferred
Experientially or educationally qualified to teach assigned courses

PHYSICAL REQUIREMENTS:
Frequently stand for at least one hour consecutively.
Operate classroom audio-visual equipment.

Revised: February, 2016
OTHER SKILLS AND ABILITIES: (List other attributes required for the position (e.g. keyboard skills, general office equipment)

Communication: The faculty member must be able to utilize effective communication with peers, students, clients and their families, and other healthcare providers. This includes, but is not limited to:

1. Ability to read at a competency level that allows one to safely carry out the essential functions of an assignment (examples: handwritten documentation, printed policy and procedure manuals, clinical guidelines and instructions, course syllabi).
2. Ability to effectively interpret and process information.
3. Ability to effectively communicate (verbally and in writing) with students, peers, clients/families, healthcare professionals, and others within the community.
4. Ability to access information and to communicate and document effectively via computer.
5. Ability to recognize, interpret, and respond to nonverbal behavior of self and others.

Behavior: The faculty member must be capable of exercising good judgment, developing empathetic and therapeutic relationships with students, clients and others, and tolerating close and direct physical contact with a diverse population. The will include people of all ages, races, socioeconomic and ethnic backgrounds, as well as individuals with weight disorders, physicals disfigurement, and medical and mental health problems. This includes, but is not limited to:

6. Ability to work with multiple clients/families and colleagues at the same time.
7. Ability to foster and maintain cooperative and collegial relationships with students and peers.

Critical Thinking: The faculty member must possess sufficient abilities in the areas of calculation, critical problem solving, reasoning, and judgment to be able to comprehend and process information within a reasonable time frame as determined by the profession. The faculty member must be able to prioritize, organize, and attend to talks and responsibilities efficiently. This includes, but is not limited to:

8. Ability to collect, interpret and analyze written, verbal and observed data about students.
9. Ability to prioritize multiple tasks, integrate information and make decisions.
10. Ability to apply knowledge of the principles, indications, and contraindications for nursing interventions.
11. Ability to act safely and ethically in the classroom, simulation/skills lab, and in the community.

OTHER INFORMATION AND ATTRIBUTES: This is a 10-month position and has a required minimum of 24 hours of academic load per year. Overload can be negotiated.

Serves as an effective, collegial member of nursing faculty.

a. Contributes to monitoring and evaluating of students.

b. Supports the work and efforts of colleagues in achieving the programmatic, departmental, and institutional mission and vision.

c. Contributes creatively and helpfully to setting and meeting goals.

d. Seeks innovative, cost-effective solutions to programmatic, departmental, and institutional challenges.

e. Sets and meets timelines; prioritizes own work and that of students.

Revised: February, 2016
POSITION DESCRIPTION ATHLETIC TRAINER

Date: January 28, 2014

Position Title: Athletic Trainer/Sports Medicine Clinic Personnel
Position Accountable To: Head Athletic Trainer & Director of Athletic Training Services / AT Program Director

GENERAL SUMMARY:
Carry service load to equal an average of 24 academic load hours per academic year. Participates with team coverage for specifically assigned sports. Serves as a clinical preceptor for Athletic Training students.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (Essential functions of position.)
1. Responsible for provision of Athletic Trainer and Sports Medicine Clinic activities for assigned sports teams.
2. Insure NAIA standards for the provision of appropriate athletic training services to student athletes are consistently met.
3. Assist the Head Athletic Trainer and the AT Program director to assist with successful accomplishment of CAATE accreditation activities.
4. Market the AT program to the healthcare community, inclusive of prospective students and faculty.
5. Work with the Head Athletic Trainer to accomplish the interface between the Athletic Training educational program and the Sports Medicine program that provides service to the CMU community.

MANAGERIAL/SUPERVISORY RESPONSIBILITIES: At least 25% of time is spent in managerial capacity.
6. Evaluate performance of clinical students. Discuss evaluations with personnel and provide copy to the Athletic Training Program Director’s office.
7. Provide day-to-day Sports Medicine clinic service.
8. Recommend contractual agreements with clinical agencies to AT Program Director.
9. Participate in the recruitment and retention of students;
10. Participate in the University-wide, CLAS, or CGES committees as assigned;
11. Participate with University-wide accreditation processes;
12. Administer modalities under the supervision of a physician
13. Maintain medical records on assigned athletes
14. Accompany competitive teams to school scheduled events. When scheduling conflicts arise, the higher risk sport will be given priority
15. Serve as liaison between players and coaches and coaches and physicians
16. Assist in the administration of the drug education program for all athletes
17. Provide appropriate rehabilitation and follow up care for athletic injuries
18. Coordinate physicals with team physician for all athletes
19. Assist with the coordination of medical insurance coverage between athletes, parents, and CMU as assigned.
20. Further professional development by participation in professional organizations and/or continuing education programs and workshops. Coordinate faculty load assignments to assure all courses scheduled have qualified instructors.

EDUCATION AND EXPERIENCE QUALIFICATIONS
Currently licensed by the State of Missouri Board of Healing Arts as an Athletic Trainer
Master’s degree preferred in Athletic Training, education, or a related area
BOC Certified Athletic Trainer
Administrative experience preferred.
Minimum of 3 years’ clinical experience
Experience supervising AT students in the clinical setting.

PHYSICAL REQUIREMENTS:
Frequently stand for at least one hour consecutively.
Able to effectively complete the typical professional AT workload
Operate classroom and meeting audio-visual equipment.

Revised: February, 2016
Speak loudly and clearly enough to be understood by athletes and students.

OTHER SKILLS AND ABILITIES:

Communication: The Program Director must be able to utilize effective communication with peers, subordinates, students and their families, and other educational providers. This includes, but is not limited to:
   21. Ability to effectively interpret and process written and verbal information.
   22. Ability to effectively communicate (verbally and in writing) with students, peers, clients/families, healthcare professionals, and others within the community.
   23. Ability to access information and to communicate and document effectively via computer.
   24. Ability to recognize, interpret, and respond to nonverbal behavior of self and others.
   25. Consistently demonstrate a professional presentation that upholds the Central Methodist University missions statements and philosophy.

Behavior: The Program Director must be capable of exercising good judgment, developing empathetic and therapeutic relationships with students, clients and others. This includes, but is not limited to:
   26. Ability to work with multiple students/families and colleagues at the same time.
   27. Ability to foster and maintain cooperative and collegial relationships with students and peers.
   28. Ability to provide faculty leadership and support faculty development.

Critical Thinking: The Athletic Trainer must possess sufficient abilities in the areas of calculation, critical problem solving, reasoning, and judgment to be able to comprehend and process information within a reasonable time frame as determined by the profession. The faculty member must be able to prioritize, organize, and attend to responsibilities efficiently. This includes, but is not limited to:
   29. Ability to collect, interpret and analyze written, verbal and observed data.
   30. Ability to prioritize multiple tasks, integrate information and make decisions.
   31. Ability to apply knowledge of the principles, indications, and contraindications for nursing educational processes.
   32. Ability to act safely and ethically in the classroom and in the community.

OTHER INFORMATION AND ATTRIBUTES: This is a 10-month position and has a required minimum of 24 hours of academic and administrative load per year. Overload can be negotiated. Serves as an effective, collegial member of CMU and Health Professions Division faculty.
   a. Contributes to monitoring and evaluating of students.
   b. Supports the work and efforts of colleagues in achieving the programmatic, divisional, and institutional mission and vision.
   c. Contributes creatively and helpfully to setting and meeting goals.
   d. Seeks innovative, cost-effective solutions to programmatic, divisional, and institutional challenges.
   e. Sets and meets timelines; prioritizes own work and that of faculty and students.
Date: January 28, 2014

Position Title: **Athletic Trainer/Sports Medicine Clinic Graduate Assistant**
Position Accountable To: Head Athletic Trainer & Director of Athletic Training Services / AT Program Director

**GENERAL SUMMARY:**
Carry service load no greater than 30 hours per week. Participates with team coverage for specifically assigned sports. Serves as a clinical preceptor for Athletic Training students.

**PRINCIPAL DUTIES AND RESPONSIBILITIES:** (Essential functions of position.)
33. Responsible for provision of Athletic Trainer and Sports Medicine Clinic activities for assigned sports teams.
34. Insure NAIA standards for the provision of appropriate athletic training services to student athletes are consistently met.
35. Assist the Head Athletic Trainer and the AT Program director to assist with successful accomplishment of CAATE accreditation activities.
36. Market the AT program to the healthcare community, inclusive of prospective students and faculty.
37. Work with the Head Athletic Trainer to accomplish the interface between the Athletic Training program and the Sports Medicine program that provides service to the CMU community.

**MANAGERIAL/SUPERVISORY RESPONSIBILITIES:** At least 25% of time is spent in managerial capacity.
38. Evaluate performance of clinical students. Discuss evaluations with personnel and provide copy to the Athletic Training Program Director’s office.
39. Provide day-to-day Sports Medicine clinic service.
40. Recommend contractual agreements with clinical agencies to AT Program Director.
41. Participate in the recruitment and retention of students;
42. Participate in the University-wide, CLAS, or CGES committees as assigned;
43. Participate with University-wide accreditation processes;
44. Administer modalities under the supervision of a physician
45. Maintain medical records on assigned athletes
46. Accompany competitive teams to school scheduled events. When scheduling conflicts arise, the higher risk sport will be given priority
47. Serve as liaison between players and coaches and coaches and physicians
48. Assist in the administration of the drug education program for all athletes
49. Provide appropriate rehabilitation and follow up care for athletic injuries
50. Coordinate physicals with team physician for all athletes
51. Assist with the coordination of medical insurance coverage between athletes, parents, and CMU as assigned.
52. Further professional development by participation in professional organizations and/or continuing education programs and workshops. Coordinate faculty load assignments to assure all courses scheduled have qualified instructors.

**EDUCATION AND EXPERIENCE QUALIFICATIONS**
Currently registered by the State of Missouri Board of Healing Arts as an Athletic Trainer
In process through CMU with a Master’s degree in Athletic Training, education, or a related area
BOC Certified Athletic Trainer

**PHYSICAL REQUIREMENTS:**
Frequently stand for at least one hour consecutively.
Able to effectively complete the typical professional AT workload
Operate classroom and meeting audio-visual equipment.
Speak loudly and clearly enough to be understood by athletes and students.

Revised: February, 2016
OTHER SKILLS AND ABILITIES:

**Communication:** The Program Director must be able to utilize effective communication with peers, subordinates, students and their families, and other educational providers. This includes, but is not limited to:

53. Ability to effectively interpret and process written and verbal information.
54. Ability to effectively communicate (verbally and in writing) with students, peers, clients/families, healthcare professionals, and others within the community.
55. Ability to access information and to communicate and document effectively via computer.
56. Ability to recognize, interpret, and respond to nonverbal behavior of self and others.
57. Consistently demonstrate a professional presentation that upholds the Central Methodist University missions statements and philosophy.

**Behavior:** The Athletic Trainer must be capable of exercising good judgment, developing empathetic and therapeutic relationships with students, clients and others. This includes, but is not limited to:

58. Ability to work with multiple students/families and colleagues at the same time.
59. Ability to foster and maintain cooperative and collegial relationships with students and peers.
60. Ability to provide faculty leadership and support faculty development.

**Critical Thinking:** The Program Director must possess sufficient abilities in the areas of calculation, critical problem solving, reasoning, and judgment to be able to comprehend and process information within a reasonable time frame as determined by the profession. The faculty member must be able to prioritize, organize, and attend to responsibilities efficiently. This includes, but is not limited to:

61. Ability to collect, interpret and analyze written, verbal and observed data.
62. Ability to prioritize multiple tasks, integrate information and make decisions.
63. Ability to apply knowledge of the principles, indications, and contraindications for nursing educational processes.
64. Ability to act safely and ethically in the classroom and in the community.

OTHER INFORMATION AND ATTRIBUTES: This is a 10-month position and has a required minimum of 24 hours of academic and administrative load per year. Overload can be negotiated.

Serves as an effective, collegial member of CMU and Health Professions Division faculty.

f. Contributes to monitoring and evaluating of students.

g. Supports the work and efforts of colleagues in achieving the programmatic, divisional, and institutional mission and vision.

h. Contributes creatively and helpfully to setting and meeting goals.

i. Seeks innovative, cost-effective solutions to programmatic, divisional, and institutional challenges.

j. Sets and meets timelines; prioritizes own work and that of faculty and students.
ATHLETIC TRAINING WORK STUDY JOB DESCRIPTION

- Coordinate athletic training insurance claims including but not limited to photocopying claims and mailing the necessary paperwork to parents and ins. Co.
- Filing, faxing, and photocopying material from Director/Head and Assistant athletic trainers
- Assist in the logging of injury, rehabilitation, and student athlete files on SPORTSWARE 2007
- Works approximately 10 hours a week
- Answering phones and taking messages
- Verifying insurance billing information
- Organization of educational reference material
- Daily gathering of mail

Qualifications:

- Must be an athletic training major with at least a sophomore standing or higher
- Have a 3.0 or above GPA
- Be eligible for the CMU work study program
Central Methodist University's CAATE (Commission on Accreditation of Athletic Training Education) accredited undergraduate program in athletic training is designed to prepare students for the Board of Certification Examination (BOC) and to prepare students for an entry level career in the prevention, evaluation, treatment, and rehabilitation of athletic injuries. The program will provide, through a liberal arts based education, the didactic and clinical experiences required and set forth by CAATE.

**MISSION STATEMENT**

The mission of the Department of Athletic Training is to develop students into competent allied healthcare professionals in the field of Athletic Training. The program will provide, through a liberal arts based education, the didactic and clinical experiences that will foster an environment of serving others while employing the principles of professional excellence, ethical leadership and social responsibility. Successful completion of this program will allow the student to sit for the BOC examination.

**GOALS**

1. To fulfill the competencies in athletic training as identified by the BOC Role Delineation Study
2. To graduate with a degree in athletic training (BSAT)
3. To provide students with the necessary background to successfully complete the BOC examination
4. To provide the students with the opportunity to develop the critical thinking, evidence based decision-making, and communication skills needed for a career in Athletic Training.
5. To promote acceptable standards of ethical conduct and professionalism.
6. To continually seek the highest quality in instruction, clinical experience, and professional growth.
7. To create an environment consistent with quality health care for the athletes/patients in the clinical setting.

**DEPARTMENT/PROGRAM STUDENT LEARNING OUTCOMES:**

1. Athletic training students will be able to demonstrate advancing clinical proficiency emphasizing sound principles of clinical research and critical thinking skills culminating into a system of quality patient care.

2. Athletic Training students and graduates will be prepared to make a difference in the world by demonstrating the common values and behaviors of the athletic training profession while employing professional excellence, ethical leadership and social responsibility.

3. Graduates will be prepared for a career in athletic training and/or graduate study or employment in related allied healthcare professions.

**PROGRAM/STUDENT LEARNING OUTCOME**

**Outcome #1-** Athletic training students will be able to demonstrate advancing clinical proficiency emphasizing sound principles of clinical research and critical thinking skills culminating into a system of quality patient care.

**Objectives:**

1.1 Demonstrate cognitive skills necessary to employ evidence based practice in decision making.
1.2 Demonstrate skill in the prevention, diagnosis, immediate care, rehabilitation and management of injuries and illness.
1.3 Demonstrate use of technology to communicate accurately and effectively through listening, speaking, and writing.
1.4 Apply critical thinking and evidence based decision making in creating quality healthcare patient plans.
1.5 Demonstrate integration of prevention, diagnosis, rehabilitation and organizational skills into quality patient care.
1.6 Obtain BOC certification.
Outcome #2- Athletic Training students and graduates will be prepared to make a difference in the world by demonstrating the common values and behaviors of the athletic training profession while employing professional excellence, ethical leadership and social responsibility.

Objectives:
2.1 Employ ethical decisions within the scope of professional practice
2.2 Demonstrate a sense of leadership and service to others
2.3 Participate in local, state, regional and national athletic training professional activities
2.4 Work respectfully and effectively with diverse populations and work environments

Outcome #3- Graduates will be prepared for a career in athletic training and/or graduate study or employment in related allied healthcare professions

Objectives:
3.1 Successful placement in athletic training or related allied health care profession
3.2 Recognition of the impact that athletic training has on the community
3.3 Effectively communicate with all members of the sports medicine team
## PROGRAM/DEPARTMENT LEVEL ASSESSMENT STRATEGIES – SETTING BENCHMARKS

<table>
<thead>
<tr>
<th>Assessment Strategy &amp; Indicators Measured</th>
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<tbody>
<tr>
<td>Details about Assessment Strategy Methodology</td>
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</tr>
<tr>
<td>Description of Strategy (e.g., test, rating scale, culminating assignment)</td>
<td>Exit exams in AT123 and AT102,202,302</td>
<td>ACES BOC Preparatory Workshop</td>
<td>Foliotek portfolio proficiency scores</td>
</tr>
<tr>
<td>Assessment Result yielded (e.g. rubric score, test score means)</td>
<td>Test score means</td>
<td>Test score means</td>
<td>Rubric scores</td>
</tr>
<tr>
<td>Benchmark (Criteria for Success)</td>
<td>100% of students score an 70% or higher</td>
<td>100% of students score avg 80 or higher on tests</td>
<td>Avg score of 80% on all proficiencies</td>
</tr>
<tr>
<td>Sample Size and Source</td>
<td>100% of students enrolled in course</td>
<td>100% of senior students</td>
<td>100% of students enrolled in professional program</td>
</tr>
<tr>
<td>Administrator</td>
<td>AT PD/CEC</td>
<td>AT Program Director</td>
<td>AT Program Director</td>
</tr>
<tr>
<td>Time of Administration of Assessment Strategy</td>
<td>End of each semester</td>
<td>Beginning of spring semester/ junior standing</td>
<td>Throughout AY</td>
</tr>
<tr>
<td>Results maintained/archived where and by whom</td>
<td>AT PD/CEC- My CMU</td>
<td>AT Program Director/PD Office</td>
<td>AT Program Director/Foliotek</td>
</tr>
<tr>
<td>Time of Analysis of Results</td>
<td>Every May</td>
<td>Every May</td>
<td>Every May</td>
</tr>
<tr>
<td>Analyzed by</td>
<td>AT PD/CEC</td>
<td>AT PD/CEC</td>
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<tr>
<td>Feedback to Faculty/Discussion</td>
<td>Departmental meeting (end of spring)</td>
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<td>Senior Exit Evaluation</td>
<td>BOC examination</td>
</tr>
<tr>
<td>Assessment Result yielded (e.g. rubric score, test score means)</td>
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<td>BOC first time pass rate</td>
</tr>
<tr>
<td>Benchmark (Criteria for Success)</td>
<td>Scores of 2 or better on a scale of 5 to 1 on all survey questions</td>
<td>Scores of 4/5 or above on all survey questions</td>
<td>Score at or above national average for 3 year aggregate</td>
</tr>
<tr>
<td>Sample Size and Source</td>
<td>80% return</td>
<td>100% of senior students</td>
<td>100% of senior students</td>
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**SUMMARY:** The chart below provides a brief glimpse at how the learning outcome was assessed, what the results indicate and a brief plan on how the results will be utilized.
<table>
<thead>
<tr>
<th>Student Learning Outcome</th>
<th>Objectives</th>
<th>Assessment Strategy and benchmark</th>
<th>Assessment Results</th>
<th>Use of Results</th>
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<tr>
<td><strong>Outcome #1- Athletic training students will be able to demonstrate advancing clinical proficiency emphasizing sound principles of clinical research and critical thinking skills culminating into a system of quality patient care.</strong></td>
<td>1.1 Demonstrate cognitive skills necessary to employ evidence based practice in decision making.</td>
<td>Exit exams in AT123 and AT102,202, 302. Test score means. 100% of students score a 70% or higher.</td>
<td>Summarize the actions planned to improve student learning.</td>
<td></td>
</tr>
<tr>
<td>1.2 Demonstrate skill in the prevention, diagnosis, immediate care, rehabilitation and management of injuries and illness.</td>
<td></td>
<td>Avg score of 80% on all proficiencies and 75% on all individual proficiencies</td>
<td></td>
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<tr>
<td>1.3 Demonstrate use of technology to communicate accurately and effectively through listening, speaking, and writing.</td>
<td></td>
<td>Foliotek Usage Statistics- 100% compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Apply critical thinking and evidence based decision making in creating quality healthcare patient plans.</td>
<td></td>
<td>ACES BOC Preparatory Workshop. Test score means. 100% of students score avg 80 or higher on tests.</td>
<td></td>
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<tr>
<td>1.5 Demonstrate integration of prevention, diagnosis, rehabilitation and organizational skills into quality patient care.</td>
<td></td>
<td>Foliotek Proficiency scores. Avg of 3 out of 4 on all prof.</td>
<td></td>
<td></td>
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<td>1.6 Obtain BOC certification</td>
<td></td>
<td>BOC first time pass rate. Score at or above national average for 3 year aggregate.</td>
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**Outcome #2- Athletic Training**

Students and graduates will be prepared to make a difference in the world by demonstrating the common values and behaviors of the athletic training profession while employing professional excellence, ethical leadership and social responsibility.

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Alumni Survey- Scores of 4/5 on all survey questions.

Employers Survey.
Rubric scores
Scores of 2 or better on a scale of 5 to 1 on all survey questions.

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**Outcome #3-**

Graduates will be prepared for a career in athletic training and/or graduate study or employment in related allied healthcare professions

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<td>3.3</td>
<td>Effectively communicate with all members of the sports medicine team</td>
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Senior Exit Evaluation Rubric scores
Scores of 4/5 or above on all survey questions.

Alumni Survey- Scores of 4/5 on all survey questions.

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**Written Summary:** *This should be a concise summary of the major changes to the current Student Learning Assessment Plan. A brief rationale should be provided (e.g., reference to the previous year’s Results Report where changes were proposed due to assessment results OR attempts to integrate feedback provided on previous plans, etc.).*

In summary, the following modification have been made to the assessment plan:

Revised: February, 2016
Central Methodist University’s CAATE (Commission on Accreditation of Athletic Training Education) accredited undergraduate program in athletic training is designed to prepare students for the Board of Certification Examination (BOC) and to prepare students for an entry level career in the prevention, evaluation, treatment, and rehabilitation of athletic injuries. The program will provide, through a liberal arts based education, the didactic and clinical experiences required and set forth by CAATE.

Prospective students must first be accepted for admission to Central Methodist University, indicate athletic training as a potential degree, and schedule a campus visit and interview with the athletic training program director and staff. Admission to the athletic training program is competitive and requires that each applicant complete a pre-professional program in order to be eligible for formal admission to the athletic training education program (professional program). Meeting the pre-professional requirements does not guarantee admission into the program. To review the Athletic Training Program’s technical standards for admission visit the Web site at http://www.centralmethodist.edu/academics/athletictraining/docs/technicalstandards.pdf.

Students who desire a degree in Athletic Training but who have an ACT of < 22 will be admitted to the Pre-Health Professions track instead of pre-AT. Students who are admitted to CMU via the Academic Standards and Admissions Committee are required to be categorized initially as “undeclared.” Any student who is academically successful in meeting the admission requirements to AT (at the completion of the freshman year for AT) will be eligible for admission to AT. Students unsuccessful in achieving or maintaining the academic level required to participate in the AT program have this additional exit option of an Associate of Science degree that can be built from courses already taken. (See page 66.)

PRE-PROFESSIONAL PROGRAM (LEVEL I)

Before a student can be considered for formal admission to the athletic training program, the following pre-professional (level 1) requirements must be met:

1. Completion of the following coursework with a grade of “C” or above: BI101, BI102, BI107 and a grade of B or above in AT 212, AT213, AT103, AT123.
2. Completion of 100-300 hours of clinical observation under the direct supervision of a certified athletic trainer (clinical evaluation is 30% of weight in selection formula). Note*: The pre-professional observation hours will not count toward the clinical hours required for graduation.
3. Maintain a residential GPA of 3.0 (40% of weight in selection formula).
4. Complete program application materials (essay is 5% of weight in selection formula).
5. Submit current college transcripts.
6. Submit 3 letters of recommendation (5% of weight in selection formula).
7. Formal interview by selection committee (20% of weight in selection formula).

Application deadline is March 1 for fall semester consideration into professional program (second year). Candidates will be notified of their status by April 1. Only those students who have been formally admitted to the program will be allowed to take advanced course work and clinical experience. Students denied may reapply in the following spring semester.

Health requirements. Immunization Policy of CMU requires students enrolled at Central Methodist University for the first time to have documented proof of measles immunity, a recent tetanus/diphtheria booster, and complete a questionnaire screening for tuberculosis. This documentation is required prior to class attendance.

Student’s applying to the Athletic Training program must provide vaccination records for Measles, Mumps, and Rubella (MMR), Tetanus, and submit proof of or waiver of Hepatitis B vaccination. Students failing to show proof of MMR, Tetanus, and Hepatitis B vaccinations may be admitted to the ATP but will not be allowed to start clinical rotations until proof is confirmed. Immunizations for Hepatitis A, Meningococcal, and an annual flu vaccine is highly recommended for all ATP students. It is possible that a particular facility may require additional screening requirements before being allowed to begin a clinical observation/rotation. Students must be aware that exemptions for any reason may affect clinical rotation placement. The situation could occur where the student would be unable to complete the clinical course and thus be unable to complete the requirements of the AT program. Students must provide proof of a physical examination to ensure that they are physically capable of handling the duties required to complete the competencies for athletic training knowledge and skill acquisition.

CMU has a chapter of the Athletic Training Student Organization (ATSO) (advisors: Profs. Wade Welton and Jill Pratte).

Revised: February, 2016
Bachelor of Science  
Major in Athletic Training – 124 Hours

- **COMMON CORE:** See page 52 for Common Core requirements for all CMU degrees.

**Required Course from General Education:** BI101 General Biology (4)  
**TIER TWO: ADDITIONAL GENERAL EDUCATION REQUIREMENTS (28-29 HOURS)** Science: Must include:
- BI 102 w/lab (4)
- CH 107 Allied Health Chemistry (3) OR CH111 General Chemistry (4)
- May count courses with the AS, BI, CH, ES, GL, and PH prefixes (excluding 260/360/460). May count SC101 but no other SC courses. May not count courses taken as part of the Common Core.  
**16-17 hour Analytical Skills:** MA105 Statistics (Any student whose ACT Math sub score is below 20 must pass MA101/MA102 before taking MA105.)
- 6 hours Social Sciences: PY210 Educational Psychology (3) OR PY223 Developmental Psychology OR PY 301 Abnormal Psychology (3)  
**3 hours Humanities:** See page 54 for guidelines.

**ATHLETIC TRAINING MAJOR REQUIREMENTS (53 HOURS)**

AT101 Clinical Experiences in AT I (2)
AT102 Clinical Experiences in AT II (2)
AT103 Introduction to AT (3)
AT123 Care and Prev. of Athletic Injuries (3)
AT201 Clinical Experiences in AT III (3)
AT202 Clinical Experiences in AT IV (3)
AT213 First Aid and CPR Lab (1)
AT301 Clinical Experiences in AT V (3)
AT302 Clinical Experiences in AT VI (3)
AT306 Therapeutic Modality Techniques (3)
AT307 Therapeutic Modality Techniques Lab (1)
AT308 Rehabilitation Techniques I (2)
AT309 Rehabilitation Techniques I Lab (1)
AT310 Rehabilitation Techniques II (2)
AT311 Rehabilitation Techniques II Lab (1)
AT312 AT Surgical Clinic (1)
AT320 Organization and Adm. of AT (3)
AT326 Adv. AT—Lower Extremities Assess. (3)
AT327 Adv. AT—Lower Extremities Lab (1)
AT328 Adv. AT—Upper Extremities Assess. (3)
AT329 Adv. AT—Upper Extremities Assess. Lab (1)
AT340 Pharmacology for Athletic Trainers (3)
AT345 General Medical Assessment for Athletic Trainers (2)
AH212 Medical Terminology (3)

**PHYSICAL EDUCATION REQUIREMENTS (9 HOURS):**

AT212 First Aid/Community CPR (2)
PE324 Human Anatomy and Kinesiology (4)
PE327 Physiology of Exercise (3)

**BIOLOGY REQUIREMENTS (10 HOURS):**

BI107 Human Anatomy (4)
BI205 General Physiology (5)

**ELECTIVES (TO COMPLETE MIN. 124 HOURS)**

**LEVELS II, III, AND IV**

In addition to the curriculum requirements, each student must complete clinical rotations under the direct supervision of a certified athletic trainer/Preceptor within the Central Methodist University Athletic Training Program. The following are clinical experience classes: AT101, AT102, AT201, AT202, AT301, AT312 and AT302. Prior to performing off-campus clinical rotations, students may be required to purchase individual student professional liability coverage. Each clinical satisfies one or more sections of the following clinical experiences:

a. One season of Football.
b. Two CMU intercollegiate team experiences dealing with lower extremity injuries. i.e. Basketball, Soccer.
c. Two CMU intercollegiate team experiences dealing with upper extremity injuries. i.e. Softball, Baseball.
d. A general medical experience rotation.
e. One semester at an affiliated high school setting.

Revised: February, 2016
Retention Policy—Program levels II, III, and IV

a. Clinical: The Preceptors will assess the student’s performance each semester. Each student will be evaluated on a 5 point system and must receive a score of 70% in order to continue to the next clinical. Students who fail to make 70% will be placed on one-semester probation. If not satisfied within the allotted time, then the student may be dismissed from the program.

b. Didactic: The student must maintain a residential grade point average of 3.0, and earn a “C” or above in Human Anatomy, Chemistry, Biology 101 and 102, Human Physiology, Exercise Physiology, Medical Terminology and Anatomy /Kinesiology. Failure to comply with the guidelines is grounds for probation or dismissal from the program.

c. Students must earn a grade of "B" in all Athletic Training (AT) courses. Grades are not "rounded:" a grade of 79.8% not rounded to 80% and is posted as a "C". Should a student receive a grade of less than B for any one AT course, s/he must present a petition to the appropriate program Athletic Training Admissions Committee for permission to repeat the course in the next available offering. Each petition should outline a plan of action designed to improve that student's potential for success in the repeated course.

Students are required to follow the Athletic Training Curriculum sequence for the BSAT. Courses are only offered in specific semesters/terms. If a student is allowed to repeat a course, the student must wait until the next time the course is offered, on a space-available basis. Students who must repeat an AT course are allowed to complete all AT courses for the current semester/term; students are not allowed to progress to the next semester/term course sequence until they have passed all courses in the current semester.

Withdrawal from any AT courses other than for medical reasons is considered the same as being academically unsuccessful in that course for purposes of progression through the athletic training program. Should the student receive any second grade of less than B for any AT course, the second grade of less than a B will result in the student's dismissal from the athletic training program.

Transfer Policy
Students wishing to transfer to Central Methodist University and the athletic training program must apply for the program and follow the same selection process as other candidates. Transfer students must have their transcript evaluated by the Registrar’s Office and the Athletic Training Program Director. Courses required in Level I may transfer from the student’s original college or university as long as they are substantially the same in scope and content as similar courses offered at CMU. Levels II, III, and IV must be completed at CMU unless approved by AT program director.

Additional Fees
In addition to tuition, housing, books / supplies, and transportation costs (please see page 31 for a breakdown of tuition and fees), students in the Athletic Training Program will incur additional expenses. The following is a breakdown of the most common costs:

1. Portfolio fee—$120 (Second Semester Freshman Year)
2. Sports Medicine/Athletic Training Fee—$75 per semester: This covers the program physical and AT 302 Clinical costs for ACES workshop.
3. Travel to and from clinical sites—varies (Senior Year)
4. Liability Insurance for clinical rotations—$38 (Senior Year)
5. Professional Memberships /CMU AT Student Organization (ATSO) Fee—$30/$90.

NOTE: Fees are subject to change.

Non-Discriminatory Policy
It is the Athletic Training program policy that all decisions regarding recruitment and admissions shall be made without discrimination on the basis of race, color, age, disability, religion, sex, national origin, marital status, political affiliation, sexual orientation or other individual characteristics other than qualifications for the program, quality of performance, and conduct related to the program in accord with the university’s policies, rules and applicable law.

Revised: February, 2016
ATHLETIC TRAINING STUDENT CLASSIFICATION SYSTEM

*** Central Methodist University Athletic Training Program (CMU ATP) delineates a level system for the classification of athletic training students based on both competency and experience.

All students will limit the scope of practice to his/her appropriate level within the CMUATP. AT NO TIME will a student perform any action that is not within their appropriate level of skill. Before any skill can be performed it must be formally taught in a course and evaluated as proficient in that particular skill.

As a athletic training student in the athletic training setting you may become knowledgeable in some capacity to information that is subject to the patient/physician privilege and must be considered confidential. In no way will any information observed be released or discussed to anyone outside of your immediate supervisor.

Level I Athletic Training Students (ATS) Observational only
A. This level is for the athletic training student who is enrolled in the pre-professional portion of the program and has just begun their pursuit toward admittance into the professional phase of the athletic training education program. This student has little or no experience in athletic training. These students are typically first year students or transfer students.

B. This student will experience between 100-300 hours of supervised observation. Their main function is to observe, learn, and help out whenever it is appropriate. Observational students are limited to the following activities:
   a. Facility maintenance which includes cleaning, restocking supplies, assisting with filing and data entry on Sportware.
   b. Practice and event set-up/clean-up which may include filling up coolers with water and ice, carrying emergency equipment to practice and event coverage.
   c. It is encouraged to practice taping and wrapping on ATP student admitted to the program as they have been taught and evaluated.

C. The criteria for advancement is the following:
   Level I- Program Requirements:
   1. Completion of the following courses with a grade of "B" or above.
      AT 123 - Care and Prevention of Athletic Injuries
      AT 212 - First Aid and Comm. CPR
      AT 213-First Aid lab
      AT103 – Introduction to Athletic Training
      Completion of the following courses with a grade of "C" or above.
      BI 101 - General Biology
      BI 102 - General Biology
      BI 107 - Human Anatomy
   2. Completion of 100-300 hrs. of directed clinical observation and Level I, section 1and 2 Assignments located in the CMU Athletic Training Program Policies and Procedure New Student Manual.
   3. Completion of Program application materials and full acceptance into Athletic Training Program
   Clinical observation also consists of 4 week clinical rotations with the following sports: Football, Men and Women Soccer, Volleyball, Men and Women Basketball, Baseball, Softball, Tennis, and Track and Field

Level II Athletic Training Student
A. This level is for the athletic training student who has some experience in athletic training.
B. The criteria for entering this level are the successful completion of level I and admittance into the professional phase of the CMU ATP.
C. The criteria for completion of Level II is:

Level II - Second year- Falls under course AT 101, AT 102 (FALL/SPRING)

Two university sports rotation per year.
1. Must complete rotation with CMU intercollegiate sport teams. (i.e.) Football, Track and Field, Volleyball, etc.
2. Assigned morning treatment rotations. (minimum 3 hours/week)
3. Will, under direct supervision, assist Certified Athletic Trainers with practices and events during scheduled hours.
4. Completion of Level I and II will allow students to begin clinical rotations under the direct supervision of a Certified Athletic Trainer. The absence of an ATC in any situation is not permitted and the student should leave the rotation and report to the Clinical Education Coordinator.
5. Requirements for AT 101 – Must attend clinical rotation at least 3 days a week and no more than 6 days a week. Must complete Level II, section 1 assignments located in the Developing Clinical Proficiency in Athletic Training workbook. See syllabus for more information.
6. Requirements for AT 102 – Must attend clinical rotation at least 3 days a week and no more than 6 days a week. Must complete Level II, section 2 assignments located in the Developing Clinical Proficiency in Athletic Training workbook. See syllabus for more information.
7. All CMU intercollegiate clinical rotations have a 100 hour minimum and 400 hour maximum.
8. Completion of Foliotek proficiency assignments- see syllabus for assignments.
9. Completion of exit exams each semester.

**Level III Athletic Training Student**
A. This level is for the upper level athletic training students who are near completion of all their on-campus clinical rotations.
B. The criteria for entering this level is the successful completion of all level I and II criteria.
C. The criteria to complete a level III status is:

**Level III - Third year- Falls under course AT 201, AT 202 (FALL/SPRING)**

Two - University sports rotation per year.

1. Must complete rotation with CMU intercollegiate sport teams. Must include football plus 2 team experiences dealing with lower extremity injuries and two team experiences dealing with upper extremity injuries (i.e.) M&W Basketball, M&W Soccer, Softball, Baseball.
2. Assigned morning treatment rotation. (minimum 4 hours/week)
3. Will assist Head/Assistant Athletic Trainer with practices and events during scheduled hours.
4. The absence of an ATC in any situation is not permitted and the student should leave the rotation and report to the Clinical Education Coordinator.
5. Requirements for AT 201 - Must attend clinical rotation at least 3 days a week and no more than 6 days a week. Must complete Level III, section 1 assignments located in the Developing Clinical Proficiency in Athletic Training workbook. See syllabus for more information.
6. Requirements for AT 202 – Must attend clinical rotation at least 3 days a week and no more than 6 days a week. Must complete Level III, section 2 assignments located in the Developing Clinical Proficiency in Athletic Training workbook. See syllabus for more information.
7. All CMU intercollegiate clinical rotations have a 100 hour minimum and 400 hour maximum.
8. Completion of Foliotek proficiency assignments- see syllabus for assignments.
9. Completion of Exit exams each semester.
10. Complete ACES Preparatory Workshop- see syllabus for ACES requirements.

**Level IV Athletic Training Student**
A. This level is for the ATS who are in their final preparation of undergraduate course work and are preparing themselves for their final two semesters.
B. The criteria for entering this level is the successful completion of levels I, II, and III.
C. The criteria to complete a Level IV status is:

**Level IV - Fourth year- Falls under course AT 301, AT 302, AT 312 (FALL/SPRING)**

High School rotation (150-300 clinical hours), Rehabilitation (70-100 clinical hours), and general medical (10-20 clinical hours) rotations.

1. Requirements for AT 301 – Must complete My CMU BOC study material. See syllabus for more information. High school rotation.

Revised: February, 2016
2. Requirements for AT 302 Must complete My CMU BOC study material. See syllabus for more information. Rehabilitation clinical.
3. Completion of Foliotek proficiency assignments- see syllabus for assignments
4. Requirements for AT 312 – 10-20 hours observing at a general medical setting.
5. Completion of assigned BOC review materials on My CMU system
6. Complete ACES Preparatory Workshop requirements
### Central Methodist University: Degree Plan -- Bachelor of Science in Athletic Training

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<th>Signature of Registrar</th>
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#### Common Core

Courses in the Common Core must be from the approved list found in the Catalog.

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#### Understanding Human Nature

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|          |   |                        |    | AT 213 | 3 |
| Constitution | 1 | AT 301 | 5 |
| PS 101/107/117/118 | 1 | AT 130 | 3 |
| Leadership | 1 | AT 99 | 5 |
| CMMI 201 | 1 | AT 202 | 3 |
| Literature | 1 | AT 301 | 3 |
| EN 222 | 1 | AT 302 | 3 |
| Valuing or Social Science | 1 | AT 312 | 3 |
|                     |   | AT 313 | 3 |
|                     |   | AT 143 | 2 |
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#### Athletic Training Major: 62 Hours

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#### Exploring the Nature of the Universe

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#### *ACT Driven Common Core Extensions:

*These courses complete the competency requirement for students with an ACT subscore below 20 in English or Math.

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#### Summary

- Total Hrs (124): 0
- Total 300 Level (16): 0
- G. P. A. (2.00): 0
- Total 300 Level in Major (15): 0

Revised: February, 2016
### PRE-PROFESSIONAL PHASE

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**PROFESSIONAL PHASE**

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<td>CMU201</td>
<td>PE111</td>
</tr>
<tr>
<td>AT 306</td>
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<tr>
<td>AT 307</td>
<td>MA105</td>
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<td>AT326</td>
</tr>
<tr>
<td>CH107</td>
<td>AT327</td>
</tr>
<tr>
<td>AT 328</td>
<td>AT308</td>
</tr>
<tr>
<td>AT 329</td>
<td>AT 309</td>
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<tr>
<td>AT 101</td>
<td>AT 102</td>
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<td></td>
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<tr>
<td>CMU201</td>
<td>Introduction to Leadership</td>
</tr>
<tr>
<td>AT 306</td>
<td>Therapeutic Modalities</td>
</tr>
<tr>
<td>AT 307</td>
<td>Therapeutic Mod. Lab</td>
</tr>
<tr>
<td>PE 324</td>
<td>Anatomy/Kinesiology</td>
</tr>
<tr>
<td>CH107</td>
<td>Allied Health Chem.</td>
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<td>AT 328</td>
<td>Upper Extremity Orthopedic Eval.</td>
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<tr>
<td>AT 329</td>
<td>Upper Extremity Orthopedic Eval Lab</td>
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<tr>
<td>AT 101</td>
<td>Clinical Experiences</td>
</tr>
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</table>

**JUNIOR YEAR**

<table>
<thead>
<tr>
<th>Fall</th>
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</tr>
</thead>
<tbody>
<tr>
<td>AT 310</td>
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<td>AT 311</td>
<td>EN222</td>
</tr>
<tr>
<td>MA 103</td>
<td>PY101</td>
</tr>
<tr>
<td>AT201</td>
<td>AT 202</td>
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<tr>
<td>PS101*</td>
<td>XXXXX</td>
</tr>
<tr>
<td>AT 320</td>
<td>AT345</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>AT 310</td>
<td>Rehabilitation Techniques II</td>
</tr>
<tr>
<td>AT 311</td>
<td>Rehabilitation Tech. II Lab</td>
</tr>
<tr>
<td>MA 103</td>
<td>Algebra</td>
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<tr>
<td>AT201</td>
<td>Clinical Experiences</td>
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<td>Government</td>
</tr>
<tr>
<td>AT 320</td>
<td>Organization/Adm. of Athletic Tr.</td>
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**SENIOR YEAR**

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>AT340</td>
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<tr>
<td>XXXXX</td>
<td>AT302</td>
</tr>
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<td>AT301</td>
<td>XXXXX</td>
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<tr>
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<tr>
<td>AT340</td>
<td>Pharmacology in AT</td>
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<tr>
<td>RL122</td>
<td>EN 305/6</td>
</tr>
<tr>
<td>XXXXX</td>
<td>AT302</td>
</tr>
<tr>
<td>AT301</td>
<td>XXXXX</td>
</tr>
</tbody>
</table>

* HI 117 or HI118 will also satisfy degree requirement.  
** Possible courses are PL306 or PL105 or RL336 or PL310. PY101 is a prerequisite. Other options are PY301 or PY210, or PY223.  
124 Hours is required for BSAT
ATHLETIC TRAINING STUDENT HEALTH CARE SERVICES AND REQUIREMENT POLICY

The Athletic Training Program (ATP) at CMU is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. A recent medical history and physical examination is a requirement for entry into the program. This information is used for the consideration of the student’s ability to fulfill the Technical Standard set forth by the ATP and its accrediting agency (CAATE). Your report is confidential and will not be released without a signed statement from the student or his parents.

Athletic training students are required to show proof of immunization record for Rubella, Tetanus, Mumps, Chicken Pox, and Hepatitis B vaccination or waiver form. Students must also provide proof of a physical examination to ensure that they are physically capable of handling the duties required to complete the proficiencies for athletic training knowledge and skill acquisition.

Central Methodist University provides health services in the Student and Community Center Rooms 205A and B. Hours of operation are Monday-Friday, 9:00am-11:30am and 12:30-4:30 pm. All CMU students are covered while the university is in session during the fall and spring semesters. Faculty and staff will be seen for a small fee. Coverage includes office visits for illness or injury, blood counts, and urinalysis done in the course of treating problems, diet counseling, women’s and men’s health issues, and physical exams. Students will be required to pay for some laboratory tests and immunizations. Primary care is provided by the CMU Nurse Practitioner. To make an appointment, please call the health clinic at EXT 58285 or 248-6285.

CLINICAL/PRACTICAL EXPERIENCE GOALS AND OBJECTIVES

The clinical/practical experience is a valuable part of the education program. By design it encourages the athletic training student to apply the competencies and proficiencies they have been instructed and practiced in the course and laboratory setting.

Each semester clinical is given a 2-3 hour credit. The clinical rotations give the athletic training student the experience dealing with intercollegiate, high school, sports medicine clinic, and general medical clinics in a more practical sense. NOTE: A student must perform and complete clinical requirements in the time period in which they are enrolled in the clinical course.

The following are the goals and objectives of the clinical/practical experience:

1. To place the student in a supervised situation which encourages common sense and promotes the application of problem solving skills.
2. To place the student in a supervised situation which encourages the application of communication, organization, and administration skills specific to athletic training and other health care professions.
3. To afford the opportunity to put classroom and laboratory knowledge into practical application.
4. To prepare the student to successfully complete the BOC exam.
1. Athletic Training Students should always conduct themselves in a very professional manner, in and out of the athletic training room.
2. When in the athletic training room or affiliated site, keep all interpersonal interaction strictly professional.
3. Treat all student-athletes, coaches and other individuals encountered equally and with respect.
4. Athletic Training Students should display a positive attitude toward their clinical and academic experiences, faculty and staff, peers, athletic training faculty/staff, medical staff, student-athletes and coaches.
5. No Athletic Training Student is allowed to eat or drink in any area of the athletic training room that serves a patient care function. Smoking and use of oral tobacco are strictly prohibited!
6. Students will promptly attend all classes, in-services, guest speaker presentations and clinical assignments.
7. The athletic training dress code will be followed at all times.
8. Students DO NOT make referrals to team physicians, chiropractors, dentists, etc. nor contact such individuals and parents independently. They should refer ALL injuries to a certified staff member to determine the next course of action.
9. Due to the variety of sports and student-athletes that students deal with, Athletic Training Students are highly visible people. What occurs outside of the athletic training environment may reflect directly on the profession and the program. Think before you do something that may reflect negatively on you, your peers, the Athletic Training Program, the Division of Health Professions, Intercollegiate Athletics Department or Central Methodist University.
10. Athletic Training Students should comply with and enforce all athletic training room rules and regulations. If a student encounters a student-athlete who is not in compliance with rules, a certified staff member should be informed so appropriate action can be taken.
11. Athletic Training Students are only allowed to leave when they are dismissed by a certified staff member. No exceptions!
12. All of the aforementioned policies are in effect for off-campus clinical placements unless their policies and rules state otherwise. All additional policies and procedures should be adhered to.
13. It is expected that all students will complete all requested Foliotek Clinical Preceptor, Clinical Rotation and Exit Evaluations (if appropriate) in a timely manner.
**COURSE/LAB/AND PROFICIENCY SEQUENCE**

**PRE- ATHLETIC TRAINING /FRESHMAN YEAR/Level I-Fall Semester**

- **Courses:** First Aid/CPR/AED; Introduction to Athletic Training
- **Laboratories:** First Aid/CPR/AED Lab
- **Clinical Course:** NONE—must complete 100-300 hrs. of clinical observation. This can be accomplished by utilizing both semesters. Students will be assigned a preceptor with various sports (4 weeks each) and morning clinic. New students will be assigned a mentor and will complete a series of check offs (located in new student manual) as part of the application process.
- **Proficiencies:** NONE
- **Due Dates for Profs:** NONE

**PRE- ATHLETIC TRAINING /FRESHMAN YEAR/Level I-Spring Semester**

- **Courses:** Care and Prevention of Athletic Injuries
- **Laboratories:** NONE
- **Clinical Course:** NONE
- **Proficiencies:** NONE
- **Due Dates for Profs:** NONE
- **EXIT EXAM- NONE**

**ATHLETIC TRAINING /SOPHMORE YEAR/Level II, Section 1-Fall Semester**

- **Courses:** Modalities, Upper Extremity Orthopedic Evaluation
- **Laboratories:** Modalities Lab; Upper Extremity Orthopedic Eval Lab
- **Clinical Course:** AT101—The requirements for AT 101 are the completion of all level 1 assignments located in the Developing Clinical Proficiency in Athletic Training workbook. See syllabus for more information. (pre-professional phase) and successful application and admittance into professional phase of Athletic Training Program. Completion of Level 1 requirements allows the student to progress to level 2 (AT 101 and AT 102). Students must complete a CMU intercollegiate sport rotation. Hour/Day requirements: Must attend clinical rotation at least 3 days a week and no more than 6 days a week. Students will be assigned morning Treatment/Rehab rotations (3 hours per week minimum). All CMU intercollegiate clinical rotations have a 100 hour minimum and 400 hour maximum
- **Foliotek Proficiencies:**
  - First Aid/ CPR/AED (4) Scenarios-(AC-CIP-6.0-6.3)- Prof Pratte—due by end of week 5
    * Unconscious Patient
    * AED
    * Conscious Patient
    * Bleeding Patient
  - Intro to Athletic Training (1)-Prof Dennison—due by end of week 13
    * Psychosocial/Mental Health Patient PowerPoint-(PS-CIP-8.0)-
- **Due Dates for Profs:** see above. Failure to complete evaluation by due date will result in grade reduction. Missing materials will result in professor declining work and possible reduction of grade.
- **EXIT EXAM- 150 MC over CPR, Intro to AT, Care and Prevention of Athletic Injuries. Exit exams are given at midterm and are repeated one week before final. Final score is combined average of both tests.**

Revised: February, 2016
ATHLETIC TRAINING /SOPHMORE YEAR/Level II, Section 2-Spring Semester

- **Courses:** Lower Extremity Orthopedic Evaluation, Rehabilitation Techniques I
- **Laboratories:** Rehab Techniques I Lab, Lower Extremity Orthopedic Evaluation Lab
- **Clinical Course:** AT102- The requirements for AT 102 are the completion of all level 2, Section 1 assignments located in the Developing Clinical Proficiency in Athletic Training workbook. See syllabus for more information. Completion of Level 2, section 1 requirements allows the student to progress to level 2, Section 2. (AT 102). Students must complete a CMU intercollegiate sport rotation. Hour/Day requirements: Must attend clinical rotation at least 3 days a week and no more than 6 days a week. Students will be assigned morning Treatment/Rehab rotations (3 hours per week minimum). All CMU intercollegiate clinical rotations have a 100 hour minimum and 400 hour maximum
- **Foliotek Proficiencies:**
  - Intro to Athletic Training (1)-Prof Dennison due by end of week 10
  - Health Assessment Video and Plan- (PHP-CIP-1.0)
  - At Risk Patient PPT (PHP-CIP-3.0)
  - Evaluation (1UE)/Evaluation/Modality (Phase 2 only)-Prof Welton, Pratte.-evaluation due by the end of week 8, rehab and modalities due by end of week 12
  - This will include but not limited to:
    - All documentation
    - Psychosocial aspects of rehab
    - Privacy Issues
    - All evaluation, rehab, modalities, and documentation must be on the same patient.
- **Due Dates for Profs:** Failure to complete evaluation by due date will result in grade reduction. Missing materials will result in professor declining work and possible reduction of grade.

ATHLETIC TRAINING /JUNIOR YEAR/Level III, section 1-Fall Semester

- **Courses:** Rehabilitation Techniques II, Organization & Administration of AT
- **Laboratories:** Rehabilitation Techniques II Lab
- **Clinical Course:** AT201- The requirements for AT 201 are the completion of all level 2, Section 2 assignments located in the Developing Clinical Proficiency in Athletic Training workbook. See syllabus for more information. Completion of Level 2, section 2 requirements allows the student to progress to level 3, Section 1. (AT 201). Students must complete a CMU intercollegiate sport rotation. Hour/Day requirements: Must attend clinical rotation at least 3 days a week and no more than 6 days a week. Students will be assigned morning Treatment/Rehab rotations (3 hours per week minimum). All CMU intercollegiate clinical rotations have a 100 hour minimum and 400 hour maximum
- **Foliotek Proficiencies:**
  - Evaluation (1Le)/Rehab/Modality(1Le)-Prof Welton, Dennison, Pratte.-evaluation due by the end of week 8, rehab and modalities due by end of week 12 and three phase rehab from upper evaluation in spring sophomore year –
  - This will include but not limited to:
    - All documentation
    - Psychosocial aspects of rehab
    - Privacy Issues
    - All evaluation, rehab, modalities, and documentation must be on the same patient.
- **Due Dates for Profs:** Failure to complete evaluation by due date will result in grade reduction. Missing materials will result in professor declining work and possible reduction of grade.

**EXIT EXAM**
- 150 MC- Rehabilitation I and Lower Extremity Evaluation. Exit exams are given at midterm and are repeated one week before final. Final score is combined average of both tests.
ATHLETIC TRAINING /JUNIOR YEAR/Level III, section 2-Spring Semester

- **Courses:** NONE
- **Laboratories:** NONE
- **Clinical Course:** AT202- The requirements for AT 202 are the completion of all level 3, Section 1 assignments located in the Developing Clinical Proficiency in Athletic Training workbook. See syllabus for more information. Completion of Level 3, section 1 requirements allows the student to progress to level 3, Section 2 (AT 202). Students must complete a CMU intercollegiate sport rotation. Hour/Day requirements: Must attend clinical rotation at least 3 days a week and no more than 6 days a week. Students will be assigned morning Treatment/Rehab rotations (3 hours per week minimum). All CMU intercollegiate clinical rotations have a 100 hour minimum and 400 hour maximum.

- **Foliotek Proficiencies:**
  Evaluation(1Le)/Rehab/Modality(1Le) Prof Welton, Dennison, Pratte.- due by end of week 8, rehab and modalities due by end of week 12
  This will include but not limited to:
  * All documentation
  * Psychosocial aspects of rehab
  * Privacy Issues
  * All evaluation, rehab, modalities, and documentation must be on the same patient.
  * Billing file for patient. (HCFA)

- **ACES Preparatory Workshop (required) TBA at Central Methodist University. Students must have an average raw score of 80 or above to be endorsed to sit for BOC examination in any testing period. If a student fails to have a score of 80 or above, the student will be required to obtain the required score by taking a version of the ACES workshop test located on the NATA web site. See Program Director for details. An incomplete will be given for the clinical course until the required score is attained. Failure to obtain the necessary score may affect your graduation status and delay BOC examination endorsement.

- **Due Dates for Profs:** Failure to complete evaluation by due date will result in grade reduction. Missing materials will result in professor declining work and possible reduction of grade.

- **EXIT EXAM**- 150 questions – Rehabilitation II and Organization and Adm. of AT. Exit exams are given at midterm and are repeated one week before final. Final score is combined average of both tests.

ATHLETIC TRAINING /SENIOR YEAR/Level IV, section 1-Fall Semester

- **Courses:** Pharmacology
- **Laboratories:** No AT Courses
- **Clinical Course:** AT301-The requirements for AT 301 are the completion of all level 3, Section 2 requirements. Completion of Level 3, section 2 requirements allows the student to progress to level 4, Section 1. (AT 301). Students must complete a high school rotation. Hour requirement is 150-300 hrs. Students will be assigned morning Treatment/Rehab rotations (4 hours per week minimum). Students must complete a 10 hour general medical rotation with the nurse practitioner in the CMU Student Health Center.

- **Proficiencies:**
  Head /Face/ Neck Evaluation-Prof Welton-due by end of week 8
  This will include but not limited to:
  * All documentation
  * Psychosocial aspects of rehab
  * Privacy Issues
  * All evaluation, rehab, modalities, and documentation must be on the same patient.

- **Due Dates for Profs:** Failure to complete evaluation by due date will result in grade reduction. Missing materials will result in professor declining work and possible reduction of grade.

- **EXIT EXAM**- will complete a series of review tests and position statements over course of semester- please see syllabus for details. Review tests can be repeated once and final score is combined average of both tests.
Courses: No AT Courses
Laboratories: No AT Courses
Clinical Course: AT 302 - The requirements for AT 302 are the completion of all level 4, Section 1 requirements. Completion of Level 4, section 1 requirements allows the student to progress to level 4, Section 2. (AT 301). Students must complete a rehab clinic rotation. Hour requirement is 70 -100 hrs. Students will be assigned morning Treatment/Rehab rotations (3 hours per week minimum). AT312-students must watch a surgery and complete a case study.

Proficiencies:
Spine/include hip Evaluation-Prof Welton- due by end of week 8
Abdomen/Heart/Lung/Thorax (General Medical) Evaluation-Prof Welton- due by end of week 10

This will include but not limited to:
* All documentation
* Psychosocial aspects of rehab
* Privacy Issues
* All evaluation, rehab, modalities, and documentation must be on the same patient.

Due Dates for Profs: Failure to complete evaluation by due date will result in grade reduction. Missing materials will result in professor declining work and possible reduction of grade.
If a Dec graduate you must complete the proficiencies in summer semester.
EXIT EXAM- Full Board Mock Exam- 177 questions. If Dec graduate must take at end of fall semester. Review tests can be repeated once and final score is combined average of both tests.
The following anatomical areas must be evaluated and have rehabilitation plans including modalities and all necessary documentation:

1. UPPER EXTREMITY
   a. Shoulder- Required-must be on real patient and video recorded
   b. Wrist/Hand/ Phalanges/Thumb- optional
   c. Elbow-optional

2. LOWER EXTREMITY- one evaluation must contain a billing file
   a. Knee -Required-must be on real patient and video recorded
   b. Ankle/Shin/Foot- Required-must be on real patient and video recorded
   c. Spine/hip evaluation- Required-must be on real patient and video recorded

3. GENERAL MED- Evaluation only
   a. Abdomen/Heart/Lung (General Medical) Evaluation Required-must be on real patient if possible and video recorded -
   b. Head/Face/Cervical Evaluation- Required-must be on real patient if possible and video recorded

Revised: February, 2016
The Athletic Training Program (ATP) clinical/practical experience maintains a reasonable ratio of clinical instructor/supervisor to athletic training student. Currently CMU has 4 full-time Certified Athletic Trainers and 5 part-time on staff. The athletic training student at CMU has varying responsibilities depending on his/her skill level and competency of various proficiencies listed later in this text. Please familiarize yourself with the following terminology:

It is common that a graduate assistant with less than one year as a certified athletic trainer will supervise undergraduate athletic training students in their field experience. Graduate assistants with less than one year of certification will report to and have consistent contact with an immediate supervisor (see job descriptions for assignments) concerning the educational goals, teaching techniques, problems solving skills etc. as it pertains to the clinical education of the athletic training student. Consistent contact would be defined as weekly contact with supervisor and dialog with supervisors during a monthly faculty/staff meeting.

**Supervision/First Responder:**

As part of the CAATE approved athletic training program, CMU students are assigned to clinical rotations and are allowed certain supervised responsibilities based on their level of completed proficiency. The level system and completion is listed in the clinical education section of this manual. It is the policy of the CMU ATP, Department of Athletic Training/Sports Medicine and all affiliated sites to directly supervise all athletic training students. While performing unsupervised tasks may appear to be a valuable component of learning, the safety and care of the student-athlete are of greatest priority. Thus, unsupervised occasions for athletic training students will not be the standard of care. The role of an athletic training student as a first responder is not condoned by the Athletic Training Program.

In the past, the CAATE has considered students “volunteering” for unsupervised travel as being outside the scope of the accrediting agency. Many institutions created “first responder” policies or “first aider” policies to allow students to travel unsupervised. However, these policies have resulted in some institutions utilizing students to take the place of qualified athletic training staff to provide medical coverage to traveling teams. It became impossible to truly and definitively disassociate the actions of a “student volunteer” from the function of the accredited athletic training program. From this point forward students “volunteering” for unsupervised travel will place the program in a position of non-compliance with the Standards. Student travel using “first responder” policies or “first aider” policies is no longer acceptable.

Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient. In an occasion where a student arrives at a clinical rotation and a preceptor is not present, contact your preceptor immediately for instructions. Remain on site but do not assume any role in patient care. If the Preceptor fails to show, leave the clinical site and immediately contact the Clinical Coordinator or Program Director. Misrepresenting yourself as a certified athletic trainer is a violation of the Missouri State Law and places yourself and the university at great risk.

**VERIFICATION OF ATHLETIC TRAINING STUDENT CLINICAL REQUIREMENTS**

Each athletic training student is responsible to get his/her clinical requirements signed by the supervising athletic trainer/Preceptor every week. If the student forgets to have their hours/requirements verified, it will result in a loss of hours or a zero for that clinical assignment. Only a certified athletic trainer can verify assignments/hours. All students must keep track of their clinical hours whether or not it is required for the clinical course or not. Please see syllabus for hour/assignment requirements as they vary from clinical to clinical. Students must attend their clinical at least 3 days a week and no more than 6 days per week. All CMU intercollegiate clinical rotations have a 100 hour minimum and 400 hour maximum. Students who don’t obtain the minimum 100 hours for their clinical rotation (if required) may be subject to grade penalty through their clinical evaluation.

Revised: February, 2016
Clinical absence and tardy policies

Clinical absence policy
A student must notify and have prior approval from the Clinical Education Coordinator (CEC), Athletic Training Program Director, or the Preceptor within 24 hours of their need to miss a scheduled clinical session. If this is done in writing (e-mail is acceptable) and given to the appropriate supervisor, it is possible that the student may be excused. It is the students’ responsibility to notify all necessary parties of a scheduled absence. There are very few exceptions to this policy rule.

In the event of unexcused absences the following procedure will be followed:
4th unexcused absence per semester: A meeting will be scheduled with the CEC, Preceptor and Program Director with a probationary period pending.
5th unexcused absence per semester: A meeting will be scheduled with the CEC, Preceptor and Program Director resulting in a two-week suspension.

The following defines the policy terms of action.

Probation
A process or period in which a pre-athletic training student’s status is tested or in the case of an accepted athletic training student, disciplinary measure is taken. During a probationary period a student is only allowed to attend clinical rotations at Central Methodist University and a reduction of hours (observation or clinical) may occur. All other duties will be suspended until the student demonstrates the willingness to properly perform clinical duties and take on the responsibilities that are required of the program. If the student does not satisfy the terms of the probation, this will lead to suspension from the program. If the offense warrants serious action, the probation period may be skipped and the student may be suspended.

Suspension
To temporarily suspend for a minimum of two weeks, from all clinical responsibilities that the student may be performing at that time. Once the student has completed the suspension, it might be the recommendation of the committee (CEC Athletic training Education Program Director, or the Clinical Supervisor/Instructor) that the student be placed on probation.

Termination
Any student that is not compliant with the recommendations set forth by the committee (CEC, Athletic training Program Director, or the Preceptor/Instructor) may be dismissed from the athletic training program.

Clinical tardy policy
First offense.
Students that are more than 10 minutes late without informing the CEC, Athletic training Program Director, or the Preceptor will be given a verbal warning that will be placed in their permanent file. Students are only allowed one tardy per semester. The first offense will not result in a loss of clinical responsibilities or duties.
Second offense.
A second offense in one semester will result in a written warning and a conference with the athletic training student, clinical coordinator, and the program director. At that time a recommendation of probation may be enforced.
Third offense.
For the student’s third offense in one semester, a conference will be held with the clinical coordinator and program director. A recommendation of suspension may be enforced.

**In all cases the action will be documented and placed in the student’s permanent personnel file located in the Athletic Training Program Director’s office. The file will be used as a reference when the student asks for program admittance, employment references or requests to work at outside events. It is the hope that the above policies will deter any problems that may occur while enrolled in the athletic training program at Central Methodist University.
Tuition and Fees, Undergraduate - Fayette

The information provided can be used to estimate your balance due to CMU, after financial assistance has been applied. Monthly billing statements, provided by the Business Office, will begin in June.

Annual Direct Costs for 2015-16 - Tuition, Room, Board, and Fees

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<th>Cost Description</th>
<th>Amount</th>
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<tr>
<td>Tuition (12-18 hours per semester)</td>
<td>$21,630</td>
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<tr>
<td>Average Room and Board</td>
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<td>Fees</td>
<td>$730</td>
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<td><strong>Total Average Annual Direct Costs</strong></td>
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Average Book and Supply cost (estimated)                 $1,000

Direct Costs for 2015-16 - Breakdown per Semester

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<td>Full-time tuition (12-18 hours)</td>
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<td>Part-time tuition (7-11 hours, per credit hour)</td>
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<td>Part-time tuition (1-6 hours, per credit hour)</td>
<td>$210</td>
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<td>Overload tuition (for each hour over 18)</td>
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<tr>
<td>Residence Hall *</td>
<td>$1,800</td>
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<td>Meal Plan **</td>
<td>$1,870</td>
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Student Fees Per Semester - Mandatory (full-time or per credit hour, part-time)

<table>
<thead>
<tr>
<th>Fee Description</th>
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<tr>
<td>Career Center Fee</td>
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<td>Classroom Assessment Fee</td>
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<td>Educational Resource Fee</td>
<td>$120 or $10</td>
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<td>Health Clinic Fee</td>
<td>$30 or $2.50</td>
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<td>Student Government Fee</td>
<td>$70 or $7</td>
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<td>Yearbook Fee</td>
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Other Fees

<table>
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<tr>
<th>Fee Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Art Fee (per credit hour)</td>
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<tr>
<td>Graduation Fee</td>
<td>$75</td>
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<td>Online Service Fee †</td>
<td>$50</td>
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Revised: February, 2016
<table>
<thead>
<tr>
<th>Service</th>
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<td>Orientation Fee</td>
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<td>Parking Citations</td>
<td>$15-100</td>
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<tr>
<td>Parking Permit (per semester)</td>
<td>$30</td>
</tr>
<tr>
<td>Private Music Lessons (per lesson, max $250)</td>
<td>$125</td>
</tr>
<tr>
<td>Residence Halls - Damage Deposit</td>
<td>$100</td>
</tr>
<tr>
<td>Returned Check</td>
<td>$30</td>
</tr>
<tr>
<td>Science Laboratory Fee (per course, max $100)</td>
<td>$50</td>
</tr>
<tr>
<td>Single Room Charge (per semester)</td>
<td>$500</td>
</tr>
<tr>
<td>Sports Medicine/Athletic Training Physical (per semester)</td>
<td>$75</td>
</tr>
</tbody>
</table>

* This is the average cost for a resident hall, this number will vary depending upon the residence hall chosen.

** This is the cost of a full meal plan (19 meals per week); the cost will vary depending on the meal plan chosen. Freshmen and Transfer students are required to have the 19 meal plan for the first year of attendance.

† Fayette Undergraduates taking at least 12 hours on campus will be charged a service fee to enroll in any online classes. Those students not enrolled at least 12 hours on campus are charged at the part-time rate for on-campus classes and at the CGES rates for those classes.

In addition to books and supplies, families should plan on other indirect cost such as transportation and personal spending. **Please Note:** Parents may borrow a Parent Loan for Undergraduate Students (PLUS) up to the full Cost of Attendance (or Budget) minus any financial assistance the student is receiving. If the student has an excess of funds (more aid than the total direct cost), the balance will be given to the student as a refund. The student can use this refund as a means to pay for books, transportation or other personal spending.

Balance due can be paid through [CMU's flexible payment options](#).

**Program Fees**

In addition to tuition, housing, books / supplies, and transportation costs (please see page University On-line Catalog for a breakdown of tuition and fees), students in the Athletic Training Program will incur additional expenses. The following is a breakdown of the most common costs:

1. Portfolio fee—$120 (Second Semester Freshman Year)
2. Sports Medicine/Athletic Training Fee—$75 per semester: This covers the program physical and AT 302 Clinical costs for ACES workshop.
3. Travel to and from clinical sites—varies (Senior Year)
4. Liability Insurance for clinical rotations—$38 (Senior Year)
5. Professional Memberships /CMU AT Student Organization (ATSO) Fee—$30/$90.

**NOTE:** Fees are subject to change.
CENTRAL METHODIST UNIVERSITY ATHLETIC TRAINING PROGRAM TECHNICAL STANDARDS FOR ADMISSION

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

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

Candidates for selection to the Athletic Training Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.

2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.

3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.

4. The ability to record the physical examination results and a treatment plan that is clear and accurate.

5. The capacity to maintain composure and continue to function well during periods of high stress.

6. The perseverance, diligence and commitment to complete the athletic training program as outlined and sequenced.

7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.

8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training program will be required to verify they understand and meet these technical standards.

The Center for Learning and Teaching will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. Additional testing may be required at the student's expense.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation and what those accommodations are. This includes a review as to 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 for graduation.

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

Signature of Applicant__________________________ Date________________

**Alternative statement for students requesting accommodations:

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

Signature of Applicant__________________________ Date______________

Revised: February, 2016
The Infectious Disease Policy is as follows:

- Athletic Training Students (ATS) with contagious or potentially contagious illnesses should report the condition to the Program Director.
- All athletic training personnel are restricted from patient contact or contact with the patient’s environment if they have an infectious/communicable disease, regardless of clinical setting.
- If a student must miss class or clinical assignment due to illness, they should contact their instructor prior to their absence.
- ATS should always practice sound prevention techniques when working in the healthcare environment, e.g. regular hand washing, secretion and cough management, appropriate cleaning of hard surfaces, etc. to avoid getting sick. Also each student should try to eat properly, get plenty of sleep, and exercise regularly to help strengthen the immune system.
- ATS should cover all of their own open wounds or cuts before treating a student-athlete or patient.
- If the ATS suspects that he/she has contracted or been exposed to an illness that may impact the health of other students and athletes / patients, the student must inform the Preceptor as soon as possible and remove himself/herself from the facility. The student must contact the Program Director or designee for assistance regarding clinical options.

Athletic training personnel known to be infected with a communicable disease can be excluded from duty. The type and duration of work restrictions will be dependent upon the type of disease/problem, by the mode of transmission, and by the epidemiology of the disease. The ATP Program Director, ATP Medical Director, and/or treating Physician will determine the duration and type of school restriction imposed for the athletic training student. The Head Athletic Trainer, ATP Medical Director, and/or treating Physician, will determine the duration and type of work or clinical restriction imposed.

The below standards are to be followed to protect the athletic training student, other students and the athlete/patient from the spread of communicable diseases. Prevention of transmission of such diseases includes immunizations for vaccine preventable diseases, isolation precautions to prevent exposures to infectious agents, and management of athletic training personnel exposure to infected persons.

**Universal Precautions**

According to the concept of Universal Precautions, all body substances and fluids should be handled as if they are known to be contaminated. All human blood components, products made from human blood, and certain other materials are treated and handled as if known to be infectious for HIV (the virus that causes AIDS), HBV (hepatitis B), and other bloodborne pathogens. The following body fluids should be treated as if they were contaminated:

- Amniotic Fluid
- Cerebrospinal Fluid
- Pericardial Fluid
- Pleural Fluid
- Saliva
- Synovial Fluid
- Vaginal Fluid
- Peritoneal Fluid
- Semen
- Emesis
<table>
<thead>
<tr>
<th>Feces</th>
<th>Urine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mucous</td>
<td>Wound Drainage</td>
</tr>
</tbody>
</table>

Any body fluid that is visibly contaminated with blood.

All body fluid in situations where it is difficult or impossible to differentiate between body fluids.

In addition: Any unfixed tissue or organ (other than intact skin) from a human, HIV-containing cell or tissue cultures, and HIV or HBV-containing culture medium or other solutions.
The following is a template that can be adapted to complete your department's Exposure Control Plan. Information relevant to your particular situation or area will need to be included.

The purpose of the Bloodborne Pathogens Exposure Control Plan is to:

• Comply with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 Code of Federal Regulations (CFR) 1910.1030.

• Eliminate or minimize occupational/educational exposure to blood or certain other body fluids. This policy is subject to updates as new knowledge is acquired.

Definitions
Reference: http://www.osha.gov/

Bloodborne Pathogens: means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated: means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Personal Protective Equipment (PPE): is specialized clothing or equipment worn by an employee for protection against a hazard (e.g., gloves, CPR barrier).

Universal Precautions: is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. Potentially infectious body fluids include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
Personal Protection

A. Universal Precaution Procedures

Athletic trainers and athletic training students will perform their duties with the understanding that body fluids and medical waste may be infectious. They must adhere to the following Universal Precaution procedures:

1. Treat all situations involving potential contact with blood, body fluids, or medical waste with caution. Use Personal Protective Equipment (PPE), including gloves and micro-shields for CPR.
   a. Gloves should be carried at all practice and game situations, and are readily available in the Reding Athletic Training Room, OAF Athletic Training Room, and the Athletic Training Education Laboratory.
      i. Gloves must be replaced if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
   b. Pocket masks or micro-shields are located in each athletic training kit, and are also readily available in the Reding Athletic Training Room, OAF Athletic Training Room, and the Athletic Training Education Laboratory. They are also included with portable AED units.

2. Wash hands after contact with any bodily substance or articles contaminated with a bodily substance. Use liquid soap from a dispenser, not bar soap. Athletic trainers and athletic training students must have immediate access to cleaning supplies, and must not be required to wait for appropriate washing.

3. When unanticipated exposure occurs, remove contaminated substances while avoiding contact with the outer/contaminated surface. Wash hands and other skin surfaces immediately and thoroughly. If splashed in eyes, nose or mouth, flush with water immediately.

B. Disposal

1. A sharps box is located in each athletic training facility for disposal of all blades, needles and glass products used for treatment of injuries or laboratory activities. Following use, all needles are to be placed in a sharps box without recapping or removing from the syringe. Scalpel blades are removed with tweezers and discarded in a sharps box. The tweezers and scalpel handle will then be disinfected by procedure. Following injections by physicians, glass ampules are discarded in a sharps box.

2. Blood contaminated soft goods (i.e., bandages, Band-Aids, cotton tip applicators, gauze, towels, etc.) are placed in biohazard bags/bins located in each athletic training facility. Bags are red, and are in an enclosed container marked with a Biohazard sticker. All used gloves should be placed in these containers.

3. When sharps boxes or biohazard bags are full, it is the responsibility of the athletic trainer in charge of the facility to contact the Head Athletic Trainer or the AT Program Director for removal and disposal.

Revised: February, 2016
C. Disinfection

1. Tables and work areas are to be disinfected with medical grade cleaning solution rated to eliminate bloodborne pathogens (i.e., Iso-Quin or Cavicide), at the end of each treatment session, and at the end of the working day. Use PPE while cleaning.
   
i. For specific spills of bloody fluids, the medical grade solution is placed on the area and allowed to sit for 10 minutes. The fluid will then be absorbed using paper towels, and the person performing this duty must wear gloves. The gloves and towel(s) will then be placed in the Biohazard container.

2. Following use, instruments are to be placed in the designated disinfection tray. At the end of the day, all used instruments are to be soaked thoroughly, rinsed, and then placed back into the original instrument tray to dry.

D. Vaccination

1. All athletic training students must obtain, or provide proof of previous vaccination for the Hepatitis B virus (HBV) (see attachment A). Staff athletic trainers will be offered a vaccination for the Hepatitis B virus (HBV) per OSHA rules.

2. However, if an athletic training student declines vaccination, the student must sign a waiver form (Attachment C).

E. Training

1. Training will be conducted at the beginning of each academic year in August, at the Athletic Training Education Program In-service. The training will be conducted by the Program Director, Clinical Coordinator, and/or Staff Athletic Trainers, and will consist of demonstration of the above procedures, and review of Central Methodist University policies.

F. Medical Records

1. Medical records (see post exposure record sheet) will be kept in a secure location. Post exposure care should be obtained at the Care Facility chosen by the exposed individual. The exposed individual is responsible for all charges associated with treatment.

G. Post Exposure Evaluation and Follow-up

1. Should an exposure incident occur, contact your Instructor/Clinical Preceptor. Do not delay evaluation/care. Seek medical assistance, and report the incident to the Instructor/Clinical Preceptor as soon as that is feasible. Fill out Post Exposure Incident Report form (Attachment B) and return it to Jill Pratte MS, LAT, ATC in STUC 105.

2. An appointment will be arranged for the exposed person with a qualified healthcare professional to discuss the person's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

3. Students are responsible for any expenses associated with post-exposure evaluation and/or treatment. Workers’ Compensation covers approved expenses for University Employees.
GENERAL INFORMATION ABOUT HEPATITIS B

A. What is Hepatitis B?

a. By basic definition, Hepatitis is an inflammation of the liver. The liver cells are damaged, and are gradually replaced by scar tissue. It is usually accompanied by the following clinical symptoms: Fever, Fatigue, Jaundice, Vomiting, Enlarged Liver, Dark-colored Urine, Malaise, and Anorexia.\(^1\)

b. The incubation period is 15 -50 days, with the norm being 28 -30 days.\(^1\) The disease is caused by a virus, and some people can be carriers without actively having the disease. Approximately 8% of the persons exposed become carriers of the disease. Of these 8%, 25% will develop chronic active Hepatitis.

B. Facts About Hepatitis B

a. Fourteen people die each day from Hepatitis B related illnesses, such as cirrhosis and liver cancer.\(^2\)

b. 60,000 persons are infected yearly.\(^2\)

c. Highest rate of disease occurs in 20-49-year-olds.\(^2\)

d. The Hepatitis B virus has been detected up to 7 days after the carrier’s blood or body fluids have dried on a counter top or other surface.\(^2\)

e. The virus is inactivated quickly after being exposed to medical grade cleaning agents (i.e., Cavicide or Meyer Cleaner) or household bleach (1:10 ratio).

f. A vaccine is available for health care workers and others at risk for exposure to immunize against the virus. If a worker is exposed routinely to body fluids and/or blood, they are required to be immunized against the virus, sign a statement as to their wish not to be immunized, or show that they have the antibody present in their blood stream. The vaccine is given in a 3 treatment regimen. The 2\(^{nd}\) injection follows the first by 1 month, with the 3rd injection given 6 months following the 2\(^{nd}\) injection.

g. The Hepatitis B virus is far more widespread throughout the world than HIV, and is 300 times more contagious.\(^2\)

References:

1. Taber's Medical Dictionary
2. Center for Disease Control (http://www.cdc.gov/vaccines/vpd-vac/hepb/default.htm)
Attachment B

EXPOSURE INCIDENT REPORT-Athletic Training Program

Please Print

Employee/Student’s Name___________________________________________________________
Date____/____/_______
Date of Birth____/_____/______ Telephone (Home) _________________________
(Work) _________________________
Job Title____________________________________________________
Date of Exposure ____/____/______ Time of Exposure _________ AM___ PM____
Hepatitis B Vaccination Status___________________________________
Location of Incident___________________________________________
Describe what duties you were performing when the exposure incident occurred:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Describe the circumstances under which the exposure incident occurred:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Name the body fluids, if any, that you were exposed to:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Describe the route of exposure (mucosal contact, contact with non-intact skin, percutaneous):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Describe any personal protective equipment (PPE) in use at time of exposure incident:
_________________________________________________________________________
_________________________________________________________________________
Did PPE fail? ____________
If yes, how? __________________________________________
_________________________________________________________________________
_________________________________________________________________________
Identification of source individual(s) name(s):
_________________________________________________________________________
_________________________________________________________________________
Other pertinent information:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Complete this form and return to:
Jill Pratte MS, LAT, ATC Clinical Education Coordinator Athletic Training Program in STUC
105 (660-248-6261). This record is to be kept for the duration of the individual’s term at
Central Methodist University plus 7 years.
Attachment C

Hepatitis B Vaccine Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B.

_________________________________ ________________________________
Athletic Training Student Signature   Witness Signature

________________________________________ _______________________________________
Name (Printed)      Name (Printed)

________________________________________ _______________________________________
Date       Date
Work Practice Controls

1. All athletic training students/employees must wash their hands and any other exposed/contaminated skin with soap and water, or flush mucous membranes with water immediately or as soon as possible following contact of such body areas with blood or other potentially infectious materials. This shall be done immediately following the removal of latex gloves or other personal protective equipment (see personal protective equipment).

2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.

3. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or potentially infectious materials are present.

4. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

5. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

6. Resuscitation devices including mouthpieces or resuscitation bags shall be available for use in areas where the need for resuscitation is predictable. One will be carried in each athletic training kit.

7. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination is not feasible. Soiled/contaminated must be properly labeled to convey necessary information so appropriate precautions can be taken.

8. All athletic training students/employees must complete the blood borne pathogens in-service annually.
PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment, including gloves, gowns, laboratory coats, resuscitation bags and other items shall be provided to the athletic training student, as appropriate, to prevent exposure to blood or other potentially infectious materials. These items shall be worn selectively, as needed for the task involved.

1. Exam gloves - shall be worn when it can be reasonably anticipated that you may experience hand contact with blood or other potentially infectious materials and when touching or handling contaminated items or surfaces.
   A. Gloves shall be removed immediately and properly disposed of if they have been contaminated by blood or other potentially infectious materials.
   B. Gloves shall be replaced when torn, punctured, or when their ability to function as a barrier is compromised.
   C. Gloves shall NOT be washed or decontaminated for re-use

2. Pocket masks - shall be used when administering CPR.

3. There shall be a designated area in each work setting for the dispensing, storage, cleaning, and disposal of PPE. Contaminated PPE that is not immediately decontaminated shall be clearly labeled as biohazardous material.

4. Vaccination for the Hepatitis virus is strongly recommended for the athletic training student. For more information concerning this vaccination see your supervising athletic trainer.

HOusekeeping/EnviRonmental Care

Cleaning and Disinfection Practices

A. All environmental and work surfaces shall be properly cleaned and disinfected on a regular basis and after contamination with blood or other potentially infectious materials

B. Appropriate personal protective equipment (i.e. gloves) shall be worn to clean and disinfect blood and other potentially infectious materials.

C. All linens used in the athletic trainer setting shall be considered contaminated and shall be handle using Universal Precautions.
COMMUNICABLE DISEASE PRECAUTIONS/CONTEST PROCEDURES

Policy: In order to provide an environment that is safe to athletes, officials, and coaches, the following guidelines are to be followed. Any injury involving an open wound with active bleeding or the presence of body fluids is governed by this policy.

Purpose: To prevent possible contamination of competitors from exposure to blood or other body fluids.

Procedure: In accordance to NCAA Guideline 2H and OSHA standards, athletes will not be allowed to participate in their events as long as they are actively bleeding, have exposed extruded lesions or weeping dermatitis.

1. If an athlete has actual bleeding, extruded lesions, or weeping dermatitis, the participant will be removed from competition until the following conditions are met:
   a. the bleeding has stopped.
   b. the wound has been covered with a clean bandage
   c. the lesions or dermatitis are covered with a clean dressing

2. If blood or body fluids soak through a bandage or dressing, the dressing must be replaced or reinforced before the athlete can continue to compete.

3. If the athlete has blood in their uniform, an assessment of the athlete's skin, uniform and equipment should be made by medical personnel prior to allowing the athlete to return to competition. Other participants at the time of injury should be evaluated as well. If medical personnel determine that a uniform has become saturated, the uniform must be changed before the athlete may return to competition.

4. Any athlete that has another participant’s blood or body fluid on their skin should immediately wash off the blood or fluid with soap and water or comparable agents before returning to competition.

5. Playing surfaces, walls, or tabletops where blood may be on the surface should be cleaned and allowed to dry sufficiently before further use to prevent contamination.

6. Universal precautions will be practiced to prevent contact with blood or other potentially infectious body fluids.

The risk of one athlete infecting another with HIV/AIDS during competition is low, there is a greater risk that other blood borne pathogens such as Hepatitis B, can be transmitted. The precaution listed above should be followed to reduce the possible transmission of infectious disease.
POST EXPOSURE AND FOLLOW-UP

In the event that an athletic training student is directly exposed to blood or other potentially infectious materials without the protection of PPE the following will apply:

1. The supervising individual will be provided with the following information:
   - Documentation regarding the routes of exposure and circumstances under which the exposure incidence occurred.
   - Identification of the source individual (unless infeasible or prohibited by law).

2. An appointment will be arranged for the exposed person with a qualified healthcare professional to discuss the person's medical status. This includes an evaluation of any reported illnesses as well as any recommended treatment. The exposed individual will also be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. The exposed individual is responsible for all charges associated with treatment.

3. Collect the blood of the exposed person for time-of-exposure HBV and HIV status and send the specimen for appropriate testing.

4. Arrange an appointment for the exposed person with a qualified healthcare professional to discuss the person's medical status. This includes an evaluation of any reported illnesses as well as any recommended treatment.

*** For further information regarding infectious disease control and bloodborne pathogens refer to the Athletic Training Program Manual available in the Reding Athletic Training Facility or online in the ATP website.
UNIVERSAL SAFETY PRECAUTIONS IN TREATING WOUNDS

Whenever an individual suffers a laceration or wound in which oozing or bleeding occurs, the activity should cease as soon as possible. The individual should be removed for treatment, and should not be returned to participation until cleared by appropriate medical personnel.

1. Wash hands with germicidal soap before and after using latex gloves.

2. Wear gloves for all routine procedures such as:
   - Caring for wounds including abrasions, lacerations, avulsion, blisters, pustules or boils, and aspiration of a bursa or hematoma.
   - Any contact with contaminated materials containing blood or bodily fluids (such as bandages, ace wraps, urine samples, towels).
   - On-the-field evaluations where bleeding must be controlled (lacerations, bloody nose, open fractures).

3. Change torn, cut, or punctured gloves after each treatment. Discard gloves into a biohazard container immediately.

4. Wear a protective facemask and eyewear if a procedure has the potential to generate droplets of fluid that may spray into the practitioner's mouth, nose, or eyes.

5. Sterilize instruments thoroughly and handle them with care. Dispose of needles, scalpels, and other "sharp" sticks in a biohazard "sharps" container. Needles should never be recapped nor removed from disposable syringes by hand. Any needle pricks or cuts should be reported immediately so appropriate supportive therapy may be initiated.

6. Clean all tables and counters regularly with Iso-Quin or other approved disinfectant.

7. Wash all blood-stained towels and linens in hot water and bleach

8. Have a well-marked biohazard container for soiled materials easily accessible in the training room.

9. Use an approved mouth shield when giving artificial respiration.

10. Health care workers with open lesions should refrain from direct contact with individuals until the lesions have healed.

11. Inoculations for hepatitis should be required for all staff and athletic training students.

12. Education of staff, coaches, athletes, and athletic training students about the risks for contracting and spreading contagious diseases should be a priority.

For confidential information, referrals, and education materials on HIV, hepatitis, and other communicable diseases, call the CDC National Hotline at 1-800-342-2437
Health Insurance Portability and Accountability Act Policy

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to address the privacy and security of patients’ medical records. Individuals should not have access to a patients’ medical records unless the patient has given permission for that individual or agency to view them. This applies to all facilities that you may encounter as an athletic training student.

Any record of injury, illness, treatment and/or rehabilitation should not be visible to other athletes/patients should not be shared with anyone. This includes a coach, another player, media, etc., unless the athlete/patient has given written permission. Students should ask about the HIPAA compliance forms that are used at the facility to which they are assigned.

It is the responsibility of all Central Methodist University Athletic Training Students to ensure that all patient information, personal, medical, or education related, remain confidential. Due to the varied number of staff personnel that may be involved with a student-athlete’s / patient’s case, it is essential that this policy be observed in order to maintain an atmosphere of mutual trust that must exist between the student-athlete / patient and representatives of the Central Methodist University Athletic Training Staff. Gossip, careless remarks, or idle chatter concerning patients, made inside or outside of any athletic training facility, is inappropriate, unprofessional, and will not be tolerated. It is illegal for any certified athletic trainer and/or athletic training student to gain access to patient information, through any and all means, unless the information is needed in order to treat the patient, or because their job would require such access. The protection of patient information, records, and reports is the responsibility of all athletic training personnel involved.

This confidentiality policy also applies to any information learned by or revealed to any certified athletic trainer and/or athletic training student

The Department of Athletic Training at Central Methodist University will provide yearly general education related to the Health Insurance Portability and Accountability Act (HIPAA) for all athletic training students/staff prior to any clinical observation or clinical rotation. Student’s signature of completion is required to be on file.
Family Educational Rights and Privacy Act of 1974 (FERPA)

FERPA provides a student the right to examine his educational records within 30 days of the day Central Methodist University receives a request for review. Submit the request in writing to the Dean’s Office, and specify which record is desired for examination. A representative from the Dean’s Office will notify the student of a meeting place and time for inspection. Arrangements can also be made if a student requests a record not maintained by CMU.

The student may also request amendment of information believed to be inaccurate, misleading, or otherwise in violation of the student’s privacy rights. Submit a request for amendment in writing to the Dean’s Office, and specify which part of the record should be changed, and why it is inaccurate, misleading, or in violation of student rights. A representative from the Dean’s Office will notify the student of the decision whether or not to amend the record within 30 days of receiving the request. If not amended, the student has a right to a hearing. If, as a result of the hearing, CMU decides that the information is inaccurate, misleading, or otherwise in violation of the privacy rights of the student, the Dean’s Office will amend the record accordingly and inform the student of the amendment in writing. If, as a result of the hearing, CMU decides against the request for amendment, the Dean’s Office will inform the student of the right to place a statement in the record commenting on the contested information in the record or stating why he or she disagrees with the decision.

Each student may waive or not waive his or her rights of educational privacy as spelled out under the Family Educational Rights and Privacy Act. The federal government requires that the University obtain—from every enrolled student—a signed Permission to Release Education Information form. If a student requests, CMU will provide him or her with a copy of the records disclosed.

The FERPA act does, however, authorize disclosure without consent if the disclosure meets one or more of the following conditions:

- Disclosure is to other school officials within CMU (including faculty, staff, trustees, etc.) who CMU has determined have legitimate educational interests. A university official is any person in an administrative, supervisory, academic, research, or support staff position. Temporary employees, student workers, and graduate assistants employed by CMU are also considered university officials. (A contractor, consultant, volunteer, or other party to whom CMU has outsourced institutional services or functions may also be considered a school official if they meet specific requirements outlined by FERPA.) A legitimate educational interest is defined as the need to review a student’s educational record in order to: perform an administrative task outlined in that official’s duties; perform a supervisory or instructional task directly related to a student’s education; or perform a service or benefit for the student such as health care, job placement, or student financial aid.
- Disclosure is to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled so long as the disclosure is for purposes related to the student’s enrollment or transfer.
- Disclosure is to state and local educational authorities, and specified federal offices.
- Disclosure is in connection with financial aid for which the student has applied or which the student has received, if the information is necessary for school officials to perform specific tasks outlined by FERPA.
- Disclosure is to organizations conducting studies for, or on behalf of, educational agencies or institutions, with specific purposes determined by FERPA.
- Disclosure is to accrediting organizations to carry out their accrediting functions.
- Disclosure is to parents of a dependent student, as defined by the IRS.
• Disclosure is to comply with a judicial order or lawfully issued subpoena. Disclosure can also be made to a victim of specified alleged criminal acts.
• Disclosure is in connection with a health or safety emergency.
• Disclosure is in connection with a disciplinary proceeding at CMU, with specific rules for release of final results.
• Disclosure is to a parent of a student at CMU regarding the student’s violation of any Federal, State, or local law, or of any rule or policy set by CMU governing the use or possession of alcohol or a controlled substance.

Unless specifically prohibited by the student (submit written request to Office of Student Development within 10 days after registration each semester), CMU may release "Directory Information" at its discretion for news releases and other purposes which it believes serve the student’s interest. "Directory Information" includes:

• name, mailing and e-mail address, telephone number, dates of attendance, date and place of birth, photograph, grade level, enrollment status, and most recent educational agency/institution attended;
• awards, honors, degrees, and major field of study; and
• records of participation and accomplishments in sports and other University activities—for athletes this includes physical factors such as height and weight.

A student has the right to file a complaint with the U.S. Department of Education (Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20202) concerning alleged failures by CMU to comply with the requirements of FERPA.
CENTRAL METHODIST UNIVERSITY
ATHLETIC TRAINING EMERGENCY PLAN

A. Emergency Personnel/Team
B. Emergency Communication
C. Emergency Equipment

An Emergency is defined as a mishap or an accident demanding prompt attention. Our mission is to make sure all student-athletes at Central Methodist University will get the highest standard of care possible when an emergency arises involving an athletic sporting event.

A. Our Emergency Team consists of Team Physicians, Certified Athletic Trainers, Athletic Training Student, Coaches, Student Managers, Dispatchers, Ambulance/Paramedics, and Hospitals. The Emergency Team must first; provide immediate care by: determining that there is an Emergency, performing CPR, and First Aide/controlling bleeding when deemed necessary. Immediate care will be provided by the most qualified person covering the event, i.e.: certified athletic trainers, athletic training student, coaches, etc. Secondly, the Emergency team will retrieve and utilize proper medical equipment necessary for an emergency. All athletic trainers whether certified or students are in charge of the medical equipment at an event. Thirdly, the Emergency Medical System must be activated when needed by the Emergency team of CMU. All members of the Emergency team are qualified to make the call to 911 or the ambulance. Also, the Campus Police must be informed that there is an emergency so they can help out with crowd control and obtain information that is needed for them. Absolutely no information should be given to anyone (except dispatcher) regarding the victim or the incident except by the Certified Athletic Trainer or Athletic Director. Lastly, the Emergency team should help direct the EMS ambulance and personnel to the incident. Make sure all necessary gates are unlocked and open.

B. Communication regarding the emergency is of vital importance. The Howard County Ambulance System will have a copy of this Emergency Plan and the symbolized facility map as well. They will also have a schedule of all major events including two-a-day practices. Detailed instruction of needed information for the dispatcher is listed below. Phone locations and numbers are listed below as well. If you call a dispatcher from a cell phone be sure and tell him/her your exact location because cell phones will not come up properly on the computer as you call. The certified athletic trainer will designate different people of the emergency team to their specific jobs that are needed for each incident as it occurs. Certified Athletic Trainers will educate all athletic training students prior to the beginning of each school year before two-a-day practices begin by providing emergency seminars, practice scenarios, and all equipment checks needed.

C. Emergency equipment will be stored in the athletic training storage room and athletic training room in Puckett and football when not in use. Spine board, scoop stretcher, vacuum splints, crutches, radios, etc. will be provided at each game/practice depending on the contact definition of the sport. Equipment will be checked regularly, used properly, and updated as needed.

D. There are 15 AEDs placed throughout campus for emergency use. In case of emergency all members of the emergency team need to be aware of the nearest AED. AEDs are located in the following locations. (See attached map).
   - Puckett Fieldhouse (SE gym entrance)
   - Recreation Center (lobby)
- Football/Track Field (North side of Outdoor Athletic Facility)
- Softball/Baseball Field (East side of Maintenance Shed)
- Student Center (outside of cafeteria)
- Brannock Hall (outside North entrance)
- Smiley Library
- Little Theatre
- Holt Hall (lobby)
- Howard Payne Hall (lobby)
- Stedman Hall (outside Sted200)
- T-Berry Hall
- Woodward Hall (lobby)
- McMurry Hall (lobby)
- Burford Hall (lobby)
- Classic Hall (In progress)

Phone Numbers:
911-All Emergencies
660-248-3605-Howard County Ambulance for Non-Emergency Transport

Phone Numbers You Could Be Calling From:
You must dial a "9" to get out:
Athletic Training Room: front desk/taping area 660-248-6218
Wade's Office: 248-6217
Kim’s Office: 248-6289
Jill’s Office: 248-6261
GA Desk:  248-6218
Athletic Director/Secretary Office: 248-6346
Utilize a cellular phone when at game field.
Each Staff Certified Athletic Trainer has a cellular phone, the numbers are listed in each kit

Activating the EMS System:
-Call 911 or Howard County Ambulance-248-2220
   Based on significance of incident (designated by ATC)
-Provide Information: Your Name, Location, Phone # from where you are calling
-Number of injured athletes or people involved in the incident
-Condition of the injured athletes
-First Aide treatment being administered at that time
-Specific Directions to the scene (listed on facility map)
-Other information dispatcher may request. Don’t hang up until dispatcher tells you to.

*Phone numbers & phone locations of each athletic facility are posted and given to all people involved in the emergency team. Please do not call 911 unless designated to do so or if you are by yourself with an incident then call.

*Emergency numbers consisting of hospitals, ambulance, doctors, clinics, & certified athletic trainers are posted in the athletic training room and placed in all athletic kits

*A Fayette city map with athletic facilities symbolized and directions to be given to emergency dispatchers that are contained on the map, is posted in the athletic training room and given to all people involved in the emergency team

Revised: February, 2016
*All insurance information (both primary & secondary) regarding each athlete as well as individual emergency information such as allergies, contacts, diabetes, per athlete is kept in each athletic team kit in case on the field information is needed. All insurance information will also be kept on palm pilots to be used for travel as soon as it is possible. All information is to be kept confidential at all times! Do not discuss any injury information with athletes, coaches, anyone as an athletic training student unless told to do so by your certified.

*This Emergency Plan will be re-evaluated and updated yearly
Updated 8/5/2013
DAVIS FIELD

EMERGENCY PERSONNEL:

- Certified Athletic Trainers
- Athletic Training students
- Coaches
- Assigned Athletic Director
- Event staff managers
- EMS
- Physician (if available)

EMERGENCY COMMUNICATIONS:

- Emergency 9-1-1
- Non-emergency 660-248-3605
- AT room 660-248-6218
- Security 660-202-0848
- Rick Sage 573-289-8240
- Alanna Dennison 417-761-3158

EMERGENCY EQUIPMENT:

- AED (located on North wall of lower athletic training room).
- Athletic Training Kit (During intercollegiate competitions)
- Spine board, splint kit, biohazard container (During intercollegiate competitions)

EMERGENCY PROCEDURE:

1. Perform emergency CPR, rescue breathing, first aid and stabilization of athlete.
2. Instruct assisting athletic trainer or coach to call 9-1-1:
   a. Telephone number
   b. Name
   c. Specific address
   d. Number of people injured
   e. Condition of the injured
   f. First aid treatment being given
   g. Stay on the phone until the operator instructs you to do otherwise
3. Delegate specific roles to emergency personnel
   a. Retrieve necessary supplies/equipment AED
   b. Position an individual at the ambulance entrance on the Southeast corner of the building at the entrance of the parking lot off of N. Mulberry (outside the garage door)

DIRECTIONS TO VENUE: Follow the RED route to Davis Field
FOLLOW UP:
1. If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
2. Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day of returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

DIRECTIONS TO VENUE:
Davis Field: Take Hwy 240 North, turn right on East Elm Street, then left on North Mulberry Street, continue to drive past stadium and turn into North end of football field.
Puckett Field House

EMERGENCY PERSONNEL:

- Certified Athletic Trainers
- Athletic Training students
- Coaches
- Assigned Athletic Director
- Event staff managers
- EMS
- Physician (if available)

EMERGENCY COMMUNICATIONS:

- Emergency 9-1-1
- Non-emergency 660-248-3605
- AT room 660-248-6218
- Security 660-202-0848
- Rick Sage 573-289-8240
- Alanna Dennison 417-761-3158

EMERGENCY EQUIPMENT:

- AED (located on the south side entrance next to the door and garage door)
- Athletic Training Kit (During intercollegiate competitions)
- Spine board, splint kit, biohazard container (During intercollegiate competitions)

EMERGENCY PROCEDURE:

1. Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
2. Instruct assisting athletic trainer or coach to call 9-1-1:
   a. Telephone number
   b. Name
   c. Specific address
   d. Number of people injured
   e. Condition of the injured
   f. First aid treatment being given
   g. Stay on the phone until the operator instructs you to do otherwise
3. Delegate specific roles to emergency personnel
   a. Retrieve necessary supplies/equipment AED
   b. Position an individual at the ambulance entrance on the Southeast corner of the building at the entrance of the parking lot off of N. Mulberry (outside the garage door)

DIRECTIONS TO VENUE: Follow the RED route to Puckett Field House
FOLLOW UP:
1. If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
2. Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day of returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

DIRECTIONS TO VENUE:
Puckett Field House is located on N Mulberry behind the university student center. Head North on Hwy 240, then turn right onto Elm Street. From Elm Street turn left onto N. Mulberry Street. Continue down N. Mulberry until you see the parking lot on the left. A designated person will be there to wave down the ambulance.
Reding Athletic Training Facility

EMERGENCY PERSONNEL:

• Certified Athletic Trainers
• Athletic Training students
• Coaches
• Assigned Athletic Director
• Event staff managers
• EMS
• Physician (if available)

EMERGENCY COMMUNICATIONS:

• Emergency 9-1-1
• Non-emergency 660-248-3605
• AT room 660-248-6218
• Security 660-202-0848
• Rick Sage 573-289-8240
• Alanna Dennison 417-761-3158

EMERGENCY EQUIPMENT:

• Reding Athletic Training Room: Athletic training kits, crutches, spine board, immobilizers, biohazard container.
• AED: Located on south wall of Puckett Fieldhouse

EMERGENCY PROCEDURE:

1. Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
2. Instruct assisting athletic trainer or coach to call 9-1-1:
   a. Telephone number
   b. Name
   c. Specific address
   d. Number of people injured
   e. Condition of the injured
   f. First aid treatment being given
   g. Stay on the phone until the operator instructs you to do otherwise
3. Delegate specific roles to emergency personnel
   a. Retrieve necessary supplies/equipment AED
   b. Position an individual at the ambulance entrance on the Southeast corner of the building at the entrance of the parking lot off of N. Mulberry (outside the garage door)

DIRECTIONS TO VENUE: Follow the RED route to the Reding Athletic Training Room.
FOLLOW UP:
1. If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
2. Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day of returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

DIRECTIONS TO VENUE:
Hwy 240 North, turn right on East Elm Street, then left on N. Mulberry Street. Drive towards the Fieldhouse/Student Center and there will be an opening on the south side of the gym and someone will be there to direct you.
Phillips-Robb Rec Center

EMERGENCY PERSONNEL:
- Certified Athletic Trainers
- Athletic Training Students
- Coaches
- Assigned Athletic Director
- Event staff managers
- EMS
- Physician (if available)

EMERGENCY COMMUNICATIONS:
- Emergency 9-1-1
- Non-emergency 660-248-3605
- AT room 660-248-6218
- Security 660-202-0848
- Rick Sage 573-289-8240
- Alanna Dennison 417-761-3158

EMERGENCY EQUIPMENT:
- AED (located on the wall by the north entrance)
- Athletic training kit (During intercollegiate competitions)
- Splint bag (During intercollegiate competitions)

EMERGENCY PROCEDURE:
1) Perform emergency CPR, rescue breathing, first aid, and stabilization of the injured athlete
2) Instruct assisting athletic trainer or coach to call 9-1-1 operator:
   a. Telephone number
   b. Name
   c. Specific address
   d. Number of people injured
   e. Condition of the injured
   f. First aid treatment being given
   g. Stay on the phone until the operator instructs you to do otherwise
3) Delegate specific roles to emergency personnel
   a. Retrieve necessary supplies/ equipment
   b. Position an individual at the ambulance entrance on the North side of the parking lot off of Corprew Rd.

DIRECTIONS TO VENUE: Follow the RED route to Phillips-Robb Recreation Complex

Revised: February, 2016
FOLLOW UP:
1. If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
2. Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day of returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

DIRECTIONS TO VENUE:
Philips-Robb Rec Center: From Church St (Hwy 240), take E. Elm St. and then turn left onto N. Mulberry. Form N. Mulberry turn Left onto Corprow. Take Corprow Rd. and turn left into the Rec center parking lot. A person will be waiting in the parking lot to direct you to either the garage door entrance or the North Main entrance.

*Central Methodist University Athletic Training EAP – 2014-2015*
Cox Softball Complex & Estes Baseball Complex

EMERGENCY PERSONNEL:

- Certified Athletic Trainer
- Athletic Training students
- Coaches
- Assigned Athletic Director
- Event staff managers
- EMS
- Team physician (if available)

EMERGENCY COMMUNICATIONS:

- Emergency 9-1-1
- Non-emergency 660-248-3605
- AT room 660-248-6218
- Security 660-202-0848
- Rick Sage 573-289-8240
- Alanna Dennison 417-761-3158

EMERGENCY EQUIPMENT:

- Estes Baseball Complex – vacuum splints, ATC kit (During intercollegiate competitions)
- Cox Softball Complex – vacuum splints, ATC kit (During intercollegiate competitions)
- AED – located on the east wall of the maintenance/plant operations building at the far west end of the parking lot between the two fields

* If both teams are practicing, the AED stays on the wall of the maintenance/plant operations building
* If one team has a game while the other is practicing, the AED will go in the dugout of the game

EMERGENCY PROCEDURE:
1. Perform initial care – CPR, rescue breathing, first aid, and/or stabilization of injured athlete
2. Instruct assisting athletic trainer or coach to call 9-1-1:
   a. Telephone number
   b. Name
   c. Specific address
   d. Number of people injured
   e. Condition of the injured
   f. First aid treatment being given
   g. Stay on the phone until the operator instructs you to do otherwise
3. Delegate specific roles to emergency personnel
   a. Retrieve necessary supplies/ equipment
   b. Position an individual at the ambulance entrance on the North side of the parking lot off of Reynolds Street and direct to the gates of the fields.

DIRECTIONS TO VENUE:
Estes Baseball & Cox Softball Complexes: BLUE denotes ambulance route to baseball field, RED denotes ambulance route to softball field

Revised: February, 2016
FOLLOW UP:
1. If possible, follow up with the injured athlete and head coach on the status and future care of the athlete prior to the end of the evening.
2. Instruct the athlete to meet with the supervising athletic trainer in the Athletic Training Room on his/her first day of returning to school for a follow-up evaluation and to develop a treatment and rehabilitation program.

DIRECTIONS
Cox Softball Complex: From Church St., take E. Elm St. and then turn left onto N. Mulberry. Turn right onto Reynolds St. A student will be at the parking lot to flag EMS down. Access onto field is located on the south end of the parking lot; gates are on the outfield fence. Key AD29 will be needed to unlock the gates.
Estes Baseball Complex: From Church St., take E. Elm St. and then turn left onto N. Mulberry. Turn right onto Reynolds St. A student will be at the intersection to flag EMS down. Access onto field is located on the south side of the street; gates are located at the first base dugout. Key AD29 will be needed to unlock the gates.

*Central Methodist University Athletic Training EAP – 2014-2015*
Central Methodist University Sports Medicine  
Policy on Management of Mild Traumatic Brain Injury (MTBI)

**Definition:** A mild traumatic brain injury (MTBI) or concussion is defined as “a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.” Several common features that incorporate clinical, pathological, and biomechanical injury constructs that may be utilized in defining the nature of a MTBI include:

1) The result of either a direct blow to the head, face, neck or elsewhere on the body with an ‘impulsive’ force transmitted to the head.

2) Rapid onset of short-lived impairment of neurologic function that resolves spontaneously.

3) Neuropathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.

4) A graded set of clinical symptoms that may or may not involve loss of consciousness.

5) Resolution of the clinical and cognitive symptoms typically follows a sequential course; however, it is important to note that in a small percentage of cases however, post- concussive symptoms may be prolonged.

6) No abnormality on standard structural neuroimaging studies is seen.

The following are treatment orders for the management of sport-related MTBI as seen by the Sports Medicine staff at Central Methodist University:

1. Student-athletes to be baseline concussion tested must sign a Central Methodist University Student-Athlete Concussion Responsibility Statement (**Appendix A**) in which they accept the responsibility for reporting the signs and symptoms associated with a possible MTBI to the Sports Medicine staff. During the review and signing process, student-athletes will be presented with educational material on concussions (**Appendix B**).

2. The Certified Athletic Trainer (ATC) and team physicians agree on protocol for managing sport-related MTBI prior to the beginning of the athletic season. Specifically, upon evaluation of a sport-related concussion, the Sports Medicine staff will focus attention on: The athlete’s recovery via

   - Symptoms
   - Neurocognitive testing

3. All coaches and associated health care professionals will be educated regarding the seriousness of a possible MTBI, the use of this policy, and the NCAA policy disqualifying an athlete from play in the same day as a suspected MTBI. All student-athletes and coaches will receive copies of the Concussion Education handout produced by the NCAA prior to their start of season activities (**Appendices B & C**).

4. Baseline testing will be implemented ideally prior to the start of a contact sport athletic season using the Impact Concussion Assessment software concussion evaluation tool. Any athlete with a reported history of a MTBI will also answer a detailed Pre-participation Physical Examination (PPE) concussion questionnaire for their medical records as seen in (**Appendix D**). More conservative treatment, as coordinated with a team physician, should be provided to the concussed athlete with a medical history of MTBI or related injury.

5. All helmet equipment standards as set by the National Operating Committee on Standards for Athletic Equipment (NOCSAE) and the CSA (Canadian Standards Association) will been enforced by the Sports Medicine staff to help protect athletes from potential head injury.

   a. Helmet fitting guidelines as provided by the manufacturer for each helmet will also be enforced by the Sports Medicine Staff.

   b. The following sports will be carefully observed by the team ATC for signs of problems with a helmet:

      - Football
      - Baseball – Catcher and Batter
      - Softball – Catcher and Batter

   c. Items to check with an athlete’s helmet to assure safety include:

Revised: February, 2016
6. Clinical evaluation should include a primary survey, and thorough secondary survey with a history, observation, palpation, and special testing (stress tests, range-of-motion testing, strength testing, neurological testing, and functional testing). The team ATC and Sports Medicine staff must be familiar with the signs and symptoms of a concussion, screening/evaluation tools, and must be able to differentiate between a MTBI and a focal traumatic brain injury (TBI). The team ATC and Sports Medicine staff must be familiar with guidelines for return to play, guidelines for immediate referral to the Emergency Department, guidelines for physician referral, and guidelines for disqualification as outlined in (Appendix E).

7. Concussion screening during a clinical sideline evaluation will include use of the Pocket Sport Concussion Assessment Tool 2 (SCAT2) (Appendix J) If the athlete is asymptomatic within 20min., postural stability testing (along with a Pocket SCAT2 re-assessment) will be included prior to exertion testing.

8. Additional assessment of the cervical spine and cranial nerves will be performed to identify any cervical spine or intracerebral (focal TBI) injuries.

9. The ATC will monitor a patient’s vital signs, symptoms, and level of consciousness every 5 minutes during a sideline evaluation until the athlete’s condition improves.

10. A combination of screening tools will be implemented during a post-injury evaluation of an athlete who has experienced a concussion: Impact Concussion Assessment testing repeated at 24hrs after injury (if not affected by travel), when the patient is symptom-free, and just prior to return-to-play
Graded Symptom Scale (Appendix J) repeated at 1-3hrs., 24hrs, and 48hrs post-injury

11. The ATC and Sports Medicine staff will document all pertinent information surrounding the concussive injury, including but not limited to (1) mechanism of injury; (2) initial signs and symptoms; (3) state of consciousness; (4) findings on serial testing of symptoms and neurocognitive function and postural-stability tests; (5) instructions given to the athlete and caretaker(s); (6) recommendations provided by the physician and subsequent referrals; (7) date and time of the athlete’s return to play; (8) relevant information on the patient’s history of prior concussion and associated recovery patterns; (9) concussion grading after the resolution of concussion signs and symptoms through use of the Cantu Grading Scale- Revised in (Appendix H).

12. All potentially concussed athletes will be provided with home care instructions (Appendix F) for the student athlete’s current roommate/responsible friend to refer to as well. The athlete will also meet with team ATC on a daily basis to monitor symptoms and condition.

13. Dr. Tarbox, Dr. Thornburg, Dr. Farmer, or a Sports Medicine Fellow must be informed of all potentially concussed athletes within 24-48 hours of injury. If the student-athlete is transported to a medical facility, an above Sports Medicine physician must be notified immediately. The potentially concussed student-athlete must be seen Central Methodist University’s Sports Medicine physician within 24-48 hours of injury unless travel interferes. Medical clearance will be granted in agreement between the team ATC and treating physician.

15. The team ATC will also contact the learning development office at CMU to inform them that the student athlete has sustained a concussion. They will then contact the student athlete’s professors letting them know to take special considerations for the injured student.
Exertional Heat Illnesses Guidelines and Protocols

Heat syncope
- Peripheral vasodilatation and pooling of blood leading to decreased cardiac output and stroke volume and thereby introducing transient loss of consciousness.

Diagnosis-based on signs and symptoms
- Normal core temperature
- Brief episode of fainting, improved with supine position
- Dizziness, tunnel vision
- Pale and wet skin
- More common in athletes that have been standing for long periods of time or those who have stopped exercising suddenly

Heat Cramps
- Involuntary, painful contractions of large muscles during or after prolonged exercise often induced by large sodium losses via sweat in conjunction with copious water consumption
  - Thought to be from decreased sodium and chloride
- Studies have shown that cramp prone athletes can lose twice the sodium in sweat as non-cramp prone athletes
- May be difficult to determine whether cramps in athletes with sickle cell trait are due to heat cramps or sickle cell crisis.
- Neuromuscular fatigue leads to abnormalities in mechanisms that control muscle contractions and may cause cramping

Diagnosis-based on signs and symptoms
- Commonly affect hamstrings, gastrocnemius, and soleus muscles
- Common after strenuous long exercise periods
- May see “salt stains” on skin or clothes from excess sodium loss
- Normal Central Nervous System (CNS) function

Exertional hyponatremia
- Attempt to differentiate between hyponatremia and heat exhaustion.
- Attempt to differentiate between hyponatremia and heatstroke. In hyponatremia, hyperthermia is likely to be less (rectal temperature less than 40°C [104°F]). The plasma-sodium level is less than 130 mEq/L and can be measured with a sodium analyzer on site if the device is available.
- If hyponatremia is suspected, immediate transfer to an emergency medical center via the emergency medical system is indicated. An intravenous line should be placed to administer medication as needed to increase sodium levels, induce diuresis, and control seizures.
- Neuromuscular fatigue leads to abnormalities in mechanisms that control muscle contractions and may cause cramping
- An athlete with suspected hyponatremia should not be administered fluids until a physician is consulted

Diagnosis-based on signs and symptoms
- Hyponatremia is characterized by increasing headache, significant mental compromise, altered consciousness, seizures, lethargy, and swelling in the extremities. The athlete may be dehydrated, normally hydrated, or overhydrated

Heat Exhaustion
- The inability to continue exercise in heat
- Most common form of heat illness seen in athletes
  - Does not necessarily progress to heat stroke; heat exhaustion and heat stroke are separate entities but occur under similar hot weather conditions

Diagnosis-based on signs and symptoms and by exclusion of other serious conditions (see list below)
- Inability to continue exercise in the heat, collapse
- Core body temperature (rectal) may be elevated (102-104°F) but within normal limits for an exercising individual
- CNS dysfunction
- Tachycardia (rapid or accelerated heart rate)
- Pale and wet skin, sweating
- Nausea and/or vomiting
- Headache, dizziness, and/or faintness
- Rapid/shallow breathing, weak pulse
- Thirst
- Rule out other serious conditions that may be present such as:
  - Exertional Heat Stroke
Exertional Heat Stroke (EHS): Medical Emergency

- Occurs when heat generation exceeds heat loss leading to a rise in core body temperature and thermoregulatory failure
- A serious, life-threatening condition requiring immediate medical attention
- It is separated from heat exhaustion by the CNS dysfunction in combination with a dangerously high core body temperature

Diagnosis - based on signs and symptoms

- High core-body temperature (>104°F or 40°C)
  - Rectal temperature should be used for accurate temperature reading. Other devices may give false readings and should not be used in the absence of a valid device
- CNS dysfunction, such as altered consciousness, coma, convulsions, disorientation, irrational behavior, decreased mental acuity, irritability, emotional instability, confusion, hysteria, or apathy

*These first two signs/symptoms will distinguish EHS from other serious conditions and are the main diagnosis criteria that should be used*

Other signs and symptoms that may be present:

- Hot, sweaty skin
- Rapid pulse rate (>160 BPM)
- Rapid respirations (>20 per min)
- Decreased blood pressure
- Nausea, vomiting or diarrhea
- Headache, dizziness or weakness

MANAGEMENT OF HEAT ILLNESS

- At first signs of heat illness, remove athlete from participation

Heat syncope Treatment

- Place athlete in laid back position with legs elevated above head level
- Remove an excess clothing/equipment
- Place athlete in cool shaded environment
- Monitor vital signs
- Oral hydration if dehydration is present

Heat Cramp Treatment

- Place in cool shaded environment
- Passive stretching of painful affected muscles
- Remove constrictive clothing/equipment
- Re-establish normal hydration status
  - Additional sodium may be needed

Heat Exhaustion Treatment

- Place athlete in cool shaded environment
- Remove excess clothing and equipment
- Cool athlete with fans, ice towels, water dousing and move them to an air-conditioned or shaded/cool environment
- Rehydrate orally with sports drink or water if athlete is not experiencing CNS dysfunction. Evaluate need for IV fluids
- Check core temperature (rectal) if exertional heat stroke is suspected or improvement not seen in the first 5-10 minutes of treatment
- Transport to an emergency facility if recovery is not prompt and EHS has been ruled out. If symptoms persist following 10-15 minutes of treatment and EHS is suspected, begin more aggressive cooling therapy (full body immersion)

Exertional Heat Stroke Treatment

Call EMS and prepare to cool the athlete

- Immediate whole body cooling and rapid reduction of core body temperature within 15 minutes is priority
- Remove equipment and excess clothing
- “Cool first, transport second”
- Ambulatory aids should be readily available for transport and guidelines should be reviewed with EMS annually

Revised: February, 2016
Monitor the temperature during the cooling therapy and recovery (every 5 to 10 minutes). Once the athlete’s rectal temperature reaches approximately 38.3°C to 38.9°C (101°F to 102°F), he or she should be removed from the pool or tub to avoid overcooling.

If a physician is present to manage the athlete’s medical care on site, then initial transportation to a medical facility may not be necessary so immersion can continue uninterrupted.

Transport or assist athlete to cold tub
- Cold tub should be readily available when heat index is greater than 90°F
- Cold tub or cooling tank should be centrally located, shaded if possible, and readily accessible to EMS

Determine Vital Signs
- Assess core body temperature
  - Continuous monitoring of temperature during immersion therapy is recommended
  - Utilize a sheet/towel for privacy when assessing core temperature
- Maintain ABCs and monitor vital signs
- Assess and monitor CNS status

Begin Ice Water Immersion
- Place the athlete in the ice water immersion tub up to neck/chest level
- Ice chests filled with ice should accompany the cold tubs. In the event that immersion is needed, ice should be mixed into the water just prior to immersion to ensure the water temperature is below 60°F/15°C (approximately 1°C to 15°C [35°F to 59°F]).
- Sports Medicine staff, coaches, volunteers, may be needed to assist with a smooth and safe entry and exit from the cold tub
- If full body coverage is not possible due to the athlete or container’s size, cover the torso as much as possible
- To keep the athlete’s head and neck above water, an assistant may hold the athlete under the armpits with a towel or sheet wrapped across the chest and under the arms
- Place an ice/wet towel over the head and neck while body is being cooled in tub
- Water may be circulated or stirred to enhance the water-to-skin temperature gradient, which optimizes cooling

Vital signs should be monitored at regular intervals, every 5-10 minutes

Cooling Duration
- Continuing cooling athlete until temperature lowers to 102°F or lower
- If rectal temperature cannot be measured and cold water immersion is indicated, cool for 12-15 minutes and then transport to a medical facility via EMS
- Remove the athlete from the immersion tub only after core temperature reaches 102°F and then transfer to the nearest Emergency Room via EMS

Fluid Administration
- If conscious and able to orally rehydrate administer fluids
- If a qualified medical professional is available, an intravenous fluid line should be administered

If cold water immersion is not available or feasible given the constraints of the athletic activity being performed or location, then cooling via other means is necessary
- Alternative cooling methods
  - Ice Towels
  - Ice Bags
  - Cold water dousing from a locker room shower or from a hose.

RETURN TO ACTIVITY
- If an athlete has experienced any of the previous heat related illnesses, he or she should be evaluated by a physician to determine a return to play strategy. Athletes with exertional heat stroke should avoid participation of any kind, and exercise for a minimum of one week

HEAT ILLNESS RISK FACTORS
Intrinsic Risk Factors
- History of exertional heat illness or cramping
- Presence of a fever, other illness, skin condition (sunburn), or medical condition such as “Sickle Cell”
- Inadequate heat acclimatization
- Dehydration
- Intensity unmatched to physical fitness
- Barriers to evaporation (equipment)
- Overweight athletes/athletes with a high body-mass index

Revised: February, 2016
Heavy or “salty” sweaters, or athletes who lose >3% weight loss during activity
Medications or supplements (diuretics, ephedrine, antihistamines)
ADD/ADHD medications
High intensity athletes, tendency to push oneself
Salt deficiency/athletes on restricted or low salt diets

Extrinsic Risk Factors
- Vigorous activity in hot-humid environment
  - Typically >1 hour or prolonged exercise with minimal breaks
  - Wet bulb globe temperature can help determine proper exposure
- High temperature, humidity, and sun exposure
- Equipment-dark colors, heavy clothing, helmets, and other protective equipment
- Inadequate rest breaks
- Inappropriate work/rest ratios based on exercise intensity, clothing, fitness, heat acclimatization, or medical conditions
- Lack of education or awareness among coaches, athletes and medical staff
- No access to shade or fluids during rest breaks
- Delay in recognition of early heat illness warning signs and lack of proper medical care

How to Use a Rectal Thermometer

Using a rectal thermometer is safe, simple, and requires no forethought, which is why its use is highly recommended by the National Athletic Trainers' Association. In fact, reading rectal temperature can be boiled down into 12 simple steps:

1. Remove the athlete from the playing field, if appropriate, to a shaded area (such as an EZ-Up tent, locker room/athletic training room, or tree shade).
2. Drape the patient appropriately (with towels or sheets) for privacy, if possible.
3. Position the patient on their side with their top knee and hip flexed forward.
4. Make sure the thermistor probe is cleaned with isopropyl alcohol.
5. Lubricate the probe.
6. Make sure the probe is plugged into the thermometer.
7. Turn the thermometer on.
8. Insert the probe 10 centimeters past the anal sphincter. Measure this ahead of time and draw a line on the probe.
9. If you meet resistance while inserting, stop and remove the probe, then try again.
10. Leave the probe in for the duration of treatment.
11. After treatment has ended, remove the probe gently.
12. Clean the probe thoroughly with a sterilization solution, such as Cidex Plus 28 Day Cold Sterilization Solution. The sterilization process will take approximately 10 hours. For infrequent uses, we recommend buying smaller quantities, as the solution will expire in a relatively short period of time after activation. Please read instructions thoroughly before use.
Health and Safety
Exposure to Potential Health Risks

The Central Methodist University Athletic Training Program currently possesses multiple therapeutic equipment/therapeutic modalities intended for the treatment of Central Methodist University student-athletes and as tools in the instruction of modality principles and practices to students accepted into the Athletic Training Program. Any use of the therapeutic modalities at Central Methodist University must be done so under the direct supervision of a staff Certified Athletic Trainer.

All Central Methodist University electrical modalities are calibrated annually by a certified calibration technician contracted by Central Methodist University. Calibrations are typically completed in fall of each year. Ground Fault Circuit Interrupters are connected to all electric stimulation machines, whirlpools, and hydrocollators. All Clinical sites must show proof of current modality/equipment calibrations prior to accepting students.

Students should be aware that they may be exposed to variety of potential health risks throughout the educational program and clinical practice. These include, but are not limited to:

1. Laboratory sessions in which students work with each other to practice various procedures including exercise, functional activities, physical agents and modalities, manual therapy and the use of assistive and adaptive devices.

2. Clinical experiences both on and off campus in which students perform various procedures including exercise, functional activities, physical agents and mechanical modalities, manual therapy and the use of assistive and adaptive devices. Students may also be exposed to infectious diseases in the clinic setting. Students should check equipment for safety, and calibration documentation. Students must report any questions concerning the safety of equipment, supplies or practices or techniques at any site to the program director immediately. Students must refrain from using any device that is found to be in non-compliance for safety standard.
1.0 INTRODUCTION

2.0 STUDENT-ATHLETE NOTIFICATION AND EDUCATION

3.0 INSTITUTIONAL DRUG AND SUBSTANCE ABUSE TESTING
   3.1 Methods for Selection and Eligibility for Drug Testing
   3.2 Notification for Drug Testing
   3.3 Reasonable Suspicion Testing
   3.4 Safe Harbor
   3.5 Postseason and Championship Screening
   3.6 Re-Entry Testing
   3.7 Follow-Up Testing
   3.8 Pre-Season Screening
   3.9 Collection Procedures
   3.10 Substances Tested
   3.11 Reporting Results
   3.12 Accumulation of Results
   3.13 Institutional Discipline for a Positive Test
   3.14 Exceptions for Prescription Medications
   3.15 Appeals Process
   3.16 Institutional Drug Testing Record Keeping

4.0 USE OF DIETARY SUPPLEMENTS

5.0 USE OF TOBACCO

6.0 USE OF ALCOHOL

APPENDIX I: BANNED SUBSTANCES
   List of Banned Substances for Student Athletes

APPENDIX II: FORMS
   Confirmation of Receipt of the Drug Education and Testing Policy for
   Intercollegiate Student Athletes
   Department of Athletics Drug Testing Reasonable Suspicion
   Reporting Form
   Student-Athlete Dietary Supplement Disclosure & Review Form
   Drug Testing Program Student-Athlete Notification Form

APPENDIX III DRUG FREE SPORT URINE COLLECTION GUIDELINES
1.0 INTRODUCTION
Central Methodist University believes that it is a privilege for a student to represent CMU on or off the field and the responsibility of such representation is a matter of both character and integrity. Central Methodist University and the National Association for Intercollegiate Athletics (NAIA), seek to uphold this responsibility by providing programs to insure a fair, safe, and honorable field of play. Central Methodist University also encourages the promotion of good physical health and well-being of all student-athletes. As a consequence, Central Methodist University’s education program will consist of a two-fold process: (1) student-athlete education, and (2) illegal drug and substance abuse testing.

The purpose of the educational program is to assist student-athletes by ensuring that they are well informed about illegal drugs, dietary supplements, and the abuse of legal drugs. The educational program further attempts to promote a healthy student-athlete lifestyle as well as create a fair competitive environment.

The purpose of the drug and substance abuse testing program is to discourage the use of illegal drugs, and the abuse of legal drugs and dietary supplements by student-athletes through a screening program based on periodic testing designed to identify those who use a banned substance including, without limitation, those substances appearing on the Banned Substances for Intercollegiate Athletics established by NCAA which is published on the Central Methodist University’s Athletics webpage, or is available through the Central Methodist University Athletic Department.

This policy is not a contract between the Central Methodist University and the student-athletes at Central Methodist University. However, signed consent and notification forms by the student-athlete shall be considered affirmation of the student-athlete’s understanding of the terms and conditions contained in this policy. Central Methodist University reserves the right to amend and adjust this policy at any time.

2.0 STUDENT-ATHLETE NOTIFICATION AND EDUCATION
All student-athletes will be required to annually sign a drug testing consent form and will be notified of the Drug Education and Testing program by the head athletic trainer, head coach, drug-site testing coordinator, or the designate of the Athletic Director.

All student-athletes, coaches, and such other Central Methodist University personnel as determined by Central Methodist University, will participate in a certain informative educational seminars each academic year concerning the harmful effects of drugs and illegal substances as specified by Central Methodist University. Participants in all such seminars will be provided a forum to ask questions and be provided the most readily available information.

Student-athletes who test positive for a “Banned Substance,” and if such result is not the result of approved prescription medication (as discussed in 3.14 EXCEPTIONS FOR PRESCRIPTION MEDICATIONS), will be subject to sanctions, as discussed in 3.13 INSTITUTIONAL DISCIPLINE FOR A POSITIVE TEST, and will be referred by the Athletic Department to the office of the Central Methodist University counselor.

3.0 INSTITUTIONAL DRUG AND SUBSTANCE ABUSE TESTING

3.1 Methods for Selection and Eligibility for Drug Testing
The Athletic Department, through Drug Free Sport, will conduct random institutional drug testing of all athletic teams. The head coach of each team will provide a roster of all student-athletes to the Drug Testing Site Coordinator.

Student-athletes who are eligible for institutional drug testing shall include any student-athlete listed on the NAIA or institutional squad list, which includes:
- Those who are actively participating,
- Those with medical disabilities,
- Red-shirted student-athletes,
- Partial and non-qualifiers, and
- Those who have exhausted eligibility but are still receiving athletics awarded aid.

A final list of Central Methodist University student-athletes will then be submitted to Drug Free Sport. The Drug Testing Site Coordinator shall be responsible for submitting all institutional drug-testing reports to the Athletic Director.

Revised: February, 2016
3.2 Notification for Drug Testing
Student-athletes selected for drug testing will be contacted either in person or by telephone (no voice mail or e-mail) by the Drug Testing Site Coordinator. Upon contact with the Drug Testing Site Coordinator, the selected student-athletes must sign the Student-Athlete Notification form. The amount of time between notification and collection of urine specimen will generally be no more than 24 hours before the drug test. **All collections and /or testing under this policy shall be observed collections.**

3.3 Reasonable Suspicion Testing
Central Methodist University reserves the right to require a student-athlete to submit to additional drug testing when there is reasonable suspicion to believe that the student-athlete has been using a Banned Substance.

"Reasonable suspicion" is defined as behavior, conduct, or performance by the student-athlete that leads a faculty or staff member at Central Methodist University to conclude that likelihood exists that the student-athlete is using or is under the influence of a Banned Substances. Indicators which may be used to determine if reasonable suspicion exists include, but are not limited to, the following:

- Observed possession or use of a Banned Substance
- Arrest or conviction for a criminal offense related to the possession or use of a Banned Substance
- Changes in student-athlete's behavior, conduct, performance, class attendance, GPA, athletic practice attendance, injury rate or illness, physical appearance, academic or athletic motivational level, emotional condition, mood, and legal involvement.

Reasonable suspicion testing is to protect the health of the student-athlete, the health of others, and/or to protect the integrity of the sport and Central Methodist University.

If a faculty or staff member of Central Methodist University has reasonable suspicion that a student-athlete is using or is under the influence of a Banned Substance, that faculty or staff member should notify the Athletic Director using the Drug Testing Reasonable Suspicion Reporting Form, which is available on the Central Methodist University Athletics webpage.

The Athletic Director shall then consult with Head Athletic Trainer, and the Head Coach of that student-athlete's sport to determine if additional drug testing is required. If there is any disagreement as to whether the student-athlete should be tested, the Athletic Director will have the final decision.

If additional drug testing is determined to be necessary, the Head Athletic Trainer, who is the Drug Testing Site Coordinator, shall require the student-athlete to submit to additional drug testing in the manner stated above. Further, if a student-athlete is observed or otherwise found to be in possession and or use of a Banned Substance, he or she will be subject to the same procedures that would be followed in the case of a positive drug test.

3.4 Safe Harbor
Student-athletes who, prior to notification of any drug test, voluntarily seek help, or disclose that they have a drug or substance abuse issue shall receive all reasonable support and assistance appropriate to facilitate retention and academic, athletic, and social success.

Voluntary disclosure must come prior to any notification of drug testing. After an athlete has been notified of an upcoming drug test, the safe harbor no longer applies. Student-athletes who are willing to accept help will be ineligible for competitions during their treatment but may still continue to practice if deemed safe by the Athletic Director, Head Athletic Trainer, and/or Team Physician.

Student-athletes may seek counseling either on campus or with an outside source of their choice. Once rehabilitative steps have begun, prior to returning to regaining competitive eligibility, the student-athlete must provide a negative drug test. All costs for rehabilitative assistance and re-entry drug testing will be the responsibility of the student-athlete.

A student-athlete may only self-disclose and avoid policy sanctions one time during his or her tenure at Central Methodist University. After the first self-disclosure, Central Methodist University recommends that the student-athlete still voluntarily report if he or she has a drug or substance abuse issue, but sanctions will be followed as listed below under 3.13 INSTITUTIONAL DISCIPLINE FOR A POSITIVE TEST.
3.5 Postseason and Championship Screening
Any participant or team likely to advance to post-season championship competition may be subject to additional testing. Testing may be required of all team members or individual student student-athletes at any time within 30 days prior to the post-season competition. If a student-athlete tests positive, he or she will not be allowed to compete in the post-season event(s) and will be subject to the sanctions set forth herein.

3.6 Re-Entry Testing
A student-athlete who has had his or her eligibility to participate in intercollegiate sports suspended as a result of a positive drug test may be required to undergo re-entry drug testing before regaining eligibility. The Drug Site Testing Coordinator will arrange for re-entry testing after the student-athlete is certain that he or she can produce a negative drug test and has shown indications that re-entry into the intercollegiate sports program is appropriate.

3.7 Follow-Up Testing
A student-athlete who has returned to participation in intercollegiate sports following a positive drug test under this policy may be subject to follow-up testing. Testing will be unannounced and will be required at a frequency determined by the Athletic Director, Head Athletic Trainer, Team Physician, or head coach.

3.8 Pre-Season Screening
Student-athletes are subject to pre-season drug testing and may be notified of such by the Athletic Director or Drug Site Testing Coordinator at any time prior to their first competition.

3.9 Collection Procedures
Drug Free Sport will be responsible for the collection process. The athlete’s initial specimen will be sent to a certified laboratory, which will be responsible for analyzing the urine specimen provided by the athlete. The detailed collection protocol can be found below in Appendix III of this document. Drug Free Sport may modify such collection protocol from time to time.

NOTE: Failure of the athlete to cooperate with the testing procedure by not appearing for the testing process, not producing a sample, refusing to give a urine specimen within a reasonable time period or attempting to alter or destroy the sample will all be equivalent to a “positive” test result.

3.10 Substances Tested
Testing of the sample is intended to detect and/or identify any Banned Substance. In addition, such testing can detect substances used as a recreational drug, as well as those that are performance enhancement, and prescription drugs.

3.11 Reporting Results
The Drug Testing Site Coordinator will notify the Athletic Director, head coach, and team physician of any and all positive test results. The Athletics Director will have a meeting with the student-athlete, head coach, and Drug Site Coordinator where the results and consequences will be discussed.

3.12 Accumulation of Results
All test results accumulate during the entire time that an individual is a student-athlete at Central Methodist University.

3.13 Institutional Discipline for a Positive Test

First Violation
A student-athlete with an initial positive test result for a Banned Substance while enrolled at Central Methodist University will be referred to the Athletic Director for institutional sanctions as well as to the Central Methodist University counselor for an initial evaluation and potential rehabilitation regarding substance abuse.

Referral to the Central Methodist University counselor will determine the educational content and duration for this program. The Athletic Director, or designee, shall notify the student-athlete and the head coach of the student-athlete's sport of the first positive test result for the purpose of securing assistance in the prevention of further drug use by the student-athlete. The student-athlete will be suspended for 30% of the entire season's competition in his/her intercollegiate sport (coaches have the discretion to increase the duration of suspension based on their team rules). If less than 30% of the schedule is remaining in the current season, or if the positive test comes during an "off" season (i.e. during the Spring for football), then any loss of competition imposed will carry over into the following season.

Exhibition games may be included in the suspension but will not be counted toward the 30%. The student-athlete may be withheld from practice if deemed necessary based on the student-athlete's health status as it is affected by the substances taken. This decision will be determined by the Head Athletic Trainer, Team Physician and Athletic Director.
The student-athlete will retain his/her athletic awarded financial aid. The student-athlete will be required to provide a negative drug test prior to being reinstated for competition. All costs of additional testing will be charged to the student-athlete and must be paid for before eligibility is reinstated.

A student-athlete who tests positive may be subject to additional follow-up testing over the student-athlete's athletic career. In addition, the student-athlete shall be required, in the presence of two of the following persons—Athletic Director, Head Coach of the sport in which the student-athlete participating, or the Head Athletic Trainer—to contact his or her parent or guardian to disclose the positive drug test and the sanctions for such positive drug test.

The head coach of each sport, upon approval of the Athletic Director, has the ability to add on additional sanctions as written in the team rules, excluding expulsion or reduction of athletic aid within the period of the award.

**Second Violation**
A student-athlete with a second positive test result for a Banned Substance while enrolled at Central Methodist University will be referred to the Athletic Director for further institutional sanctions as well as to the Central Methodist University Counselor for additional evaluation, with a potential for off-campus counseling to be required at the students-athlete's expense. A second offense has nothing to do with any previous testing and does not include appeals or drug testing to restore eligibility. This can be a second positive test of the same banned substance or the second time the student-athlete has been tested resulting in a positive test showing the presence of a Banned Substance. This evaluation also will determine the educational content and potential rehabilitation regarding substance abuse. Only members of the athletic department will regulate athletic eligibility. The Athletic Director, or designee, will notify the student-athlete and the head coach of the student-athlete's sport of the second positive test result for the purpose of securing additional assistance in the prevention of further drug use by the student-athlete.

The student-athlete will be dismissed from the sport team and other related Department of the Athletics events for period of no less than one full calendar year following the official notification of the second “positive” test result. All athletic-related financial aid will be terminated at the end of the semester in which the second “positive” test result is recorded.

A student-athlete may apply for reinstatement to the sport team and the athletic department by completing a drug education program and having a "negative" test result (The new test will be randomly assigned and will be the expense of the athlete) once the one calendar year has passed

**3.14 Exceptions for Prescription Medications**
Central Methodist University recognizes that some Banned Substances are used for legitimate medical purposes. Accordingly, Central Methodist University allows exception to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug.

If a legitimate, non-performance enhancing reason for a documented medical condition is demonstrated, in writing, by the student-athlete's physician, exceptions may be granted for substances included in the following classes of banned drugs:

- Stimulants
- Anabolic agents*
- Beta blockers
- Diuretics
- Peptide hormones*
- Anti-estrogens
- Beta-2 agonists

*A medical exception for the use of anabolic agents and peptide hormones must be submitted and approved before a student-athlete can participate in intercollegiate athletics. Additional information regarding medical exceptions procedures will be dealt with on an individual basis. Prescriptions for medical marijuana will not be granted as an exception because marijuana, in all forms, is an illegal drug in the State of Missouri.
Central Methodist University shall inform Drug Free Sport of its intent to request a medical exception to a positive drug test when it is notified of the positive result of the A sample. If the B sample is confirmed positive and reported to the institution and documentation to support the medical exception request has not been submitted, the student-athlete will be declared ineligible until such time documentation is received, reviewed, and the exception is granted.

3.15 Appeals Process
A student-athlete may appeal an institutional drug test result within 24 hours of his or her receipt of notification of a positive drug test. Such appeal shall be in writing and shall be submitted to the Athletic Director. Once an appeal is received, and if the appeal is based specifically upon the test analysis, the student-athlete will then allow to Drug Free Sport to conduct further analysis and lab testing. This analysis must be performed within 24 hours of an appeal being granted.

Only one appeal is allowed per institutional drug test. The cost of further analysis and all processes therein will be at the expense of the student-athlete and must be paid for in full prior to any further analysis and before eligibility to participate in the student-athlete’s sport can be reinstated.

A committee made up of the Head Athletic Trainer, Head Coach, and Athletic Director will review the case. The student-athlete will be notified of the date and time of the meeting and have the right to appear before the panel with an advisor (legal or otherwise). The advisor can only advise the student-athlete, but may not participate in the conversation with the committee.

3.16 Institutional Drug Testing Record Keeping
The Drug Testing Site Coordinator will keep records on the number of student-athletes tested and the results of the tests. These results are kept confidential to the extent allowed by applicable state and federal laws and related rules and regulations. Results will be compared with previous years' results to determine the effectiveness of the substance abuse and education program.

4.0 USE OF DIETARY SUPPLEMENTS
Dietary supplements have become commonplace in athletics since the passage of the Dietary Supplements Health and Education Act in 1994. Deceptive marketing by supplement manufacturers and supplement distributors have led student-athletes to believe that a product with the word “all natural” on the label is safe.

Before consuming any nutritional/dietary supplement product, the athlete should review the product with the athletics department staff. Dietary supplements are not well regulated and may contain a Banned Substance that will cause a positive drug test result.

Any product containing a dietary supplement ingredient is taken at the student-athlete’s risk. Many serious side effects, including death, have been linked to dietary supplements. Any student-athlete, or coach, requesting more information about dietary supplements and potential Banned Substances that are, or might be, ingredients in these supplements should seek additional education. Further information can be sought through the National Center for Drug Free Sport Resource Exchange Center (REC) at (877) 202-0767 or visit the website at www.drugfreesport.com/rec.

5.0 USE OF TABACCO
The use of tobacco products by institution personnel or student-athletes on any playing sites during any competition and/or event is prohibited. This includes, but is not limited to the use of tobacco products on the field of play, banquets, and autograph sessions surrounding a Conference championship or postseason tournament.

6.0 USE OF ALCOHOL
The Athletic Department supports Central Methodist University’s policy on the use of Alcohol as stated in the Student Handbook.
APPENDIX I
BANNED SUBSTANCES

LIST OF BANNED SUBSTANCES FOR STUDENT ATHLETES

Revision date: December 2012

1.0 BANNED CLASSES OF DRUGS

Central Methodist University bans the following classes of drugs:
- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

Note: Any substance chemically related to these classes is also banned. The institution and the student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

2.0 DRUGS AND PROCEDURES SUBJECT TO RESTRICTIONS

Central Methodist University subjects the following drugs and procedures to restrictions:
- Blood Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation
- Caffeine if concentrations in urine exceed 15 micrograms/ml

3.0 NUTRITIONAL/DIETARY SUPPLEMENTS WARNING

Before consuming any nutritional/dietary supplement product, please fill out the Student-Athlete Dietary Supplement Disclosure & Review Form and review the product with your coach or athletic training staff.

- Dietary supplements are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk even if disclosed and reviewed with a coach or the athletic training staff.

It is your responsibility to check with the appropriate Athletic Department staff member before using any substance.

Note to Student-Athletes: There is no complete list of banned substances. Do not rely on this list to rule out any supplement ingredient. Check with your athletics department staff prior to using a supplement.
4.0 **EXAMPLES OF BANNED SUBSTANCES IN EACH DRUG CLASS**

Any substance that is chemically related to the class, even if it is not listed as an example, is also banned. Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting the Resource Exchange Center, REC, [www.drugfreesport.com/rec](http://www.drugfreesport.com/rec).

**Stimulants:**
- amphetamine (Adderall);
- caffeine (guarana);
- cocaine;
- ephedrine;
- fenfluramine (Fen);
- methamphetamine;
- methylphenidate (Ritalin);
- phentermine (Phen);
- synephrine (bitter orange);
- methylhexaneamine, “bath salts” (mephedrone) etc.

*exceptions:* phenylephrine and pseudoephedrine are not banned.

**Anabolic Agents** (sometimes listed as a chemical formula, such as 3,6,17-androstene-17-one):
- boldenone;
- clenbuterol;
- DHEA (7-Keto);
- nandrolone;
- stanozolol;
- testosterone;
- methasterone;
- androstenedione;
- norandrostenedione;
- methandienone;
- etiocholanolone;
- trenbolone; etc.

**Alcohol and Beta Blockers** (banned for rifle only):
- alcohol;
- atenolol;
- metoprolol;
- nadolol;
- pindolol;
- propranolol;
- timolol; etc.

**Diuretics** (water pills) and Other Masking Agents:
- bumetanide;
- chlorothiazide;
- furosemide;
- hydrochlorothiazide;
- probenecid;
- spironolactone (canrenone);
- triamterene;
- trichlormethiazide; etc.

**Street Drugs:**
- heroin;
- marijuana;
- tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073)

**Peptide Hormones and Analogues:**
- growth hormone (hGH);
- human chorionic gonadotropin (hCG);
- erythropoietin (EPO); etc.

**Anti-Estrogens:**
- anastrozole;
- tamoxifen;
- formestane;
- 3,17-dioxo-etiochol-1,4,6-triene (ATD), etc.

**Beta-2 Agonists:**
- bambuterol;
- formoterol;
- salbutamol;
- salmeterol; etc.
I, _________________________________, under the reasonable suspicion clause Central Methodist University Athletic Dept. Staff Member that is outlined in the Central Methodist University Drug Education and Drug Testing Policy, report the following objective sign(s), symptom(s) or behavior(s) that I reasonably believe warrant______________________________ Name of Student-Athlete be referred to the Director of Athletics or his/her designee for possible drug testing. The following sign(s), symptom(s) or behavior(s) were observed by me over the past_____ hours and/or ______ days.

Please check below all that apply:
The Student-Athlete has shown:
___ irritability
___ loss of temper
___ poor motivation
___ failure to follow directions
___ verbal outburst (e.g. to faculty, staff, teammates)
___ physical outburst (e.g. throwing equipment)
___ emotional outburst (e.g. crying)
___ weight gain
___ weight loss
___ sloppy hygiene and/or appearance

The Student-Athlete has been:
___ late for practice
___ late for class
___ not attending class
___ receiving poor grades
___ staying up too late
___ missing appointments
___ missing/skipping meals

The Student-Athlete has demonstrated the following:
___ dilated pupils
___ constricted pupils
___ red eyes
___ smell of alcohol on the breath
___ smell of marijuana
___ staggering or difficulty walking
___ constantly running and/or red nose
___ recurrent bouts with a cold or the flu (give dates ________)
___ over stimulated or “hyper”
___ excessive talking
___ withdrawn and/or less communicative
___ periods of memory loss
___ slurred speech

Revised: February, 2016
_____ recurrent motor vehicle accidents and/or violations (give dates ________ )
_____ recurrent violations of Central Methodist University Student Code of Conduct

Other specific objective findings include:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Signatures

Print Name of Athletic Dept. Staff   Signature of Athletic Dept. Staff   Date

Reviewed By:
_________________________     __________________________
Print Name of Athletic Dept. Staff                       Signature of Athletic Dept. Staff       Date

Reviewed By:_________________________
_________________________     __________________________
Director of Athletics/Designee                       Date

Name of Counselor Consulted __________________________
Name of Counselor Consulted __________________________ Date Consulted __________

☐ Reasonable suspicion finding upheld
☐ Reasonable suspicion finding denied
STUDENT-ATHLETE DIETARY SUPPLEMENT DISCLOSURE & REVIEW FORM

I, ________________________________ (student name) am taking or intend to take the following dietary supplements. I acknowledge the risk of losing my eligibility to participate in intercollegiate athletics if I test positive for a Banned Substance, as defined by the Drug Education and Drug Testing Policy for Student-Athletes, that may be found in any substance that I take, regardless of the reason or purpose for taking such supplements.

I acknowledge and understand that the labeling on these products can be misleading and inaccurate, and that sales personnel are not motivated nor qualified to accurately certify that these products contain no banned substances. “Healthy” or “naturally occurring” are terms often used to market sales of dietary supplements, but do not necessarily mean they are safe.

Before taking or using any dietary supplement, I am responsible for ensuring the product does not contain any banned substance. By making this disclosure, I am requesting that these products and their ingredients be reviewed by Central Methodist University’s Head Athletic Trainer for the purposes of determining whether they are medically safe to use and do not contain banned substances. I understand that I should not take or use these products until their usage has been reviewed by Central Methodist University’s Head Athletic Trainer.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Listed Ingredients</th>
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Head Athletic Trainer’s Signature __________________________ Date __________

Athletic Director’s Signature __________________________ Date __________
CENTRAL METHODIST UNIVERSITY

Notification of Scheduled Random Drug Test

TO: ____________________________________________________
(student-athlete)

FROM: ____________________________________________________
(Director of Athletics)

DATE: ____________________________________________________

Your name has been randomly selected to report to ___The Reding Athletic Training Facility
at ______ on the following date ________________________.
(time)      (date of test)

You will be required to provide an oral fluid specimen or a urine sample at the designated time and date which is
consistent with the policies and procedures established by Central Methodist University Drug Testing and Drug
Education Program.

☐ I will be prepared to provide an adequate urine specimen and will not over hydrate. I
understand that providing numerous diluted specimens may be cause for follow-up drug testing.

☐ I will be prepared to provide an adequate saliva sample if necessary and will not eat or drink at
least 10 minutes prior to providing a saliva sample.

☐ I will be prepared to provide an adequate hair sample if necessary.

☐ I understand that I may have a witness accompany me to the drug-testing site.

☐ I understand that failure to appear at the site on or before the designated time will constitute a
withdrawal of my previous consent to be tested as part of the Institutional Drug Testing Consent
and will result in a penalty.

By signing below, I acknowledge being notified of my participation in institutional drug testing, and I am aware of
what is required of me in preparation for this drug-testing event.

Report to the test site with picture identification. Do not drink too many fluids.

Acknowledged receipt of this notice:

___________________________________     ___________________________
(student-athlete)                          (date & time)

Witnessed:

___________________________________     ___________________________
(Designated university official delivering notice)              (date & time)

Last update: December 2012
APPENDIX III

DRUG FREE SPORT URINE COLLECTION GUIDELINES

1. Only those persons authorized by the client representative and certified collector will be allowed in the collection
   room. The certified collector and client representative will determine the release of a selected student-athlete from
   the collection room prior to completing the specimen collection process.

2. Upon arrival, student-athlete will provide photo identification and/or a client representative will identify the
   student-athlete. The student-athlete will then print his/her name and arrival time on the Roster Sign-In Form.

3. The student-athlete will select a Custody & Control Form (CCF) from a supply of such and work with collector and
   client representative to complete necessary information before proceeding with the specimen collection process.

4. The student-athlete will select a specimen collection beaker from a supply of such and will be escorted by a
   collector (same gender) to the restroom to provide a specimen. The student-athlete will place a unique barcode
   onto the beaker. And then rinse his/her hands with water and then dry hands.

5. The collector will directly observe the furnishing of the urine specimen to assure the integrity of the specimen.

6. The student-athlete will be responsible for keeping the collection beaker closed and controlled.

7. Fluids and food given to student-athletes who have difficulty voiding must be from sealed containers (approved
   by the collector) that are opened and consumed in the station. These items must be free of any other banned
   substances.

8. If the specimen is incomplete, the student-athlete must remain in the collection station until the sample is
   completed. During this period, the student-athlete is responsible for keeping the collection beaker closed and
   controlled.

9. If the specimen is incomplete and the student-athlete must leave the collection station for a reason approved by
   the certified collector and client representative, specimen must be discarded.

10. Upon return to the collection room, the student-athlete will begin the collection procedure again.

11. Once an adequate volume specimen is provided; the collector will escort the student-athlete to the
    specimen processing table.

12. The specimen collector will instruct the student-athlete to closely observe the specimen processing steps and
    will then measure the specific gravity.

13. If the urine has a specific gravity below 1.005, no value will be recorded on the CCF and the specimen will be
    discarded by the student-athlete with the collector observing. The student-athlete must remain in the collection
    station until another specimen is provided. The student-athlete will provide another specimen.

14. If the urine is concentrated (1.005 SG or higher), the specimen processor will record the specific gravity value
    on the CCF and then measure the urine’s pH If in range (4.5-7.5 inclusive), the specimen processor will record
    the pH value on the CCF in the appropriate area. If the student-athlete has a pH greater than 7.5 or less than 4.5, the
    specimen will be discarded by the student-athlete with the collector observing. The student-athlete must remain in
    the collection station until another specimen is provided. The student-athlete will provide another specimen.

15. Once the specimen processor has determined the specimen has a specific gravity above 1.005 and a pH
    between 4.5 and 7.5 inclusive, the sample will be processed and sent to the laboratory.

16. If the laboratory determines that a student-athlete’s sample is inadequate for analysis, at the client’s discretion,
    another sample may be collected.

17. If a student-athlete is suspected of manipulating specimens (e.g., via dilution, substitution), the collector will
    collect another specimen from the student-athlete.

18. Once a specimen has been provided that meets the on-site specific gravity and pH parameters, the student-
    athlete will select a sample collection kit from a supply of such.

Revised: February, 2016
19. The specimen processor will open the kit, demonstrate to the student-athlete the vials are securely sealed, open the plastic, and open the A vial lid. The processor will pour the urine into the A and B vials and close the lids. The specimen processor should pour urine into vials above the minimum volume level (35 mL in A vial; 15 mL in B vial) and pour as much urine as possible into vials using care not to exceed the maximum levels (90 mL in A vial; 60 mL in B vial).

20. The specimen processor will securely close the lids on each vial and then seal each vial using the vial seals attached to the CCF; assuring seals are tightly adhered to the vials with no tears or loose areas.

21. The specimen processor must then collect all necessary signatures (collector, donor, witness, and collector/specimen processor) and dates/times where indicated on the CCF.

22. The specimen processor will place the laboratory copy of the CCF in the back pouch of the plastic bag and the vials the front pouch of the same bag. The bag should then be sealed. The sealed bag with vials will then be placed in the sample box. The box will then be sealed.

23. The student-athlete is then released by the collector.

24. All sealed samples will be secured in a shipping case. The collector will prepare the case for forwarding. When two split samples are collected and packaged, care must be taken to assure one sample is placed in the shipping container for shipment to the “drugs of abuse” laboratory and one sample is placed in the shipping container for shipment to the “anabolic steroids” laboratory.  
25. After the collection has been completed, the samples will be forwarded to the laboratory and copies of any forms forwarded to the designated persons.

26. The samples become the property of the client.

27. If the student-athlete does not comply with the collection process, the collector will notify the client representative and Drug Free Sport.
CENTRAL METHODIST UNIVERSITY
CONFIDENTIALITY STATEMENT

The results of an athlete's drug tests are to be considered confidential information and results of first "positives" is revealed only to the Athletic Director, Director of the Program, Head Athletic Trainer, and the Universities Counselor. The drug testing program should provide student athletes, for whom test results are positive, with notice and the right to hearing before any adverse action based on the test. After the first "positive", the Athletic Director, Director of the Program, Head Athletic Trainer, and the University Counselor will counsel with the athlete individually. After a "second positive", the above mentioned will be strongly advised to let their superior know of the positive test results so that the respective suspension can go into effect. The student athlete is required to sign a Release of Information Consent Form, so that communication can take place without breaching the Federal Confidentiality Laws pertaining to the University’s Counselor's Office.

OVER THE COUNTER MEDICATION POLICY

**Purpose:** To define the circumstances under which ATC’s may administer over the counter (OTC) medications to Central Methodist University student athletes.

**Policy:** The staff ATC’s may administer ATC medication to a student athlete displaying symptoms for an injury or illness.

**Definitions:**
1. Administering is providing a single dose of medication for immediate use by the patient.
2. Dispensing is providing a drug in a quantity that can be used for multiple doses

**Procedures:**
1. The athletic trainer will only administer medication as the manufacturer recommends.
2. The athletic trainer must document any medication administered.
3. Storage of over the counter medication will be secured and locked in the athletic training room (main facility). Medications will be checked on a quarterly basis for package integrity and expiration date.
4. No medication will be dispensed or administered that has been expired.
5. The athletic trainer will obtain a history of the injury or illness and understand the type/action of the medication prior to administering.
6. The medications on our athletic training facility are very limited to anti-inflammatory, pain (very low dosages), antacids, and Benadryl (anaphylactic issues).
7. The only prescription medication that will be housed and locked in the athletic training room is dexamethasone. It comes in liquid form and is for iontophoresis purposes only. This medication is used as directed by the team physician and each prescription is kept in the student athlete's file. All other prescription medications are prescribed through the team physician to the individual athlete and are not housed by the athletic training facility.
ATHLETIC TRAINING DRESS CODE

I Practices
A. Appropriate shorts/pants would be Docker's or comparable that are neat, clean, and free of rips, holes, tears, stains, etc. Preferably they either be a khaki or black color. Nylon winds pants may also be worn, but they must be in top condition.

B. Inappropriate shorts/pants would be all jeans, umbros, cut-off sweat pants, and cut-off jeans. Cotton sweat pants are also inappropriate.

C. School apparel other than CMU apparel is not acceptable.

II Shirts
A. Staff T-shirts and collared shirts will be issued at the beginning of the semester and worn at all practices. Shirts should be clean and tucked in at all times.

III. Shoes
A. Appropriate shoes, worn with socks, would be running/tennis shoes or other such functional shoes that are in good appearance and condition.

B. Inappropriate shoes would be sandals, cowboy boots, high heels, open-toed shoes, or work-boots.

IV Games/Competitions
A. Outdoor
   1. Shorts/Pants: Appropriate shorts/pants as stated previously, except that nylon wind pants are acceptable for outdoor sports weather permitting. The color shall be selected by the supervising athletic trainer.
   2. Shirts: Staff collared shirts must be worn at all events. Shirts should be clean and tucked in at all times.
   3. Shoes: Appropriate shoes as stated previously

B. Indoor Events
   1. All athletic trainer may wear either the outdoor event appropriate clothing or they may wear appropriate professional clothing.
   2. Wearing baseball caps indoors is not permitted.
   3. Basketball event dress code is dress pants and nice shirt.

V. Banquets
   1. The athletic trainers will wear whatever style dress code that the sponsor of the event requests.

*** Jewelry, make-up, etc., should be worn in good taste to present a professional appearance.
Disciplinary Code for Athletic Training Students

As athletic training professionals, it is imperative to seek and maintain high standards of conduct. Although not exclusive, the following list serves as a guideline to maintaining professional conduct.

At NO TIME during clinical hours shall an athletic training student be:

1. Under the influence of any mind altering substance (i.e. alcoholic beverages, drugs, etc.). All Athletic Training Students must abide by the Athletic Department Drug Testing and Education Policy and are subject to random testing. Please see Drug Testing and Education Policy.
2. Acting in any way harmful to oneself, participant, or any other person. The athletic training student will act in a professional manner at ALL times.
3. Tardy or absent at a scheduled event without prior consent from the supervising athletic trainer.
4. Dressed inappropriately. (See Dress Codes for further information)
5. Performing actions and procedures which are not described in the boundaries of the athletic training student.
6. Failing to comply with the emergency plan described in the athletic training student policies and procedures manual.
7. Failing to abide by the instructions of the Preceptor.
8. Failing to give complete attention to the event being covered (i.e. fooling around, leaving clinical or observation without prior consent, etc.)
9. Involved in any actions deemed inappropriate by the Preceptor.

If any athletic training student during any time has difficulty with maintaining the high level of professionalism expected, the discipline code may be activated. Depending of the seriousness of the offense, the following actions will occur:

1. FIRST OFFENSE (or minor offense): A verbal reprimand by the Program Director/Clinical Education Coordinator
2. SECOND OFFENSE (also of a minor nature): Hours/assignments will not be signed for that month, and the athletic training student will be placed on suspension until a meeting between the student and the Program Director/Clinical Education Coordinator.
3. THIRD OFFENSE: immediate dismissal from program

Disciplinary Action for Positive Drug Test

1. FIRST OFFENSE: ATS will be placed on probation until proof that follow-up test is negative.
2. SECOND OFFENSE: If follow-up test or any second test proves positive the ATS will be suspended from the Athletic Training Program. Please refer to CMU Student Athlete Handbook for specifics concerning policy and procedure of drug testing.

****Documentation of ANY offense will be placed on record****

Probation and Suspension

Students with deficiencies in pre-professional/professional levels progression or retention requirements will be placed on probation for a minimum of one semester. The program director will outline a plan to remove the deficiencies. The plan will be signed by the student. They will be required to attend and complete all major's courses until probationary status is rescinded. Additional requirements of weekly study hall and tutoring will be required during academic probation. If the plan is not completed by the designated time, the student will be suspended from the program. Probation may extend the completion date of the clinical program and may delay graduation. Students have the right to appeal suspension via the Academic Appeal Process and Grievance Policy.

Revised: February, 2016
**Academic Appeal Process - Grievance Procedures**

All students have the right to appeal a grievance, academic probation or suspension to the program director or Health Professions department chair. A written letter explaining reasons for the appeal is required. The Undergraduate Athletic Training Committee UATC will hear the appeal. The program director will chair the UATC and will present the information for review. The appealing student will have the opportunity to appear in front of the UATC. If the UATC denies the appeal, the student has the right to present the information directly to the Health Professions department chair for consideration. The department chair will render a decision to overrule or uphold the UATC findings. The student has the right to appeal to the provost of the College of Liberal Arts and Sciences.

If the student has a grievance involving one of the athletic trainers/committee members on the UATC, the department chair (or department chair designee) will replace the person named in the grievance. The Health Professions department chair will chair the UATC if grievance is against the program director.

At all other times the University's Grievance Policy is in effect, (See the CMU Student Handbook for details) or seek information from Director of Student Affairs. All non-academic disciplinary actions are handled through the Director of UATC members are the program director, clinical coordinator, head athletic trainer, two assigned departmental faculty members and a graduate assistant.

**Discrimination Policy and Grievance Procedure**

Central Methodist University does not discriminate on the basis of race, color, sexual preference, religion, sex, national origin, age, or federally defined disability in its recruitment and admission of students. The university’s educational programs, activities, financial aid, loan, and scholarship programs are made available to all qualified students without regard to race, color, sexual preference, religion, sex, national origin, age, or federally defined disability. The university complies with all federal and state non-discrimination requirements. If you feel you have been the subject of such discrimination, contact the Dean, Brannock Hall, 2nd floor.
PURPOSE:

Many prospective students who express interest in the CMU Athletic Training Program (CMUATP) are also interested in participating in intercollegiate athletics. The CMU ATP has had several students that have excelled in both athletics and athletic training. Because the athletic training program has a significant clinical component which often requires student commitment during afternoons, evenings, and on weekends, time conflicts often occur between sports and athletic training. The CMU faculty and staff are committed to encouraging the students to take advantage of the co-curricular activities that are available on our campus. They are also dedicated to making sure that all the requirements for the athletic training major are fulfilled, clinical experiences are of the quality to enable them to become skilled health care professionals, and that the students graduate on time. The following are guidelines to help accomplish both of these goals.

GUIDELINES

1. Applicants to the athletic training program will be provided a copy of this policy statement during their interview. The intention on the part of a prospective student to participate in intercollegiate athletics shall not factor into the admissions decision for the athletic training program.
2. Students admitted to the athletic training program may participate in intercollegiate athletics.
3. Athletic training students shall limit their participation to one intercollegiate team.
4. Athletic training students who are members of an intercollegiate team shall participate during their team’s traditional season ONLY.
5. Athletic training students who participate in intercollegiate athletics, must, like all students, fulfill all the didactic and clinical program requirements before they may graduate. All students are strongly encouraged to consult the program director early in their program since effective planning is crucial to on-time graduation for these students.
6. All students are required to have at least one football clinical experience rotation. Athletic training students who participate in a fall sport will be required to a) return for a ninth semester in which they will be assigned to work with football, or b) work football during their high school rotation.

Students with questions regarding this policy are encouraged to speak with the athletic training program director for clarification of their concerns.
Athletic Training Competencies

Foundational Behaviors of Professional Practice

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient
- Recognize sources of conflict of interest that can impact the client’s/patient’s health.
- Know and apply the commonly accepted standards for patient confidentiality.
- Provide the best healthcare available for the client/patient.
- Advocate for the needs of the client/patient

Team Approach to Practice
- Recognize the unique skills and abilities of other healthcare professionals.
- Understand the scope of practice of other healthcare professionals.
- Execute duties within the identified scope of practice for athletic trainers.
- Include the patient (and family, where appropriate) in the decision-making process.
- Work with others in effecting positive patient outcomes

Legal Practice
- Practice athletic training in a legally competent manner.
- Identify and conform to the laws that govern athletic training.
- Understand the consequences of violating the laws that govern athletic training

Ethical Practice
- Comply with the NATA’s Code of Ethics and the BOC’s Standards of Professional Practice.
- Understand the consequences of violating the NATA’s Code of Ethics and BOC’s Standards of Professional Practice.
- Comply with other codes of ethics, as applicable

Advancing Knowledge
- Critically examine the body of knowledge in athletic training and related fields.
- Use evidence-based practice as a foundation for the delivery of care.
- Appreciate the connection between continuing education and the improvement of athletic training practice.
- Promote the value of research and scholarship in athletic training.
- Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

Cultural Competence
- Demonstrate awareness of the impact that clients’/patients’ cultural differences have on their attitudes and behaviors toward healthcare.
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism
- Advocate for the profession.
- Demonstrate honesty and integrity.
- Exhibit compassion and empathy.
- Demonstrate effective interpersonal communication skills
Evidence-Based Practice (EBP)

Evidence-based practitioners incorporate the best available evidence, their clinical skills and the needs of the patient to maximize patient outcomes. An understanding of evidence-based practice concepts and their application is essential to sound clinical decision-making and the critical examination of athletic training practice. Practicing in an evidence-based manner should not be confused with conducting research. While conducting research is important to the profession of athletic training, developing the ability to conduct a research project is not an expectation of professional education. This section focuses on the knowledge and skills necessary for entry-level athletic trainers to use a systematic approach to ask and answer clinically relevant questions that affect patient care by using review and application of existing research evidence. One strategy, among others, is to use a five-step approach: 1) creating a clinically relevant question; 2) searching for the best evidence; 3) critically analyzing the evidence; 4) integrating the appraisal with personal clinical expertise and patients’ preferences; and 5) evaluating the performance or outcomes of the actions.

Each competency listed below is related to such a systematic approach and provides the building blocks for employing evidence-based practice. Other specific evidence-based practice competencies have also been included in appropriate content areas. All items listed in parentheses (e.g.) are intended to serve as examples and are not all encompassing or the only way to satisfy the competency.

**KNOWLEDGE AND SKILLS**

**EBP-1.** Define evidence-based practice as it relates to athletic training clinical practice.
**EBP-2.** Explain the role of evidence in the clinical decision making process.
**EBP-3.** Describe and differentiate the types of quantitative and qualitative research, research components and levels of research evidence.
**EBP-4.** Describe a systematic approach (e.g., five-step approach) to create and answer a clinical question through review and application of existing research.
**EBP-5.** Develop a relevant clinical question using a pre-defined question format (e.g., PICO = Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes).
**EBP-6.** Describe and contrast research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.
**EBP-7.** Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (e.g., Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.
**EBP-8.** Describe the differences between narrative reviews, systematic reviews, and meta-analyses.
**EBP-9.** Use standard criteria or developed scales (e.g., Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.
**EBP-10.** Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.
**EBP-11.** Explain the theoretical foundation of clinical outcomes assessment (e.g., disability, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).
**EBP-12.** Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).
**EBP-13.** Understand the methods of assessing patient status and progress (e.g., global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.
**EBP-14.** Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.

Prevention and Health Promotion (PHP)

Athletic trainers develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients'/patients’ overall health and quality of life. These strategies and programs also incorporate the importance of nutrition and physical activity in maintaining a healthy lifestyle and in preventing chronic disease (e.g., diabetes, obesity, cardiovascular disease).

**KNOWLEDGE AND SKILLS**

**General Prevention Principles**

**PHP-1.** Describe the concepts (e.g., case definitions, incidence versus prevalence, exposure assessment, rates) and uses of injury and illness surveillance relevant to athletic training.
**PHP-2.** Identify and describe measures used to monitor injury prevention strategies (e.g., injury rates and risks, relative risks, odds ratios, risk differences, numbers needed to treat/harm).
**PHP-3.** Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.
**PHP-4.** Explain how the effectiveness of a prevention strategy can be assessed using clinical outcomes, surveillance, or evaluation data.
**PHP-5.** Explain the precautions and risk factors associated with physical activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.
**PHP-6.** Summarize the epidemiology data related to the risk of injury and illness associated with participation in physical activity.

Revised: February, 2016
Prevention Strategies and Procedures

PHP-7. Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.

PHP-8. Identify the necessary components to include in a pre-participation physical examination as recommended by contemporary guidelines (e.g., American Heart Association, American Academy of Pediatrics Council on Sports Medicine & Fitness).

PHP-9. Explain the role of the pre-participation physical exam in identifying conditions that might predispose the athlete to injury or illness.

PHP-10. Explain the principles of the body’s thermoregulatory mechanisms as they relate to heat gain and heat loss.

PHP-11. Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (e.g., sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).

PHP-12. Summarize current practice guidelines related to physical activity during extreme weather conditions (e.g., heat, cold, lightning, wind).

PHP-13. Obtain and interpret environmental data (web bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions regarding the scheduling, type, and duration of physical activity.

PHP-14. Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual’s ability to participate in physical activity in a hot, humid environment.

PHP-15. Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.

PHP-16. Use a peak-flow meter to monitor a patient’s asthma symptoms, determine participation status, and make referral decisions.

PHP-17. Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to:

- Cardiac arrhythmia or arrest
- Asthma
- Traumatic brain injury
- Exertional heat stroke
- Hyponatremia
- Exertional sickling
- Anaphylactic shock
- Cervical spine injury
- Lightning strike

PHP-18. Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.

PHP-19. Instruct clients/patients in the basic principles of ergodynamics and their relationship to the prevention of illness and injury.

Protective Equipment and Prophylactic Procedures

PHP-20. Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.

PHP-21. Summarize the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints.

PHP-22. Fit standard protective equipment following manufacturers’ guidelines.

PHP-23. Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.

Fitness/Wellness

PHP-24. Summarize the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.

PHP-25. Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.

PHP-26. Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.

PHP-27. Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.

PHP-28. Administer and interpret fitness tests to assess a client’s patient’s physical status and readiness for physical activity.

PHP-29. Explain the basic concepts and practice of fitness and wellness screening.

PHP-30. Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.

PHP-31. Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.

General Nutrition Concepts

Revised: February, 2016
PHP-32. Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.

PHP-33. Educate clients/patients on the importance of healthy eating, regular exercise, and general preventative strategies for improving or maintaining health and quality of life.

PHP-34. Describe contemporary nutritional intake recommendations and explain how these recommendations can be used in performing a basic dietary analysis and providing appropriate general dietary recommendations.

PHP-35. Describe the proper intake, sources of, and effects of micro- and macronutrients on performance, health, and disease.

PHP-36. Describe current guidelines for proper hydration and explain the consequences of improper fluid/electrolyte replacement.

PHP-37. Identify, analyze, and utilize the essential components of food labels to determine the content, quality, and appropriateness of food products.

PHP-38. Describe nutritional principles that apply to tissue growth and repair.

PHP-39. Describe changes in dietary requirements that occur as a result of changes in an individual’s health, age, and activity level.

PHP-40. Explain the physiologic principles and time factors associated with the design and planning of pre-activity and recovery meals/snacks and hydration practices.

PHP-41. Identify the foods and fluids that are most appropriate for pre-activity, activity, and recovery meals/snacks.

Weight Management and Body Composition

PHP-42. Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient.

PHP-43. Describe the principles and methods of body composition assessment to assess a client’s / patient’s health status and to monitor changes related to weight management, strength training, injury, disordered eating, menstrual status, and/or bone density status.

PHP-44. Assess body composition by validated techniques.

PHP-45. Describe contemporary weight management methods and strategies needed to support activities of daily life and physical activity.

Disordered Eating and Eating Disorders

PHP-46. Identify and describe the signs, symptoms, physiological, and psychological responses of clients/patients with disordered eating or eating disorders.

PHP-47. Describe the method of appropriate management and referral for clients/patients with disordered eating or eating disorders in a manner consistent with current practice guidelines.

Performance Enhancing and Recreational Supplements and Drugs

PHP-48. Explain the known usage patterns, general effects, and short-and long-term adverse effects for the commonly used dietary supplements, performance enhancing drugs, and recreational drugs.

PHP-49. Identify which therapeutic drugs, supplements, and performance-enhancing substances are banned by sport and/or workplace organizations in order to properly advise clients/patients about possible disqualification and other consequences.

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Clinical Examination and Diagnosis (CE)

Athletic trainers must possess strong clinical examination skills in order to accurately diagnosis and effectively treat their patients. The clinical examination is an on-going process, repeated to some extent each time the patient is treated. The development of these skills requires a thorough understanding of anatomy, physiology, and biomechanics. Athletic trainers must also apply clinical-reasoning skills throughout the physical examination process in order to assimilate data, select the appropriate assessment tests, and formulate a differential diagnosis. The competencies identified in this section should be considered in the context of the competencies identified in other domains. For example, the knowledge and skills associated with acute care and therapeutic interventions, while applicable for this domain, are not repeated here. The clinical examination process is comprehensive and may include a review of the systems and regions identified below based on the patient’s relevant history and examination findings. Consideration must also be given to the patient’s behavioral and cognitive status and history; competencies addressing this content area are included elsewhere.

SYSTEMS AND REGIONS

a. Musculoskeletal
b. Integumentary

Revised: February, 2016
KNOWLEDGE AND SKILLS

CE-1. Describe the normal structures and interrelated functions of the body systems.
CE-2. Describe the normal anatomical, systemic, and physiological changes associated with the lifespan.
CE-3. Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activity in pediatric, adolescent, adult, and aging populations.
CE-4. Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics.
CE-5. Describe the influence of pathomechanics on function.
CE-6. Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.
CE-7. Identify the patient’s participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient’s life.
CE-8. Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.
CE-10. Explain diagnostic accuracy concepts including reliability, sensitivity, specificity, likelihood ratios, prediction values, and pre-test and post-test probabilities in the selection and interpretation of physical examination and diagnostic procedures.
CE-11. Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.
CE-12. Apply clinical prediction rules (e.g., Ottawa Ankle Rules) during clinical examination procedures.
CE-13. Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient’s perceived pain, and the history and course of the present condition.
CE-14. Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient's treatment/rehabilitation program, and make modifications to the patient's program as needed.
CE-15. Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.
CE-16. Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.
CE-17. Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.
CE-18. Incorporate the concept of differential diagnosis into the examination process.
CE-19. Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient’s current status.

CE-20. Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:

CE-20a. History taking
CE-20b. Inspection/observation
CE-20c. Palpation
CE-20d. Functional assessment
CE-20e. Selective tissue testing techniques / special tests
CE-20f. Neurological assessments (sensory, motor, reflexes, balance, cognitive function)
CE-20g. Respiratory assessments (auscultation, percussion, respirations, peak-flow)
CE-20h. Circulatory assessments (pulse, blood pressure, auscultation)
CE-20i. Abdominal assessments (percussion, palpation, auscultation)
CE-20j. Other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)

CE-21. Assess and interpret findings from a physical examination that is based on the patient’s clinical presentation. This exam can include:

CE-21a. Assessment of posture, gait, and movement patterns
CE-21b. Palpation
CE-21c. Muscle function assessment
CE-21d. Assessment of quantity and quality of osteokinematic joint motion
CE-21e. Capsular and ligamentous stress testing
CE-21f. Joint play (arthrokinematics)
CE-21g. Selective tissue examination techniques / special tests
CE-21h. Neurologic function (sensory, motor, reflexes, balance, cognition)

Revised: February, 2016
CE-21i. Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate)
CE-21j. Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respiration, peak expiratory flow)
CE-21k. Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)
CE-21l. Genitourinary function (urinalysis)
CE-21m. Ocular function (vision, ophthalmoscope)
CE-21n. Function of the ear, nose, and throat (including otoscope evaluation)
CE-21o. Dermatological assessment
CE-21p. Other assessments (glucometer, temperature)
CE-22. Determine when the findings of an examination warrant referral of the patient.
CE-23. Describe current setting-specific (e.g., high school, college) and activity-specific rules and guidelines for managing injuries and illnesses

Acute Care of Injuries and Illnesses (AC)

Athletic trainers are often present when injuries or other acute conditions occur or are the first healthcare professionals to evaluate a patient. For this reason, athletic trainers must be knowledgeable and skilled in the evaluation and immediate management of acute injuries and illnesses. The competencies identified in this section should be considered in the context of the competencies identified in other domains. For example, the knowledge and skills associated with the process of examination and documentation, while applicable for this domain, are not repeated here. Likewise, the knowledge and skills associated with the administrative and risk management aspects of planning for an emergency injury/illness situation are not repeated here.

KNOWLEDGE AND SKILLS

Planning

AC-1. Explain the legal, moral, and ethical parameters that define the athletic trainer's scope of acute and emergency care.
AC-2. Differentiate the roles and responsibilities of the athletic trainer from other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.
AC-3. Describe the hospital trauma level system and its role in the transportation decision-making process.

Examination

AC-4. Demonstrate the ability to perform scene, primary, and secondary surveys.
AC-5. Obtain a medical history appropriate for the patient’s ability to respond.
AC-6. When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient’s status.
AC-7. Differentiate between normal and abnormal physical findings (e.g., pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology.

Immediate Emergent Management

AC-8. Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete’s injured body part.
AC-9. Differentiate the types of airway adjuncts (oropharyngeal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airway in adult respiratory and/or cardiac arrest.
AC-10. Establish and maintain an airway, including the use of oro- and nasopharyngeal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment.
AC-11. Determine when suction for airway maintenance is indicated and use according to accepted practice protocols.
AC-12. Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols.
AC-13. Utilize an automated external defibrillator (AED) according to current accepted practice protocols.
AC-15. Utilize a bag valve and pocket mask on a child and adult using supplemental oxygen.
AC-16. Explain the indications, application, and treatment parameters for supplemental oxygen administration for emergency situations.
AC-17. Administer supplemental oxygen with adjuncts (e.g., non-rebreather mask, nasal cannula).
AC-18. Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making.
AC-19. Explain the proper procedures for managing external hemorrhage (e.g., direct pressure, pressure points, and tourniquets) and the rationale for use of each.
AC-20. Select and use the appropriate procedure for managing external hemorrhage.

Revised: February, 2016
AC-21. Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.
AC-22. Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.
AC-23. Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.
AC-25. Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.
AC-26. Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient’s injury.
AC-27. Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.
AC-30. Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.
AC-31. Assist the patient in the use of a nebulizer treatment for an asthmatic attack.
AC-32. Determine when use of a metered-dose inhaler is warranted based on a patient’s condition.
AC-33. Instruct a patient in the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.
AC-34. Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.
AC-35. Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted based on a patient’s condition.
AC-36. Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:
   AC-36a. sudden cardiac arrest
   AC-36b. brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture
   AC-36c. cervical, thoracic, and lumbar spine trauma
   AC-36d. heat illness including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia
   AC-36e. exertional sickling associated with sickle cell trait
   AC-36f. rhabdomyolysis
   AC-36g. internal hemorrhage
   AC-36h. diabetic emergencies including hypoglycemia and ketoacidosis
   AC-36i. asthma attacks
   AC-36j. systemic allergic reaction, including anaphylactic shock
   AC-36k. epileptic and non-epileptic seizures
   AC-36l. shock
   AC-36m. hypothermia, frostbite
   AC-36n. toxic drug overdoses
   AC-36o. local allergic reaction

Immediate Musculoskeletal Management

AC-37. Select and apply appropriate splinting material to stabilize an injured body area.
AC-38. Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.
AC-39. Select and implement the appropriate ambulatory aid based on the patient’s injury and activity and participation restrictions.

Transportation

AC-40. Determine the proper transportation technique based on the patient’s condition and findings of the immediate examination.
AC-41. Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.
AC-42. Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.

Education

AC-43. Instruct the patient in home care and self-treatment plans for acute conditions.
Therapeutic Interventions (TI)

Athletic trainers assess the patient’s status using clinician-and patient-oriented outcome measures. Based on this assessment and with consideration of the stage of healing and goals, a therapeutic intervention is designed to maximize the patient’s participation and health-related quality of life. A broad range of interventions, methods, techniques, equipment, activities using body movement, and medications are incorporated into this domain. These interventions are designed to enhance function by identifying, remediating, and preventing impairments and activity restrictions (functional limitations) to maximize participation. Rehabilitation is conducted in a wide variety of settings (e.g., aquatic, clinic) with basic and contemporary equipment/modalities and on a wide range of patients with respect to age, overall health, and desired level of activity. Therapeutic interventions also include the use of prescription and nonprescription medications. For this reason, the athletic trainer needs to be knowledgeable about common prescription and nonprescription drug indications, adverse reactions, and interactions. The competencies identified in this section should be considered in the context of the competencies identified in other content areas. For example, the knowledge and skills associated with the process of examination and documentation, while applicable for this content area, are not included here. Therapeutic interventions include:

- Techniques to reduce pain
- Techniques to limit edema
- Techniques to restore joint mobility
- Techniques to restore neuromuscular function
- Exercises to improve strength, endurance, speed, and power
- Activities to improve balance, neuromuscular control, coordination, and agility
- Exercises to improve gait, posture, and body mechanics
- Exercises to improve cardiorespiratory fitness
- Functional exercises (e.g., sports- or activity-specific)
- Exercises which comprise a home-based program
- Aquatic therapy
- Therapeutic modalities
  - Superficial thermal agents (e.g., hot pack, ice)
  - Electrical stimulation
  - Therapeutic ultrasound
  - Diathermy
  - Therapeutic low-level laser and light therapy
  - Mechanical modalities
    - Traction
    - Intermittent compression
    - Continuous passive motion
    - Massage
  - Biofeedback
- Therapeutic medications (as guided by applicable state and federal law)

KNOWLEDGE AND SKILLS

Physical Rehabilitation and Therapeutic Modalities

TI-1. Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.
TI-2. Compare and contrast contemporary theories of pain perception and pain modulation.
TI-3. Differentiate between palliative and primary pain-control interventions.
TI-4. Analyze the impact of immobilization, inactivity, and mobilization on the body systems (e.g., cardiovascular, pulmonary, musculoskeletal) and injury response.
TI-5. Compare and contrast the variations in the physiological response to injury and healing across the lifespan.
TI-6. Describe common surgical techniques, including interpretation of operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.
TI-7. Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.
TI-8. Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.
TI-9. Describe the laws of physics that (1) underlay the application of thermal, mechanical, electromagnetic, and acoustic energy to the body and (2) form the foundation for the development of therapeutic interventions (e.g., stress-strain, leverage thermodynamics, energy transmission and attenuation, electricity).
TI-10. Integrates self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans.

Revised: February, 2016
TI-11. Design therapeutic interventions to meet specified treatment goals.
 TI-11a. Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.
 TI-11b. Position and prepare the patient for various therapeutic interventions.
 TI-11c. Describe the expected effects and potential adverse reactions to the patient.
 TI-11d. Instruct the patient how to correctly perform rehabilitative exercises.
 TI-11e. Apply the intervention, using parameters appropriate to the intended outcome.
 TI-11f. Reassess the patient to determine the immediate impact of the intervention.
 TI-12. Use the results of on-going clinical examinations to determine when a therapeutic intervention should be progressed, regressed or discontinued.
 TI-13. Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including therapeutic massage, myofascial techniques, and muscle energy techniques.
 TI-14. Describe the use of joint mobilization in pain reduction and restoration of joint mobility.
 TI-15. Perform joint mobilization techniques as indicated by examination findings.
 TI-16. Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.
 TI-17. Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.
 TI-18. Explain the relationship between posture, biomechanics, and ergodynamics and the need to address these components in a therapeutic intervention.
 TI-19. Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.
 TI-20. Inspect therapeutic equipment and the treatment environment for potential safety hazards.

**Therapeutic Medication**

TI-21. Explain the federal, state, and local laws, regulations and procedures for the proper storage, disposal, transportation, dispensing (administering where appropriate), and documentation associated with commonly used prescription and nonprescription medications.
 TI-22. Identify and use appropriate pharmaceutical terminology for management of medications, inventory control and reporting of pharmacological agents commonly used in an athletic training facility.
 TI-23. Use an electronic drug resource to locate and identify indications, contraindications, precautions and adverse reactions for common prescription and nonprescription medications.
 TI-24. Explain the major concepts of pharmacokinetics and the influence that exercise might have on these processes.
 TI-25. Explain the concepts related to bioavailability, half-life, and bioequivalence (including the relationship between generic and brand name drugs) and their relevance to the patient, the choice of medication and the dosing schedule.
 TI-26. Explain the pharmacodynamics principles of receptor theory, dose-response relationship, placebo effect, potency and drug interactions as they relate to the mechanism of drug action and therapeutic effectiveness.
 TI-27. Describe the common routes used to administer medications and their advantages and disadvantages.
 TI-28. Properly assist and/or instruct the patient in the proper use, cleaning, and storage of drugs commonly delivered by metered dose inhalers, nebulizers, insulin pumps, or other parenteral routes as prescribed by the physician.
 TI-29. Describe how common pharmacological agents influence pain and healing and their influence on various therapeutic interventions.
 TI-30. Explain the general therapeutic strategy, including drug categories used for treatment, desired treatment outcomes, and typical duration of treatment for the following common diseases and conditions: asthma, diabetes, hypertension, infections, depression, GERD, allergies, pain, inflammation and the common cold.
 TI-31. Optimize therapeutic outcomes by communicating with patients and/or appropriate healthcare professionals regarding compliance issues, drug interactions, adverse drug reactions, and sub-optimal therapy.

**Psychosocial Strategies and Referral (PS)**

Athletic trainers must be able to recognize clients/patients exhibiting abnormal social, emotional and mental behaviors. Coupled with recognition is the ability to intervene and refer these individuals as necessary. Additionally, athletic trainers appreciate the role of mental health in injury and recovery and use interventions to optimize the connection between mental health and restoration of participation.

**KNOWLEDGE AND SKILLS**

**Theoretical Background**

PS-1. Describe the basic principles of personality traits, trait anxiety, locus of control, intrinsic and extrinsic motivation, and patient and social environment interactions as they affect patient interactions.
 PS-2. Explain the theoretical background of psychological and emotional responses to injury and forced inactivity (e.g., cognitive appraisal model, stress response model).
 PS-3. Describe how psychosocial considerations affect clinical decision-making related to return to activity or participation (e.g., motivation, confidence).
 PS-4. Summarize and demonstrate the basic processes of effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved in the healthcare of the patient.

Revised: February, 2016
PS-5. Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to effect behavioral change.

Psychosocial Strategies

PS-6. Explain the importance of educating patients, parents/guardians, and others regarding the condition in order to enhance the psychological and emotional well-being of the patient.

PS-7. Describe the psychological techniques (e.g., goal setting, imagery, positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.

PS-8. Describe psychological interventions (e.g., goal setting, motivational techniques) that are used to facilitate a patient's physical, psychological, and return to activity needs.

PS-9. Describe the psychosocial factors that affect persistent pain sensation and perception (e.g., emotional state, locus of control, psychodynamic issues, sociocultural factors, personal values and beliefs) and identify multidisciplinary approaches for assisting patients with persistent pain.

PS-10. Explain the impact of sociocultural issues that influence the nature and quality of healthcare received (e.g., cultural competence, access to appropriate healthcare providers, uninsured/underinsured patients, insurance) and formulate and implement strategies to maximize client/patient outcomes.

Mental Health and Referral

PS-11. Describe the role of various mental healthcare providers (e.g., psychiatrists, psychologists, counselors, social workers) that may comprise a mental health referral network.

PS-12. Identify and refer clients/patients in need of mental healthcare.

PS-13. Identify and describe the basic signs and symptoms of mental health disorders (e.g., psychosis, neurosis; sub-clinical mood disturbances (e.g., depression, anxiety); and personal/social conflict (e.g., adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.

PS-14. Describe the psychological and sociocultural factors associated with common eating disorders.

PS-15. Identify the symptoms and clinical signs of substance misuse/abuse, the psychological and sociocultural factors associated with such misuse/abuse, its impact on an individual’s health and physical performance, and the need for proper referral to a healthcare professional.

PS-16. Formulate a referral for an individual with a suspected mental health or substance abuse problem.

PS-17. Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.

PS-18. Provide appropriate education regarding the condition and plan of care to the patient and appropriately discuss with others as needed and as appropriate to protect patient privacy.

Healthcare Administration (HA)

Athletic trainers function within the context of a complex healthcare system. Integral to this function is an understanding of risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management.

KNOWLEDGE AND SKILLS

HA-1. Describe the role of the athletic trainer and the delivery of athletic training services within the context of the broader healthcare system.

HA-2. Describe the impact of organizational structure on the daily operations of a healthcare facility.

HA-3. Describe the role of strategic planning as a means to assess and promote organizational improvement.

HA-4. Describe the conceptual components of developing and implementing a basic business plan.

HA-5. Describe basic healthcare facility design for a safe and efficient clinical practice setting.

HA-6. Explain components of the budgeting process including: purchasing, requisition, bidding, request for proposal, inventory, profit and loss ratios, budget balancing, and return on investments.

HA-7. Assess the value of the services provided by an athletic trainer (e.g., return on investment).

HA-8. Develop operational and capital budgets based on a supply inventory and needs assessment; including capital equipment, salaries and benefits, trending analysis, facility cost, and common expenses.

HA-9. Identify the components that comprise a comprehensive medical record.

HA-10. Identify and explain the statutes that regulate the privacy and security of medical records.

HA-11. Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.

HA-12. Use a comprehensive patient-file management system for appropriate chart documentation, risk management, outcomes, and billing.


HA-14. Describe principles of recruiting, selecting, hiring, and evaluating employees.

Revised: February, 2016
HA-15. Identify principles of recruiting, selecting, employing and contracting with physicians and other medical and healthcare personnel in the deployment of healthcare services.
HA-16. Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases, and discuss how they apply to the practice of athletic training.
HA-17. Identify key regulatory agencies that impact healthcare facilities and describe their function in the regulation and overall delivery of healthcare.
HA-18. Describe the basic legal principles that apply to an athletic trainer’s responsibilities.
HA-19. Identify components of a risk management plan to include security, fire, electrical and equipment safety, emergency preparedness and hazardous chemicals.
HA-20. Create a risk management plan and develop associated policies and procedures to guide the operation of athletic training services within a healthcare facility to include issues related to security, fire, electrical and equipment safety, emergency preparedness and hazardous chemicals.
HA-21. Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.
HA-22. Develop specific plans of care for common potential emergent conditions (e.g., asthma attack, diabetic emergency).
HA-23. Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities’ rules, guidelines, and/or recommendations.
HA-24. Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.
HA-25. Describe common health insurance models, insurance contract negotiation, and the common benefits and exclusions identified within these models.
HA-26. Describe the criteria for selection, common features, specifications, and required documentation needed for secondary, excess accident, and catastrophic health insurance.
HA-27. Describe the concepts and procedures for revenue generation and reimbursement.
HA-28. Understand the role of and use diagnostic and procedural codes when documenting patient care.
HA-29. Explain typical administrative policies and procedures that govern first aid and emergency care.
HA-30. Describe the role and functions of various healthcare providers and protocols that govern the referral of patients to these professionals.

Professional Development and Responsibility (PD)

The provision of high quality patient care requires that the athletic trainer maintain current competence in the constantly changing world of healthcare. Athletic trainers must also embrace the need to practice within the limits of state and national regulation using moral and ethical judgment. As members of a broader healthcare community athletic trainers work collaboratively with other healthcare providers and refer clients/patients when such referral is warranted.

KNOWLEDGE AND SKILLS
PD-1. Summarize the athletic training profession’s history and development and how current athletic training practice has been influenced by its past.
PD-2. Describe the role and function of the National Athletic Trainers’ Association and its influence on the profession.
PD-3. Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education and state regulatory boards.
PD-4. Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
PD-5. Access, analyze and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the NATA Athletic Training Educational Competencies, the BOC Standards of Professional Practice, the NATA Code of Ethics, and the BOC Role Delineation Study/Practice Analysis.
PD-6. Explain the process of obtaining and maintaining necessary local, state and national credentials for the practice of athletic training.
PD-7. Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote lifelong learning strategies.
PD-8. Differentiate among the preparation, scopes of practice and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.
PD-9. Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.
PD-10. Develop healthcare educational programming specific to the target audience (e.g., clients/patients, healthcare personnel, administrators, parents, general public).
PD-11. Identify strategies to educate colleagues, students, patients, the public and other healthcare professionals about the roles, responsibilities, academic preparation and scope of practice of athletic trainers.
PD-12. Identify mechanisms by which athletic trainers influence state and federal healthcare regulation.
BOC Standards of Professional Practice

Implemented January 1, 2006

Introduction

The mission of the National Athletic Trainers' Association Board of Certification Inc. (BOC) is to certify athletic trainers and to identify for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. The BOC has been responsible for the certification of athletic trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers' Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly the BOC provides a certification program for the entry-level athletic trainer that confers the ATC® credential and establishes requirements for maintaining status as a certified athletic trainer, ATC® (to be known as “athletic trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for athletic trainers in the United States. Every five years the BOC must undergo review and re-accreditation by the National Commission for Certifying agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The BOC Standards of Professional Practice consists of two sections:
I. Practice Standards
II. Code of Professional Responsibility

I. Practice Standards

Preamble

The Practice Standards (Standards) establish essential practice expectations for all athletic trainers. Compliance with the Standards is mandatory.

The Standards are intended to:

- assist the public in understanding what to expect from an athletic trainer
- assist the athletic trainer in evaluating the quality of patient care
- assist the athletic trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:

- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every athletic trainer and applicant must agree to comply with the Standards at all times.

Standard 1: Direction

The athletic trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention

Revised: February, 2016
The athletic trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

**Standard 3: Immediate Care**

The athletic trainer provides standard immediate care procedures used in emergency situations, independent of setting.

**Standard 4: Clinical Evaluation and Diagnosis**

Prior to treatment, the athletic trainer assesses the patient’s level of function. The patient’s input is considered an integral part of the initial assessment. The athletic trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

**Standard 5: Treatment, Rehabilitation and Reconditioning**

In development of a treatment program, the athletic trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

**Standard 6: Program Discontinuation**

The athletic trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The athletic trainer, at the time of discontinuation, notes the final assessment of the patient’s status.

**Standard 7: Organization & Administration**

All services are documented in writing by the athletic trainer and are part of the patient’s permanent records. The athletic trainer accepts responsibility for recording details of the patient’s health status.

**II. 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 & Procedures* may be accessed via the BOC website, www.bocatc.org.

**Code 1: Patient Responsibility**

The BOC certified 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 BOC certified 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 BOC certified 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.

Revised: February, 2016
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 examinations, score reports, answer sheets, certificates, certificate 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 BOC certified 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 BOC certified athletic trainer or applicant:

5.1 Uses professional skills and knowledge to positively impact the community.

**Code 6: Business Practices**

The BOC certified athletic trainer or applicant:

6.1 Refrains from deceptive or fraudulent business practices.
A. Standards of Professional Practice — Revocation of Certification

The BOC may revoke or otherwise take action with regard to the application or certification of an individual in the case of:

1. Ineligibility for certification.
2. Irregularity in connection with any certification application or examination.
3. Unauthorized possession, use, access, or distribution of certification examinations, score reports, answer sheets, certificates, certificant or applicant files, documents or other material.
4. Material misrepresentation or fraud in any statement to the Board of Certification or in any statement to the public in connection with athletic training, including, but not limited to, statements made to assist the applicant, certificant, or another to apply for, obtain, or retain certification.
5. Negligence or malpractice in professional work, which includes, but is not limited to, the release of confidential medical information of athletes or others with whom the certificant or applicant has a professional relationship.
6. The conviction of, plea of guilty or plea of nolo contendere (no contest) to a felony or misdemeanor which is directly related to public health, athletic care, or education. This includes but is not limited to rape, sexual abuse of a child or athlete, 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 use of position of athletic trainer improperly to influence the outcome of score of an athletic contest or event or in connection with any gambling activity.
7. Not adhering to the eligibility requirements for certification candidacy or the continuing education requirements.
8. Not adhering to the Standards of Professional Practice.
9. Non-compliance with applicable local, state, and federal laws governing the practice of athletic training.
10. Not cooperating with BOC investigations into alleged illegal or unethical activities. This would include but is not limited to, not cooperating with appropriate committees by withholding information, not responding to requests for information in a timely fashion, or providing misleading information to a BOC committee or individual member.
11. Engaging in conduct that includes, but is not limited to, unauthorized use of the BOC name to endorse any products or services without proper authority, or exploitation of a patient for financial gain.

B. Disciplinary Committee and Panels

1. The BOC, by a majority vote, shall appoint three persons who are certified athletic trainers to the Professional Practice and Discipline Committee. When necessary, the BOC, by a majority vote, shall appoint three persons who are certified athletic trainers (i) a Hearing Panel, and/or (ii) an Appeals Panel, to consider alleged violations of any Application or Certification Standard set forth in Section I C (1)-(7) after review and decision by the Professional Practice and Discipline Committee. These Panels may be established as standing Panels. The Hearing and Appeals Panels shall be composed of three full-voting members and up to four non-voting (substitute) members.
2. A quorum of either the Committee or a Panel consists of three full-voting members, and Committee and Panel action shall be determined by a majority vote. Committee and Panel members may serve in only one capacity at a time. Committee and Panel members may not consider any matter that came before them prior to their service on the Committee or Panel. Committee and Panel members may not serve in any situation where their impartiality or the presence of actual or apparent conflict of interest might reasonably be questioned.
3. When a vacancy of a full-voting member occurs in any of the panels as a result of resignation, unavailability, or disqualification, the Executive Director of the BOC shall designate a full-voting member from the substitute members.

C. Review Process

Whenever the Executive Director receives allegations, which raise an issue under A (1)-(11), Standards of Professional Practice of the Profession, the Executive Director shall transmit such allegations to the Chair of the Professional Practice and Discipline Committee. If the Committee
determines that no good cause exists to question eligibility or compliance with the Standards of Professional Practice, no further action shall be taken. However, if the Committee determines by majority vote that good cause does exist, it shall direct the transmittal to the applicant or certificant by certified mail or tracked courier, return receipt requested, of a letter containing a statement of the factual allegations constituting the alleged violation and the disciplinary standard allegedly violated. The letter shall also include the following recitation of rights and procedures: (1) the applicant or certificant shall have fifteen (15) days in which to respond to the allegations, provide comments regarding appropriate sanctions, and request an oral hearing if he or she disputes the allegations; (2) sanctions may be imposed if the allegations are determined to be true by the Committee or a Disciplinary Panel, or if the applicant or certificant fails to submit a timely response; (3) the applicant or certificant will be deemed to consent to the imposition of sanctions by the Committee if he or she does not dispute the truthfulness of the allegations; (4) the applicant or certificant must appear in person if he or she requests a hearing; (5) the applicant or certificant may be represented by counsel at the hearing, may present evidence on his or her own behalf, and may examine or cross-examine any witness under oath.

D. Hearing

If an applicant or certificant disputes the allegations and requests a hearing:

0. The Chair shall: (a) forward the allegations and response of the applicant or certificant to the Hearing Panel; (b) schedule a hearing before the Hearing Panel after the request is received; (c) send by certified mail or tracked courier, return receipt requested, a Notice of Hearing to the applicant or certificant. The Notice of Hearing shall include a statement of the time and place of the hearing as selected by the Executive Director after consultation with the Chair of the Hearing Panel.

1. The Hearing Panel shall maintain an audiotaped or written transcript of the proceedings.

2. The BOC and the applicant or certificant may make opening statements, present documents and testimony, examine and cross-examine witnesses under oath, make closing statements, and present written briefs as schedule by the Hearing Panel.

3. The Hearing Panel shall determine all matters relating to the hearing. The hearing and related matters shall be determined on the record by majority vote. Formal rules of evidence shall not apply. Relevant evidence may be admitted. Disputed questions shall be determined by majority vote of the Panel.

E. Appeal

The applicant or certificant may appeal to the Appeals Panel a decision by the Hearing Panel regarding the truthfulness of the allegations and may appeal a decision by either the Committee or the Hearing Panel regarding the imposition of sanctions. An appeal must be filed within thirty (30) days of the applicant or certificant's receipt of the decision through the submission of a written appeals statement to the Executive Director of the BOC. The BOC may file a written response to the appeals statement of the applicant or certificant. The Appeals Panel shall render a decision on the record without oral hearing, although written briefing may be submitted.

F. Decision

The decisions of the Committee, Hearing, and Appeals Panels shall be rendered in writing. A decision by the Hearing or Appeals panels shall contain factual findings, conclusions of law, and any sanctions applied. It shall be transmitted to the applicant or certificant by certified mail or tracked courier, return receipt requested.

G. Sanctions

Sanctions for violation of any BOC Standard may include one or more of the following:

0. Denial or suspension of eligibility;
1. Revocation;
2. Non-renewal;
3. Censure;
4. Reprimand;
5. Suspension;
6. Training or other corrective action;
7. Delinquent status;
8. Reports; and Conditions relating to the above.

H. Emergency Procedure

Whenever the Committee determines that there is cause to believe that a threat of immediate and irreparable injury to the health of the public exists, the Committee shall forward the allegations to the Hearing Panel. The Hearing Panel shall hear the matter by immediate telephone or other expedited notice and hearing procedure. If the Hearing Panel determines that a threat of immediate and irreparable injury to the public exists, certification may be suspended for up to 60 days pending full hearing under the procedure described above.

I. Release of Information

The individual applicant or certificant authorizes the BOC and its agents to communicate any information relating to the BOC application and/or certification, to state and federal authorities, employers, other applicants and certificants, educational programs, and others by means of newsletter or otherwise.

J. Waiver and Release

The individual releases, discharges, and exonerates the BOC, its officers, directors, employees, committee members, agents, and any person furnishing documents, records, and other information relating to the individual's eligibility, certification, or recertification from any and all liability of any nature and kind, arising out of the furnishing or inspection of such documents, records, or other information, and any investigation, evaluation, and communication regarding the individual's eligibility, certification, or recertification, made by the BOC.

K. Submission of Information to the BOC

Persons concerned with possible violations of BOC Standards of Professional Practice shall identify the persons alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible with available documentation, in a written statement addressed to the Executive Director of the BOC. The statement should include the name, address, and telephone number of the person making the statement and others who may have knowledge or facts concerning the alleged violation.

To submit a complaint please log on to: /athtrainer/docs/SI-MR-TAB2-489.htm

• Overview

The BOC has established that all certified athletic trainers must obtain a predetermined amount of continuing education units (CEUs) within a three-(3) year reporting term. This predetermined amount of CEUs is prorated based on the individual's year of certification. Each individual is also required to submit proof of current Emergency Cardiac Care certification at least once during that three-(3) year term. Newly certified athletic trainers will be advised, when they receive their certification notice, of their continuing education requirement, as well as other information about the BOC's continuing education requirement.

The BOC has established the following certified status categories: ACTIVE, INACTIVE, SUSPENDED, VOLUNTARILY RESIGNED, DELINQUENT, and REVOKED.

• Certified Status Categories

Revised: February, 2016
A. Active Status Policies:

1. The minimum number of CEUs required by December 31, 2005, for certified athletic trainers who were certified by December 31, 2002 is 80 units; those certified during 2003 will be required to obtain 55 units; and those certified in 2004 will be required to obtain 25 units. Continuing education (recertification) requirements for athletic trainers certified in 2005 will begin with the 2006 – 2008 continuing education term. The BOC will provide all individuals who satisfy their continuing education requirements with an updated Certification Card. Emergency Cardiac Care certification must be current at the time the CEU reporting sheet is submitted.

2. Individuals should refer to the 2003-2005 BOC Continuing Education File Folder for specific guidelines and directions.

3. Failure to satisfy the BOC continuing education requirements can result in SUSPENSION or REVOCAITON of an individual's certification. The status of a certified athletic trainer who does not satisfy the continuing education requirements by the end of a continuing education term will be changed from ACTIVE to SUSPENDED. If, after six months of the date of suspension, the individual's continuing education requirement has not been met, his or her certification will be REVOKED.

4. Certified athletic trainers who are not NATA members will be assessed an annual certification fee. The NATA reimburses the BOC for its members who were certified by the BOC. Non-payment of this fee can result in a sanction by the BOC. The status of an individual who does not pay the annual certification fee will be changed to DELINQUENT. An individual whose status is listed as DELINQUENT after February 1 of each year will be changed to the classification of SUSPENDED. If, by June 1 of each year, the appropriate fee has not been submitted to the BOC, the certified athletic trainer's certification will be REVOKED.

5. A certified athletic trainer who has had his or her certification REVOKED must complete the entire entry-level certification process (satisfy current requirements and pass the entry-level certification examination) in order to regain ACTIVE status.

B. Inactive Policies

1. A certified athletic trainer who wishes to have his or her status changed from ACTIVE to INACTIVE must apply for this status with the BOC. A $25.00 non-refundable application fee must accompany each application submitted for approval.

2. ACTIVE is defined as a certified athletic trainer who has met all current certification requirements and has not applied for INACTIVE status with the BOC.

3. INACTIVE is defined as an individual who has applied and been approved for this status will have their certification be placed in this category. The BOC will notify the individual in writing when they have been approved.

4. State regulatory agencies are notified of changes in status. It is the responsibility of the INACTIVE Athletic trainer to apply for the inactive status annually.

5. Examples of those who might desire INACTIVE status are:
   a. an individual on active military duty or in the Peace Corps;
   b. an individual suffering from serious medical problems.

6. While classified as INACTIVE, the certified athletic trainer agrees not to do the following:
   a. Serve as a supervisor of students who are satisfying the athletic training requirements for certification eligibility.
   b. serve as a model or examiner for the BOC certification examination; or,
   c. represent him or herself to the public as a practicing certified athletic trainer or use the initials "ATC®" or "C.A.T.®" after his or her name.

7. If classified as INACTIVE for one full year, the athletic trainer's continuing education will be prorated as to not include the year(s) of inactivity. If a certified athletic trainer applies for inactive status and is granted the status he/she must remain inactive for 6 months before CEUs are prorated. Any individual requesting INACTIVE status after June 1 of the final year of a reporting period will not be granted prorated CEUs for that period. Should the athletic trainer remain on INACTIVE status for a full year from the date of application, CEUs will be prorated for the following period.

8. A certified athletic trainer who has been ACTIVE during any year of the reporting period must submit continuing education units to the BOC at the end of said reporting period.

9. It is the responsibility of the athletic trainer to contact the BOC annually to either re-activate their status or to apply for INACTIVE status for the upcoming year. Without notification otherwise, their status will be automatically changed back to ACTIVE.

10. Upon acceptance of their INACTIVE application, the certified athletic trainer will be advised of the number of prorated CEUs they will owe for the current reporting period.

Revised: February, 2016
11. A certified athletic trainer whose status is classified as INACTIVE for a total of three (3) years must attain a passing score on the written simulation section of the BOC certification exam in order to maintain his or her certified status. The BOC will review the accumulated time when reviewing the three year portion of the policy.

12. A certified athletic trainer who requests INACTIVE status for three (3) years and fails to take and pass the simulation section of the BOC certification examination will have his or her status changed to SUSPENDED. If the certified athletic trainer does not pass the simulation within one year of the date of SUSPENSION, his or her certification status will be revoked.

13. If an individual wishes to regain his or her certification status following certification revocation, he or she must satisfy the requirements in Section II of the BOC Credentialing Requirements.

C. Suspended

1. A certified athletic trainer who fails to satisfy the BOC continuing education requirements will be suspended. While suspended the athletic trainer cannot:
   a. serve as a supervisor of students who are satisfying the athletic training requirements for certification eligibility;
   b. serve as a model or examiner for the BOC certification examination; or
   c. represent him or herself to the public as a practicing certified athletic trainer or use the initials "ATC®" or "C.A.T®" after his or her name.

2. Regulatory agencies, the public, or employers who request to verify the status of an athletic trainer are only told that an athletic trainer who is suspended is not in good standing.

3. The BOC annually sends lists of athletic trainers not in good standing to state regulatory agencies who recognize the BOC credential for state licensing/registration purposes.

D. Voluntary Resigned Status Policies

1. A certified athletic trainer who wishes to voluntarily resign his or her certified status can do so. This status, RESIGNED, is for those who: (1) no longer wish to satisfy the continuing education requirements; (2) no longer wish to pay the BOC annual certification fee or pay the annual certified membership dues for the NATA; or (3) wish to permanently leave the profession of athletic training.

2. A certified athletic trainer who voluntarily resigns his or her certification and is therefore classified as RESIGNED, agrees not to do the following:
   a. serve as a supervisor of students who are satisfying the requirements for certification eligibility;
   b. serve as a model or examiner for the BOC certification examination; or
   c. represent him or herself to the public as a practicing certified athletic trainer or use the initials "ATC®" or "C.A.T®" after his or her name.

3. A certified athletic trainer who voluntarily resigns his or her certified status (BOC status RESIGNED) will be referred to as RETIRED* with the National Athletic Trainers’ Association (NATA) and other public information purposes.

   * Addendum: A certified athletic trainer that has resigned his/her certification may request retired membership status with NATA membership department. In order to be a retired status candidate a member must have 20 years or more of membership. The request to be changed to retired status must be in writing to the membership department of NATA.

4. An individual classified as RESIGNED who fails to adhere to the above stated conditions will be subject to the BOC Standards of Professional Practice and Disciplinary Process.

E. Audit Policy

The Continuing Education audit is a policy of BOC. Its purpose is to verify compliance with BOC continuing education requirements. Falsification of the continuing education report, or failure to comply with the documentation requirements may result in revocation of certification.

A random audit will occur at the completion of each continuing education reporting period. Certificants have 45 days to comply with the audit. Once audited, a certificant is removed from further audits for the same term.

All certificants are instructed to maintain their records for one year following the completion of a continuing education period.
Failure to Comply Within Timeframe


   [7] …Not adhering to the eligibility requirement for certification candidacy or recertification requirements and Standards of Professional Practice of the profession.

2. Letter of non-compliance with BOC requirements would be sent via procedures outlined in the Professional Practice & Disciplinary Process.

3. Professional Practice and Discipline Committee will follow the processes outlined and act on each case individually.

F. Suspension Policy

The Continuing Education audit is a policy of BOC. Its purpose is to verify compliance with BOC continuing education requirements. Falsification of the continuing education report, or failure to comply with the documentation requirements may result in revocation of certification.

A random audit will occur. Certificants have 45 days to comply with the audit. Once audited, a certificant is removed from further audits for the same term.

All certificants are instructed to maintain their records for one year following the completion of a continuing education term.

Failure to Comply Within Timeframe


   [7] …Not adhering to the eligibility requirement for certification candidacy or recertification requirements and Standards of Professional Practice of the profession.

2. Letter of non-compliance with BOC requirements would be sent via procedures outlined in Section 3 (III, B) of the Professional Practice & Disciplinary Process.

3. Professional Practice and Discipline Committee will follow the process outlined and act on each case individually.
By-laws will be established or amended by a simple majority approval of the members present at the meeting at which they are presented in writing. The secretary will maintain these by-laws.

1) An organization function will be defined as anything approved by a simple majority vote of the members present at an association meeting.

2) Any member who misses an association meeting or a function and who fails to turn in an excuse within the time period set forth in the by-laws and/or fails to pay the stipulated fine relating to said absence within two weeks of the time of fining, shall be eligible for consideration of revocation of member status. There should be a two week period between the time a member is informed that he/she is eligible for consideration, and the time that proceedings take place.

3) The fines of the organization will be as follows:
   a) Missing a business meeting without a written excuse: $1.00

4) Each member of the CMU ATSO must work at least one fundraiser a semester.
   a) The statement above is based on two fundraisers a semester
   b) Failure to meet this requirement will result in a $10.00 fine

5) Dues will be $15.00 for the first semester and $10.00 for the second semester. The dues must be paid by the third formal meeting, failure to pay at this point will result in removal from the CMU ATSO.

6) The CMU ATSO will have at least one sponsor each semester. The sponsor(s) will help assist the club members in any assistance needed within their program.
   a) The sponsor(s) shall be Certified Athletic Trainers within the CMU community

7) The Constitution and by-laws will be read aloud to all members during the first formal meeting each semester.
CENTRAL METHODIST UNIVERSITY SPORTS MEDICINE/STUDENT ATHLETIC TRAINING ASSOCIATION CONSTITUTION

Article I. The name of this student organization shall be called, Central Methodist University Athletic Training Student Organization (CMU ATSO).

Article II. Section 1. The purpose of this organization is to:
A. Achieve an interest in the sports medicine-athletic training profession at Central Methodist University.
B. Achieve a better working knowledge of athletic injuries by sharing ideas, goals, and experiences through meetings, clinics, and other casual events.

Article III. Section 1. In order to become a member of the CMU ATSO, you must:
A. Be a full time Student attending Central Methodist University
B. Be enrolled (as your major) in the athletic training program at CMU
C. Pay dues to the organization

Section 2. Membership of CMU ATSO shall be free from discrimination that is based on race, religion, national origin, disability, age, or sex.

Article IV. Section 1. Meetings shall be held in the athletic training classroom at 10:00am, every other Thursday.

Article V. Section 1. The elected officers of the organization will be: President, Vice President, Treasurer, Secretary, Public Relations Officer, Activities Coordinators
Section 2. Election of officers will be by a majority vote of active members present at the time of voting. At least 50% of active members must be present for an election to take place.
Section 3. The duties of the officer are as follows:
President: To call and preside over meetings and to appoint committees for all organizational functions. This individual will be a non-voting member of the executive council. President will be a liaison between the organization and school officials.
Vice President: To preside in temporary absence of the President, and take charge of elections. This individual will serve as a voting member of the executive committee.
Treasurer: To keep financial records of the organization, and of collect fees, fines, dues, and assessments and to deposit them into the organization’s bank account, and to pay them out by order of the organization. This individual will serve as a voting member of the executive committee.
Secretary: To keep all records of the organization up to date and record and type the minutes of meetings. This individual will serve as a voting member of the executive committee.
Public Relations Officer: Run the Facebook and Twitter accounts for ATSO. This individual will be in charge of getting the word out to members for meeting times, events, fundraising, etc.
Activities Coordinators: Two individuals will be elected as activities coordinators. They will be in charge of coordinating events such as fundraising, homecoming activities, etc.

Article VI.
Section 1. All officers will take office at the meeting proceeding the meeting at which they are elected.

Section 2. Upon early termination of the duties of any officer, a special election will be held for an active member to be elected to that office. These elections will take place within two weeks of the time of termination of that officer.

**Article VII**

Section 1. The executive committee will consist of these voting members: Vice President, Treasurer, Secretary, Alumni Secretary, and one newcomer in the CMU ATSO. The President will act as the non-voting chairman.

Section 2. The new comer of the CMU ATSO will be elected no longer than one week after the first formal meeting.

Section 3. The president shall call meetings of the executive committee whenever he/she deems necessary for emergency measures, but normally on some regular basis established by him/her. The executive committee will discuss any matter brought to it by any member of the organization. The executive committee will have the power to interpret the Constitution and by-laws of this organization.

**Article VIII**

Section 1. Any officer of this organization may be impeached through the following procedure:

A. A petition stating the reason why the officer should be impeached from his/her office, shall be signed by no less than one-third of the organization, and be submitted to the organization.

B. One week after submission of the petition to the organization, the matter will be brought before the organization for a mandatory vote. With a two-thirds majority vote of the organization, the officer will be impeached.

Section 2. The accused will have the right to be present at all proceedings concerning their impeachment.

A. At these proceedings the accused can voice their opinion on any issue(s) that have been brought up against them at any time during the impeachment process.

Section 3. The impeachment of any officer will have no effect on their standing within this organization.

**Article IX.**

Section 1. No amendment can be voted on until it has first been submitted to the organization in writing. One week after the submission to the organization, the amendment will be brought before the organization for a mandatory vote.

Section 2. Proposed amendments will become part of this constitution upon a three-fourths majority vote.

**Article X.**

Section 1. This organization will establish and propagate a set of by-laws.

Section 2. Any procedural matters of other rules not covered in this constitution may be placed in the by-laws.

Section 3. The by-laws will not in any way conflict with this constitution.

**Article XI.**

Section 1. This constitution will take effect immediately after it has been ratified by a three fourths majority vote of the organization.

Founding Date: December 15, 1998

Revised: February, 2016
Founding Members: James Lomax
Jennifer Pomajzl
Amy Rogers
Matthew Rowlett

Ratified: fall 2000
Amended: 1 May 2014

Revised: February, 2016
Rules of
Department of Insurance, Financial Institutions and Professional Registration
Division 2150—State Board of Registration for the Healing Arts
Chapter 6—Licensure of Athletic Trainers
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Division 2150—State Board of Registration for the Healing Arts
Chapter 6—Licensure of Athletic Trainers

20 CSR 2150-6.010 Definitions

PURPOSE: This rule defines terms used throughout this chapter.

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) As used in this rule, unless the context clearly requires otherwise, the following terms mean:
   (A) Academic year—a continuous nine- (9-)month session in an athletic trainer program;
   (B) Team physician or consulting physician—a person who is licensed as a physician and surgeon pursuant to Chapter 334, RSMo.
   (C) Basic athletic training course—curriculum involving the following didactic areas of education:
      1. Risk Management and Injury Prevention;
      2. Pathology of Injuries and Illnesses;
      3. Assessment and Evaluation;
      4. Acute Care of Injury and Illness;
      5. Pharmacology;
      6. Therapeutic Modalities;
      7. Therapeutic Exercise;
      8. General Medical Conditions and Disabilities;
      9. Nutritional Aspects of Injury and Referral;
     10. Psychosocial Intervention and Referral;
     11. Health Care Administration;
     12. Professional Development and Responsibilities;
     13. Human Anatomy;
     14. Biomechanics and Kinesiology; and
     15. Exercise Physiology;
   (D) Direct supervision—as defined by the National Athletic Trainers’ Association Board of Certification, Inc. or its successor agency between the athletic trainer licensed pursuant to Chapter 334, RSMo, and the prospective applicant;
   (E) Certified athletic trainer—an athletic trainer certified by the National Athletic Trainers’ Association Board of Certification, Inc. or its successor agency;
   (F) Educational quality equal—as defined in *Athletic Training Clinical Proficiencies*, 4th Edition, November 6, 2009, which is incorporated herein by reference as published by the National Athletic Trainers’ Association, Inc. or its successor agency, available upon request from this office or upon request from the National Athletic Trainers’ Association Board of Certification, Inc. 2952 Stemmons Freeway #200, Dallas, TX 75247 or its successor agency. This rule does not incorporate any subsequent amendments or additions;
   (G) Athletic trainer—any person who, in any manner, represents him/herself as an athletic trainer, or who uses in connection with his/her name the words or letters athletic trainer, trainer, registered athletic trainer, certified athletic trainer, licensed athletic trainer, A.T., A.T.C., C.A.T., A.T.L., L.A.T., ATC/L or any other letters, word abbreviations, or insignia indicating or implying that s/he is an athletic trainer; and
   (H) The phrase “Direction of the Team Physician and/or Consulting Physician” as used in section 334.702, RSMo, may be evidenced by the following:
      1. A functional protocol form, signed by a team physician and/or consulting physician.
      2. A written or verbal order from a team physician and/or consulting physician; and
      3. Written procedures of the setting in which the athletic trainer practices that have been approved by the team physician and/or consulting physician.


20 CSR 2150-6.020 Applicants for Licensure as Athletic Trainers

PURPOSE: This rule provides requirements to applicants desiring licensure in Missouri to practice as athletic trainers.

(1) The applicant is required to make application upon a form prescribed by the board.
(2) No application will be considered unless fully and completely made out on the specified form and properly attested.
(3) All applicants for licensure shall present, attached to the application, a recent photograph, not larger than three and one-half inches by five inches (3 1/2" × 5").

Revised: February, 2016
(4) The applicant shall show evidence of having passed the National Athletic Trainers’ Association Board of Certification, or its successor agency, examination by having the agency forward a transcript of the applicant’s scores directly to the board.


Chapter 6—Licensure of Athletic Trainers 20 CSR 2150-6


20 CSR 2150-6.030 Licensure by Reciprocity PURPOSE: This rule provides information to those applicants desiring registration by reciprocity.

(1) The board shall grant, without examination, licensure to any qualified nonresident athletic trainer holding a license or registration in another state if that other state recognizes licensees of Missouri in the same manner.

(2) All applicants are required to make application upon forms prescribed by the board.

(3) No application will be considered unless fully and completely made out on the specified form and properly attested.

(4) All applicants shall furnish, on a form prescribed by the board, verification of registration/licensure from every state, territory or country in which the applicant has ever been registered/licensed to practice as an athletic trainer.

(5) All applicants for reciprocity shall present, attached to the application, a recent photograph, not larger than three and one half inches by five inches (3 1/2" × 5").

(6) All applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, 3605 Missouri Boulevard, PO Box 4, Jefferson City, MO 65102.

(7) The board shall charge an appropriate fee which will be established by the board to each person applying for licensure by reciprocity as an athletic trainer. The fee shall be sent with the application and in the form of a bank draft, postal money order or express money order. (Personal checks will not be accepted.)


20 CSR 2150-6.040 Code of Ethics PURPOSE: This rule provides an ethical standard for persons licensed as athletic trainers to follow.

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The board and the Missouri Athletic Trainer Advisory Committee adopt and incorporate by reference the Code of Ethics, updated September 28, 2005, published by the National Athletic Trainers’ Association, Inc. (NATA), 2952 Stemmons Freeway, Dallas, TX 75247. A copy of the NATA’s Code of Ethics is retained at the office of the board and is available to any interested person, upon written request, at a cost not to exceed the actual cost of the reproduction. This rule does not incorporate any subsequent amendments or additions.


20 CSR 2150-6.050 Fees PURPOSE: This rule establishes the various fees which the State Board of Registration for the Healing Arts will charge pursuant to Chapter 334, RSMo. (1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Licensure Fee $100.00
(B) Renewal Fee $ 50.00
(C) Reinstatement Fee $ 10.00
(D) Endorsement Fee $ 25.00
(E) Returned Check Fee $ 25.00

(2) All fees are nonrefundable.

Revised: February, 2016

**20 CSR 2150-6.060 Renewal of Licensure**

**PURPOSE:** This rule provides information to athletic trainers regarding annual renewal of licensure.

(1) A license shall be renewed on or before the expiration of the license by attesting to the completed renewal application and submitting the fee to the board. The license fee shall be the appropriate fee established by the board.

(2) The board shall mail an application for renewal to each person licensed in this state at the last known mailing address. The failure to mail the application or the failure to receive it does not, however, relieve any person of the duty to renew and to pay the fee required nor provide exemption from the penalties provided for failure to renew.

(3) All licensees shall renew with the board on the application form furnished by the board before January 30 of the year in which such license is due for renewal.

(4) Renewal application forms postmarked by the post office January 31 or after will be considered delinquent, however, 30 fall on a Saturday, Sunday or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.


**20 CSR 2150-6.062 Late Registration and Reinstatement**

**PURPOSE:** This rule implements new rules regarding the process for late registration and reinstatement applications.

(1) Whenever a licensed athletic trainer fails to renew their license before the license expiration date, their application for renewal of license shall be denied unless it is accompanied by all fees required by statute and rule together with the renewal form provided by the board and made under oath. The renewal form shall include:

(A) All addresses where they have practiced and resided since the expiration of their last period of licensure;

(B) The nature of their practice since expiration;

(C) Whether, since expiration, any registration or license, or right of theirs to practice in any other state or country has been suspended or revoked;

(D) Whether they have been the subject of any disciplinary action by any licensing agency of any state or country or by any professional organization or society;

(E) Whether they have been charged or convicted of any crime in any court of any state or country;

(F) Whether they have been addicted to a drug habit or have been guilty of any unprofessional or dishonorable conduct as defined by section 334.100, RSMo; and

(G) All details pertaining to all those occurrences outlined in subsections (1)(C) through (1)(F).

(2) All applicants must provide, on the application form, a recent unmounted photograph, in size no larger than three and one-half inches by five inches (3 1/2" × 5").

(3) All applications shall be sent to the Missouri State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(4) All applicants shall submit the renewal fee along with the reinstatement fee established by the board. This fee shall be drawn on a United States bank made payable to the State Board of Registration for the Healing Arts.

(5) All applicants shall have verification of licensure, registration, and/or certification submitted from every state and/or country in which the applicants have ever held privileges to practice. This verification must be submitted directly from the licensing agency and include the type of license, registration, or certification, the issue and expiration date, and any professional organization or society.

(6) Applicants whose license has been revoked, suspended, or inactive for more than two (2) years shall submit any other documentation requested by the board necessary to verify that the licensee is competent to practice and is knowledgeable of current athletic training techniques, procedures, and treatments, as evidenced by continuing education hours, re-examination, or other applicable documentation acceptable and approved by the board pursuant to the provisions of section 334.100.6, RSMo.

(7) The board may require an applicant to make a personal appearance before the board and/or committee prior to rendering a final decision regarding license renewal/reinstatement.

(8) An applicant may withdraw their application for license any time prior to the board’s vote on the applicant’s candidacy for license renewal/reinstatement.


**20 CSR 2150-6.066 Reinstatement of an Inactive License**

**PURPOSE:** This rule provides the requirements athletic trainers must follow to request reinstatement of a license that has been inactive pursuant to SB 1182 of the 91st General Assembly (2002).

Revised: February, 2016
(1) All applicants shall make application for reinstatement of an inactive license upon a form prepared by the board.
(2) No application will be considered unless fully and completely made out on the specified form and properly attested.
(3) All applicants must provide, on the application form, a recent unmounted photograph, in size no larger than three and one-half inches by five inches (3 1/2" × 5").
(4) All applications shall be sent to the Missouri State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.
(5) All applicants for reinstatement of an inactive license must submit the licensure fee as specified in 20 CSR 2150-6.050. The fee shall be drawn on a United States bank made payable to the Missouri Board of Healing Arts.
(6) No application will be processed prior to the submission of the required fee in the appropriate form.
(7) All applicants must submit an activity statement documenting all employment, professional and nonprofessional activities since the date the license was placed on inactive status.
(8) All applicants shall have licensure, registration, or certification verification submitted from every state and country in which they have ever held privileges to practice as an athletic trainer. This verification must be submitted directly from the licensing agency and include the type of license, registration, or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.
(9) An applicant for reinstatement of an inactive license who has not actively practiced as an athletic trainer in another state or country throughout the period their Missouri license was inactive, shall submit upon request any documentation requested by the board necessary to verify that the applicant is competent to practice in Missouri. Such documentation may include continuing education, additional training, or applicable documentation acceptable to the board. If an applicant under this section has been in inactive status for more than five (5) years, the board may require the applicant to successfully complete reexamination prior to reinstatement.

**20 CSR 2150-6.070 Name and/or Address Changes**

PURPOSE: This rule outlines the requirements and procedures athletic trainers must adhere to in notifying the board of name and/or address changes.

(1) All individuals practicing as a licensed athletic trainer under licensure issued by the board shall ensure that his/her current licensure certificate bears the current legal name of that individual.
(2) A licensee whose name has changed since licensure was issued must submit a copy of the legal document verifying the name change to the board within fifteen (15) days of such change.
(3) Licensees must submit written notification of any address change, home or business, to the board within fifteen (15) days of such change.

**AUTHORITY: section 334.706, RSMo Supp. 2004.**


**20 CSR 2150-6.080 Missouri Athletic Trainer Advisory Committee**

PURPOSE: This rule establishes the per diem amount for members of the Missouri Athletic Trainer Advisory Committee pursuant to section 334.625, RSMo.

(1) Based on the authority granted by the legislature, there is hereby created a Missouri Athletic Trainer Advisory Committee to be composed of five (5) members to be appointed by the Missouri State Board of Registration for the Healing Arts.
(2) Each member of the committee shall receive as compensation the sum of fifty dollars ($50) for each day that member devotes to the affairs of the board.
(3) No request for the compensation provided in this rule shall be processed for payment unless sufficient funds are available for that purpose within the appropriations for this board.

**AUTHORITY: section 334.625, RSMo Supp. 2001.**