2016-2017
VSU Athletic Training Program
Policy and Procedure Manual

Section “A”
Academic Information

College of Nursing and Health Sciences
School of Health Sciences
Valdosta, GA 31698

This is a dynamic document that will be updated as needed on a continual basis.
Important Note:
Athletic Training Students are required to sign a “Student Responsibility Statement” at the beginning of each semester indicating that they have read, understand and will comply with the “Policy and Procedures Manual” provided by the Athletic Training Program (ATP).

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IMPORTANT WEBSITES:
College of Nursing and Health Sciences: http://www.valdosta.edu/colleges/nursing-and-health-sciences/
Commission on Accreditation of Athletic Training Education (CAATE): http://www.caate.net/
Board of Certification (BOC): http://bocate.org/
National Athletic Trainers’ Association (NATA): http://www.nata.org/
Georgia Athletic Trainers’ Association (GATA): http://gat3a.roundtablelive.org/
Southeast Athletic Trainers’ Association (SEATA): http://www.seata.org/
Georgia Board of Athletic Trainers: http://www.sos.ga.gov/plb/trainer/
INTRODUCTION

The VSU Athletic Training Program (ATP) Faculty and Staff pride themselves on developing specific personal characteristics in ATP students. These personal characteristics have become a cornerstone of the reputation of VSU ATP graduates. Specifically these characteristics include:

- loyalty
- punctuality
- dependability
- responsibility
- strong work ethic
- effective communication skills
- accountability
- compatible
- initiative
- enthusiasm
- proficient
- competent
- adaptability

Athletic Training is a wonderful profession through which you will develop relationships with fellow students, student-athletes, and staff, experience travel, grow personally and professionally, witness great feats of physical ability, experience loss, become an educator of athletes, parents, coaches, and the general public and so much more. The VSU Athletic Training Program (ATP) is nationally accredited by the Commission on the Accreditation of Athletic Training Education (CAATE) and recognized by the National Athletic Trainers’ Association (NATA). In 1990, VSU’s Athletic Training Education Program was the first accredited program in the state of Georgia and has over a decade long history of producing excellent athletic trainers. Remember that you chose sports medicine/athletic training as your major at VSU. With that in mind, remember that the VSU Faculty and Staff have over a combined 75 years of experience. The VSU ATP has over 200 alumni and an excellent and long standing reputation. The VSU Athletic Training Staff and Faculty have a passion and love for Athletic Training that we will share with you, in exchange; we ask that the athletic training student (ATS) strive for the following:

To remember you were selected to be part of this program
To everyday try your best to become a better athletic training student and PERSON
To ALWAYS remember that you represent yourself, your peers, the faculty, the VSU ATP alumni, and the profession of athletic training
To be an active participant in your clinical experience
To become a better decision maker using reasoning skills
To enjoy the journey to becoming an AT

BACHELOR OF SCIENCE IN ATHLETIC TRAINING (B.S.A.T) DEGREE

The Athletic Training program is accredited by the Commission on the Accreditation of Athletic Training Education (CAATE). The Accreditation Standards are the minimum standards of quality used in accrediting educational programs that prepare individuals to enter the athletic training profession. These Standards can be obtained through the Program Director. The extent to which a program complies with these standards determines its accreditation status. The American Academy of Family Physicians, The American Academy of Pediatrics, the American Orthopedic Society for Sports medicine, the Commission on Accreditation of Allied Health Education Programs, and the National Athletic Trainers’ Association (NATA), cooperate to establish, maintain, and promote appropriate standards of quality for educational programs in Athletic Training and to provide recognition for educational programs that meet or exceed the minimum standards.
**Description of the Profession:** An athletic trainer is a qualified health care professional educated and experienced in the management of health care problems associated with physical activity. In cooperation with physicians and other health care personnel, the athletic trainer functions as an integral member of the health care team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics, and other health care settings. The athletic trainer functions in cooperation with medical personnel, athletic personnel, individuals involved in physical activity, parents, and guardians in the development and coordination of efficient and responsive athletic health care delivery systems. (CAATE)

**Professional Preparation:** The athletic trainer’s professional preparation is directed toward the development of specified competencies in the following domains: risk management and injury prevention, pathology of injuries and illnesses, assessment and evaluation, acute care of injury and illness, pharmacology, therapeutic modalities, therapeutic exercise, general medical conditions and disabilities, nutritional aspects of injury and illness, psychosocial intervention and referral, health care administration, professional development and responsibilities. Through a combination of formal classroom instruction and clinical experience, the athletic trainer is prepared to apply a wide variety of specific health care skills and knowledge within each of the domains.

**Program Mission:** To develop critical thinking athletic training professionals capable of meeting diverse regional, national, and emerging international opportunities; athletic training professionals who recognize the importance of continuing education, possess mastery level skills, and demonstrate problem solving capacity.

**Program Goals (Selected Educational Outcomes):**
The athletic training student will possess knowledge, skills, and values, as well as demonstrate competency and proficiency in the following areas:

1. Evidence-Based Practice (EBP): to incorporate the best available evidence, a clinician’s skills, and the needs of the patient to maximize patient outcomes.
2. Prevention and Health Promotion (PHP): to develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients’/patients’ overall health and quality of life.
3. Clinical Examination and Diagnosis (CE): to possess strong examination skills in order to accurately diagnose and effectively treat patients.
4. Acute Care of Injuries and Illnesses: to be knowledgeable and skilled in the evaluation and immediate management of acute injuries and illnesses.
5. Therapeutic Interventions (TI): to enhance function by identifying, remediating, and preventing impairments and activity restrictions to maximize participation; to conduct rehabilitation in a wide variety of settings on a wide range of patients.
6. Psychosocial Strategies and Referral (PS): to recognize clients/patients exhibiting abnormal social, emotional, and mental behaviors and have the ability to refer these individuals as necessary.
7. Healthcare Administration (HA): to understand risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management.
8. Professional Development and Responsibility (PD): to embrace the need to practice within the limits of state and national regulations using moral and ethical judgment, as well as work collaboratively with other healthcare providers and refer clients/patients when such referral is warranted.
9. Clinical Integration Proficiencies (CIP): to represent the synthesis and integration of knowledge, skills, and clinical decision-making into actual client/patient care.

Various assessment techniques are used in the athletic training program to determine the progress of students and to determine if the curriculum is providing appropriate professional preparation.

- Upon graduation from the program, the student is eligible to take the Board of Certification (BOC), certification examination.
ATHLETIC TRAINING PROGRAM ADMISSIONS REQUIREMENTS

Students declare the major in athletic training as enrolling freshmen and begin the application process to the program during the fall semester of their freshman year. The admissions process requires two semesters. Admission to the program is limited by the number of available clinical positions. Applicants will be accepted each year according to the criteria listed below.

1. Overall grade point average
A student must have a 2.75 overall grade point average (includes transferred coursework) after the completion of all prerequisite/application required coursework.

2. Course work
   a. Completion of 24 semester hours
   b. A grade of “C” or better in HSAT 2050, HSAT 3430, and HSAT 4300

3. Directed Observation
   a. Rotations at various clinical education facilities fall and spring semester (number of rotations indicated in the syllabi for HSAT 2050 and HSAT 3430)
   b. Skills test

4. Interview (spring semester)

5. Favorable recommendations from three non-familial sources

6. Completion of required admissions paperwork, to include criminal background check (as a part of HSAT 2050 and HSAT 3430)

7. Ability to provide own transportation to clinical education sites

8. Official Transcript

9. Hepatitis B vaccine inoculation or signed waiver

10. Documentation of required immunizations

11. Attendance at specified OSHA training and adherence to OSHA regulations

12. Ability to meet the published technical standards of the program

Disclaimer: Fulfillment of the eligibility requirements does not guarantee admission to the program.

ATHLETIC TRAINING PROGRAM RETENTION REQUIREMENTS

1. Students must have the following in order to participate in academic and/or clinical components of the program:
   a. Maintained an overall minimum GPA of 2.75. Students whose overall GPA falls below 2.75 will be placed on probation for one semester meaning that the student would not be able to participate in the clinical education portion of the academic program.
   b. Obtained the student liability insurance annually.
   c. Obtained the Hepatitis B Vaccine inoculation or signed waiver.
   d. Completed a pre-participation physical and passed annually.
   e. Attended OSHA training and abide by all OSHA regulations.
   f. Able to meet the published technical standards of the program.

2. Students will be dismissed for any of the following reasons:
   a. Overall GPA falling below 2.75 and inability to achieve this requirement after one semester of probation.
   b. Overall GPA falling below 2.75 a second time (once accepted into the program).
   c. Receiving two final course grades below a "C" in any major courses.
   d. Any violation provided in the program's policy and procedure manuals that result in dismissal.

3. Technical Standards
   The VSU Athletic Training Program has specific technical standards that must be mastered prior to admission into the program. The Standards can be found on the Athletic Training Program website:
   http://www.valdosta.edu/colleges/nursing-and-health-sciences/

ATHLETIC TRAINING PROGRAM TRANSFER POLICY

Students transferring to Valdosta State University must complete the same requirements as a student entering the University as a freshman (new student). Transferable core courses are left to the discretion of the VSU Office of the Registrar. Only athletic training classes taken within the VSU ATP (to include HSAT 2050 in area F) will count towards fulfillment of the academic requirements. Course competencies and proficiencies must be instructed and evaluated by an Approved Preceptor within the VSU ATP to count towards fulfillment of academic requirements and to allow eligibility to sit for the Board of Certification (BOC) exam.
ATHLETIC TRAINING PROGRAM REAPPLICATION REQUIREMENTS
Fall 2016 will be the last semester for students to begin the admissions process. Students seeking admission to the program must matriculate through the program and graduate in spring 2020. Any deviation from the curriculum will result in the student being required to change his or her major. Because fall 2016 is the last semester to begin the admissions process, reapplication is not possible.

ATHLETIC TRAINING PROGRAM ACADEMIC ASSISTANCE POLICY
Students that do not successfully complete athletic training program courses with a grade of “C” or better will be required to attend academic assistance sessions with the ATP faculty throughout the following semester. The faculty will provide the student with an academic assistance sessions schedule. The academic assistance sessions may be comprised of a didactic and clinical education component. Students are required to complete all of the components of the academic assistance sessions designed by the faculty.

Students that wish to attend academic assistance sessions throughout the semester to aid in improving their academic performance will be required to meet with the course instructor initially. The course instructor may advise the student to participate in academic assistance sessions (This would be voluntary for the student). The academic assistance sessions schedule for these students will be at the discretion of the ATP faculty. Failure to attend a scheduled academic assistance session may result in the student no longer being eligible to schedule other academic assistance sessions.

Students that score below 80% on an exam or assignment should schedule a meeting with the course instructor within 24 hours of the student receiving the grade via electronic grade notification (i.e. BlazeView) or in-class grade notification. The purpose of the meeting is to provide an opportunity for the student to better himself/herself academically and/or clinically.

ATHLETIC TRAINING PROGRAM CLINICAL EXPERIENCE/COMPONENT REQUIREMENTS
In addition to the didactic requirements of the ATP, the following items are required by the student for successful completion of the Clinical Education Experience/Component as part of the Valdosta State University Athletic Training Program.
1. Students must follow all policies and procedures provided in the academic and clinical portion of the program’s policy and procedures manual.
2. Students must maintain an overall GPA of 2.75 or higher in order to participate in the clinical education experience/component.
3. Students must log their hours in via the mechanism indicated by the program’s clinical education coordinators.
4. Students are required to participate in the clinical education experience/component of the course throughout the entire semester. You will be provided with a schedule for the semester/throughout the semester that due to the nature of the clinical education setting may change. Students are expected to complete the scheduled clinical education experiences/components as assigned by the Preceptor. Students should not miss more than five clinical experience/component days. Students that miss a clinical experience/component day should follow the procedures listed in the policy and procedure manual regarding attendance in the clinical education experience/component of the class. Missing more than five days (extenuating circumstances would need to be discussed with the Program Director and Clinical Education Coordinator) could result in an “F” for the course. Failure to participate in the in the clinical education experience/component of the course throughout the entire semester will result in the student receiving an “F” for the course, regardless of what the assessment results are for the graded portions of the course.
6. Students are required to complete all course activities, course assignments, and course activities, as well as the assessment components that must be completed, along with a “Completion of Clinical Education Experience” form that must be signed by the course instructor and/or Preceptor. Documentation of this might be a part of the “End of Semester” evaluation form.
7. The student’s clinical education experience/component will take place in the following courses:
   - HSAT 3440 (Clinical Competencies I)
   - HSAT 3441 (Clinical Competencies II)
   - HSAT 4440 (Clinical Competencies III)
   - HSAT 4441 (Clinical Competencies IV)
   - HSAT 4442 (Clinical Competencies V)
   - HSAT 4443 (Clinical Competencies VI)
8. Students must complete and sign the ATS Evaluation of Preceptor and Site each semester.
9. The Preceptor must complete and sign the Preceptor Evaluation of ATS each semester.
10. Completion of these criteria may/will result in the student progressing to the next clinical education experience/component.
*Refer to Section B: “Clinical Education Information” in the Policy and Procedure Manual for more specific information.

ATHLETIC TRAINING PROGRAM COSTS / EXPENSES

1. Student Professional Liability Insurance (required annually): approximate cost $20
2. Criminal Background, Immunization, Drug Tests, uploaded copy of CPR/AED Professional Rescue/Oxygen certification (via PreCheck and/or Immunization Tracker): approximately $125 (must be completed by deadline provided by Program Director) (Note: The estimated price listed is a possible expense. Sufficient notice will be given if the student is required to pay.)
3. HSAT 2050 lab fee (required for lab material during the course): approximate cost $40 (Note: This cost is a separate cost that is paid directly to the VSU Bursary by the student by the date provided in the HSAT 2050 syllabus)
4. Clothing (required; total cost dependent on number of items purchased) (Students do not have to purchase all items.)
   Items required for clinical education sites typically include Gray clinical T-shirts, a Game shirt, and Black shorts.
   - Gray clinical T-shirt (approximately $7 each)
   - Game shirt (approximately $26 each)
   - Black Shorts (approximately $11 and $16 each)
   - Long sleeve shirt (approximately $9 each)
   - Note: the student must purchase new clothing items if current clothing appears unprofessional (i.e. stains, tears, etc.)
5. Textbook / Technology Resource cost: dependent on course textbook requirements and technology resource costs (up to approximately $155 per year for technology resource cost) (information should be available via Banner, emailed information to student, and/or course syllabus) (Technology Resource/software for clinical education courses is required)
6. CPR/AED Professional Rescue (CPRO) / Oxygen certification obtained through an organization approved by the BOC: (required upon admission and then before certification expires) (must provide a signed scanned copy of the front and back of the card to the Program Director by the deadline provided by the Program Director: Student is responsible for initial and recertification expense. (cost determined by certification agency)
7. Travel to clinical education experience sites: gas, basic car maintenance (required and dependent upon location of preceptor to whom a student is assigned) (Distance for clinical education sites could be up to 100 miles round trip from VSU.)
8. Miscellaneous clothing cost: dress casual, dress shirts, dress pants, coat, tie, dresses, dress shoes are required for certain aspects of the program. (i.e. dress attire for student presentations, dress attire for guest speakers, dress attire for conferences, dress attire for interviews, dress attire for certain clinical education experience rotations, etc.).
9. Tuition/Housing/Meals/etc.: dependent on individual student options
10. NATA student membership (not required): approximate cost $100
11. Miscellaneous Clinical Education Experience costs: site specific costs (i.e. blood work, updated criminal background check, immunization titer, etc.) The student will be notified that the expense is required pending clinical education assignment.
12. Items above involve approximate costs. Additional costs may be required. The ATP will inform the student as soon as possible regarding unforeseen expenses related to the program.
The Athletic Training Program (ATP) at Valdosta State University is a rigorous and intense program that places specific requirements and demands on the student 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 ATP 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 ATP. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodations, the student will not be allowed to continue in the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for the Board of Certification (BOC) exam.

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

Candidates for selection to the ATP will be required to verify they understand and meet these technical standards, with or without reasonable accommodations. The Access Office for Students with Disabilities at Valdosta State University will evaluate a student who states he/she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. If a student states he/she can meet the technical standards with reasonable accommodations; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the ATP process of the student or the institution, including all coursework, clinical experiences, practicums, and internships deemed essential to graduation.

**WITHOUT Accommodation:** 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 the standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the ATP and/or be allowed to continue in the ATP.

(Print Name of Applicant) (Signature of Applicant) (Date)

**WITH Accommodation:** 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 can meet each of these standards with certain accommodations. I will contact the Access Office for Students with Disabilities at Valdosta State University 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 ATP and/or be allowed to continue in the ATP.

(Print Name of Applicant) (Signature of Applicant) (Date)
Valdosta State University is committed to maintaining a fair and respectful environment for living, working and studying. To that end, and in accordance with federal and state law, Board of Regents’ policy, and University policy, the University prohibits any member of the faculty, staff, administration, or student body from harassing any other member of the University community because of that person’s gender.

DEFINITION - SEXUAL HARASSMENT
Pursuant to Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972, "sexual harassment" is defined as: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when:
1. Submission to such conduct is made either implicitly or explicitly a term or condition of an individual's employment or status in a course, program or activity; 2. Submission or rejection of such conduct by an individual is used as the basis for employment or educational decisions affecting such individual; or 3. Such conduct has the purpose or effect of interfering with the individual's work or educational performance; of creating an intimidating, hostile, or offensive working and/or learning environment; or of interfering with one's ability to participate in or benefit from an educational program or activity.

Examples of sexual harassment may include, but are not limited to the following:
1. Physical Assault.
2. Direct or implied threats that submission to sexual advances will be a condition of employment, work status, compensation, promotion, grades, or letters of recommendation.
3. Sexual advances, physical or implied, or direct propositions of a sexual nature. This activity may include inappropriate/unnecessary touching or rubbing against another, sexually suggestive or degrading jokes or comments, remarks of a sexual nature about one's clothing and/or body, preferential treatment in exchange for sexual activity, and the inappropriate display of sexually explicit pictures, text, printed materials, or objects that do not serve an academic purpose.
4. A pattern of conduct, which can be subtle in nature that has sexual overtones and is intended to create or has the effect of creating discomfort and/or that, humiliates another.
5. Remarks speculating about a person's sexual activities or sexual history, or remarks about one's own sexual activities or sexual history that does not serve a medical or academic purpose.

Sexual harassment can occur regardless of the relationship, position or respective sex of the parties. Same sex harassment violates this policy as does harassment by a student of a faculty member or a subordinate employee of his/her supervisor. If a student feels that he/she is being harassed, the Athletic Training Program recommends that the student follow the Valdosta State University Anti-Harassment Policy. The policy can be found on VSU website. Information and guidance can be found through the Valdosta State University Office of Social Equity.

ATHLETIC TRAINING PROGRAM UNIVERSITY ASSISTANCE PROGRAMS

STUDENT AFFAIRS: www.valdosta.edu/studentaffairs/
Departmental Areas: Cooperative Education, Counseling Center, Alcohol and Other Drug Education, Student Conduct, Financial Aid, Housing and Residence Life, Health Promotion, Access Office, Orientation and Student Leadership, Career Opportunities, Student Life, Campus Recreation, Testing, Parent Programs, and Student Publication.
Access Office (location – Farber Hall): www.valdosta.edu/access
The mission of the Access Office is to create an accessible, inclusive, sustainable learning environment, in which disability is recognized as an aspect of diversity that is integral to the campus community and to society. Some examples of the services available to eliminate barriers include classroom and testing accommodations, materials in alternate formats, and access to adaptive technology.
Counseling Center (location – Powell Hall East, 2nd floor; phone: 229-333-5940):
The Counseling Center provides a broad range of mental health services to the university community aimed at maximizing the personal growth and development of its members. These services are free of charge.
Office of Alcohol and Other Drug Education (location – Powell Hall East, 1st floor; phone 229-259-5111):
The Office of Alcohol and Other Drug Education is dedicated to taking a pro-active approach in addressing the issue of substance use/abuse among the VSU community and its potential impact on academic, professional, and social development.
STUDENT HEALTH CENTER (phone 229-333-5886; appointments 229-219-3200):
The Student Health Center is a department within the Division of Auxiliary Services. Services are available to all currently enrolled full-time students who are taking four, or more, semester hours and who have paid the health fee.

**ACADEMIC AFFAIRS:** [www.valdosta.edu](http://www.valdosta.edu)

**Academic Advising:** [www.valdosta.edu/it/eas/sis](http://www.valdosta.edu/it/eas/sis) (log in, click on “Student and Financial Aid,” and then on “Student Information.”)

Registration, Withdrawal from Courses Policy, Change in Major Program, Absence Regulations, Auditing Classes, Final Examinations, Grading Systems, Academic Renewal Policy, Academic Probation and Suspension, Student Records, Transient Student Enrollment, Academic Dishonesty: (Refer to Undergraduate Catalog or visit VSU website.)

**APPEALS AND GRIEVANCES:** [www.valdosta.edu](http://www.valdosta.edu) (The student will refer to University and/or College of Nursing and Health Sciences policy.)

*For additional University information and assistance programs see the Undergraduate Catalog or visit [www.valdosta.edu](http://www.valdosta.edu).*

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**ATHLETIC TRAINING PROGRAM ADMISIONS RELATED INFORMATION**

**Requirements as a part of HSAT 2050 and the Directed Observation component:** (additional information provided in HSAT 2050 course syllabus)

- There will be one class period (HSAT 2050) in which a mandatory OSHA Standards and CDC Precautions in-service will be taught. The in-service will be offered once. Students must attend the in-service or they CANNOT begin the “Directed Observation” portion of the admissions process (as per accreditation standard). (OSHA information is available in the academic and/or clinical section of the policy and procedure manual online)
- Signed Student Responsibility Statement.
- Signed Confidentiality Statement Form.
- Signed Release and Waiver of Liability Form.
- Requirements as stated in the Directed Observation and Course Information Booklet and Policy and Procedure Manual

**Directed Observation (as a part of HSAT 2050)**

- Directed observation will usually consist of 2 to 4 students at each site.
- Directed observation students will be informed on which settings they will be placed.
- Directed observation students must be at each setting for the entire length of assigned experience.
- Directed observations students will report to a specific person (indicated by the Program Director) at each site.
- Directed observation students must be aware of the policy and procedure manual (via a signed “Responsibility Statement”) and must be aware the policies and procedures will be enforced.
- Number of rotations (see HSAT 2050 syllabus)
- The contact person will have a form that they will complete regarding your directed observation experience.
- Students should arrive on time and check in with the supervising AT or designated contact person. If you are late, you may be dismissed from observation for the day. **Learn this motto: To be early is to be on time. To be on time is to be late. To be late is unacceptable.**
- There is not to be any horseplay, visiting, loitering, swearing, or shouting in the athletic training room. The athletic training room is not a lounge.
- Students observing in the athletic training room should bring minimal items due to space limitations.
- No one is allowed to use the phone or computer in the athletic training room for personal reasons without permission. Failure to comply with this rule/regulation will result in dismissal from observation for the day.
- Cell phones must be in the non-ring mode. Non-emergent calls are not permitted. Failure to comply with this rule/regulation will result in dismissal from observation for the day.
- Nothing will be taken from the athletic training room. If you take something from the athletic training room that does not belong to you, you will be dismissed from observation for a length of time deemed appropriate (suspension from observation could result).
- Social discussions with athletes during observation should not occur. You are observing as part of a class and as part of the admissions criteria. If social discussions occur, you will be dismissed from observation for the day.
- If you are unable to attend a scheduled observation time for any reason, you must contact the ATP Program Director as soon as possible via phone 229-333-5354 or email at econner@valdosta.edu
• If the supervising AT or any other faculty member, including graduate assistants feels that your appearance or behavior is unprofessional in any way, they have the right to dismiss you from observation for the day.
• Being dismissed from an observation experience or missing an observation experience indicates your inability to follow policy and procedures of the VSU ATP. Remember that according to the HSAT 2050 syllabus, you only have a certain number of directed observation experience opportunities. Missing an experience or being dismissed from an experience is unacceptable and due to the limited number of observation experiences, a make-up date may not be available. Refer to the HSAT 2050 syllabus for specific information.
• Other basic athletic training room rules and regulations applicable to observation can be found in the clinical education portion of the policy and procedure manual and/or will be made available to you as part of HSAT 2050.
• For eligible students, additional Directed Observation will be required in the spring as part of HSAT 3430.
• Refer to Section B: “Clinical Education Information” in the Policy and Procedure Manual for more specific information.

Guidelines on Dress and Appearance
• See Guidelines on Dress and Appearance in the Clinical Education portion of the policy and procedure manual

Successful Interview
• A formal interview with the ATP faculty/staff will take place during the last week of March (approximately).
• Interview location TBA.

Favorable Recommendations
• Three letters of recommendation are required (non-familial). (as a part of HSAT 3430)
• Letters of recommendation must be typed, signed, and sealed in an envelope by the recommending individual. Must be included in packet as per HSAT 3430 syllabus.
• Fax, handwritten, and emailed letters of recommendation WILL NOT be accepted.

Calculation Percentages
• Observation/Skills Test – 10%  Interview – 45%  Overall GPA – 45%

Required Forms
• As per HSAT 2050 and HSAT 3430 syllabi

ATHLETIC TRAINING PROGRAM LETTER OF ADMISSION ACCEPTANCE / NON-ACCEPTANCE
Letters of admission acceptance and non-acceptance will be distributed via email (valdosta.edu) to each student that completed the admissions process. Admission acceptance letters will be emailed to students within one week of final grades being turned into the Registrar’s Office. Admission acceptance letters will provide students with detailed information regarding the next steps required of them. Admission non-acceptance letters will be emailed to students within one week of final grades being turned into the Registrar’s Office. Admission non-acceptance letters will provide students with detailed information regarding the next steps required of them.
ATHLETIC TRAINING PROGRAM
SUGGESTED COURSE PROGRESSION AND CLINICAL EDUCATION ROTATIONS

NOTE: In order to complete the program in four years, these courses should be taken and passed with a “C” or above when the student is advised to take the class. Failure to take and pass the courses will require the student to change their major. No mechanism exists nor will one be constructed that will allow a student to take classes out of the required sequence.

VSU ATP Four-Year Academic / Clinical Education Progression

<table>
<thead>
<tr>
<th>Freshman Fall 2016 (admissions process)</th>
<th>Freshman Spring 2017 (admissions process)</th>
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<tbody>
<tr>
<td>HSAT 2050 – Introduction to Athletic Training – 2hr</td>
<td>HSAT 3430 – Kinesiology – 3hr</td>
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<tr>
<td>Core Courses</td>
<td>HSAT 4300 – Care and Prevention – 4hr</td>
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<tr>
<td>(12 – 15 credit hours)</td>
<td>Core Courses (12 – 15 credit hours)</td>
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<thead>
<tr>
<th>Sophomore Fall 2017 (admitted into program)</th>
<th>Sophomore Spring 2018</th>
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<tbody>
<tr>
<td>HSAT 4360 – Evaluation of Head, Neck and Trunk – 4hr</td>
<td>HSAT 4491 – Procedures and Protocols in AT – 3hr</td>
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<td>HSAT 4490 – Rehabilitation Techniques in AT – 4hr</td>
<td>HSAT 4350 – Evaluation of Extremities – 4hr</td>
</tr>
<tr>
<td>HSAT 3440 – Clinical I – 2hr</td>
<td>HSAT 3441 – Clinical II – 2hr</td>
</tr>
<tr>
<td>Core Courses</td>
<td>Core Courses</td>
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<tr>
<td>(12 – 15 credit hours)</td>
<td>(12 – 15 credit hours)</td>
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<thead>
<tr>
<th>Junior Fall 2018</th>
<th>Junior Spring 2019</th>
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<tbody>
<tr>
<td>HSAT 4450 – Sports Related Illnesses – 3hr</td>
<td>HSAT 3020 – Assessments in Athletic Training – 3hr</td>
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<tr>
<td>HSAT 4600 – Psychosocial and Ethics – 3hr</td>
<td>HSAT 4400 – Modalities and Pharmacology – 4hr</td>
</tr>
<tr>
<td>HSAT 4440 – Clinical III – 2hr</td>
<td>HSAT 4441 – Clinical IV – 2hr</td>
</tr>
<tr>
<td>Core Courses</td>
<td>Core Courses</td>
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<tr>
<td>(12 – 15 credit hours)</td>
<td>(12 – 15 credit hours)</td>
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<table>
<thead>
<tr>
<th>Senior Fall 2019</th>
<th>Senior Spring 2020</th>
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<tr>
<td>HSAT 3200 – Nutrition – 3hr</td>
<td>HSAT 4700 – Professional Prep – 2hr</td>
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<tr>
<td>HSAT 4250 – Organization and Administration – 3hr</td>
<td>HSAT 4443 – Clinical VI – 2hr</td>
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<tr>
<td>HSAT 4442 – Clinical V – 2hr</td>
<td>HSAT 3420 – Exercise Physiology – 3hr</td>
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<tr>
<td>Core Courses</td>
<td>HSAT 3500 – Athletic Training Special Topics – 2hr</td>
</tr>
<tr>
<td>(12 – 15 credit hours)</td>
<td>Core Courses (12 – 15 credit hours)</td>
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</tbody>
</table>

*Note: Once a course listed above has been offered, the course will not be offered again.*
Curriculum Requirements for the Bachelor of Science in Athletic Training (B.S.A.T.) Degree

REQUIREMENT FOR THE (B.S.A.T.) DEGREE IN ATHLETIC TRAINING

Core Areas A-E .................................................................................................................. 42 hours

Area A Essential Skills .................................................................................................... 9 semester hours

ENGL 1101 or ENGL 1101H ............................................ 3 hours
ENGL 1102 or ENGL 1102H ......................................... 3 hours
One of the following ...................................................... 3 hours
MATH 1101... 3 hours MATH 1111... 3 hours
MATH 1113 or MATH 1113H ... 3 hours
MATH 2261 or MATH 2261H ... 4 hours MATH 2262 ... 4 hours

Area B Institutional Options (Perspectives) ................................................................. 4 semester hours
Two different courses required, each from a different areas of the Perspectives; all courses carry 2 semester credit hours.
1. Perspectives on Ethics/Values
2. Perspectives on Tradition and Change
3. Perspectives on Human Expression
4. Perspectives on the Environment/Physical World
5. Perspectives on Race/Gender
6. Perspectives on Cross-Cultural Understanding/Expression
7. Perspectives on the World of Work

Area C Humanities / Fine Arts ..................................................................................... 6 semester hours

One required course from the following ......................................................... 3 hours
ENGL 2111 or ENGL 2112H, ENGL 2113 or ENGL 2114,

One required course from the following ......................................................... 3 hours
ART 1100 or ART 1100H, COMM 1100, COMM 1110, DANCL 1500, MUSC 1100, MUSC 1110, MUSC 1120,
MDIA 2000, THEA 1100, PHIL 1010 or PHIL 1010H, PHIL 1020 or PHIL 1020H, REL 1020, WMST 2010, ENGL 2110 or ENGL
2110H, ENGL 2120 or ENGL 2120H, ENGL 2130 or ENGL 2130H, ENGL 2140, FREN 1001, FREN 1002, FREN 1111, FREN

Area D Science, Mathematics, and Technology ............................................................. 11 semester hours

Area D.1
Any two courses from the following ......................................................... 8 hours
ASTR 1010K, ASTR 1020K, BIOL 1010/1020L, BIOL 1030/1040L, BIOL 1951H, BIOL 1952H, CHEM 1010, CHEM 1151K,
CHEM 1152K, CHEM 1211K, CHEM 1212K, GEOG 1112K, GEOG 1113K, GEOG 1121K, GEOG 1122K, PHYS 1111K, PHYS
1112K, PHYS 2211K, PHYS 2212K

Any one course from the following ............................................................. 3 hours
*ASTR 1000, BIOL 1050, BIOL 1060, BIOL 1070, BIOL 1080, BIOL 1090, ENGR 1010, *GEOG 1110, *GEOG 1110, MATH 1112,
MATH 1261, MATH 2620, MATH 2261, MATH 2262, PHSC 1100

* Students are strongly encouraged to take MATH 2620 (Statistical Methods) from the above 3 hour section
* Check course restrictions in the course descriptions.

Area D.2 and D.3 see bulletin

Area E Social Sciences .................................................................................................... 12 semester hours

POLS 1101 or POLS 1101H .................................................. 3 hours

One required course from the following ......................................................... 3 hours
HIST 2111 or HIST 2111H, HIST 2112 or HIST 2112H

Any two courses from the following ............................................................. 6 hours
AFAM 2020/WMST 2020, ANTH 1102 or ANTH 1102H, ECON 1500, ECON 1900H, GEOG 1100, GEOG 1101, GEOG 1102,
GEOG 1103, HIST 1011 or HIST 1101H, HIST 1012 or HIST 1012H, HIST 1013 or HIST 1013H, POLS 2101, POLS 2401 or POLS
2401H, POLS 2501, PSYC 2500 or PSYC 2500H, SOCI 1101 or SOCI 1101H, SOCI 1160

Area F Requirements .................................................................................................... 18 semester hours

BIOL 2651, BIOL 2652 ......................................................... 8 hours
ACED 2400, PSYC 2103 ..................................................... 6 hours
HSAT 2050, ................................................................. 2 hours
KSPE 2150 ................................................................. 2 hours

Professional Program Requirements .......................................................... 60 semester hours

HSAT 3200, HSAT 3202, HSAT 3420, HSAT 3430 ......................................................... 12 hours
HSAT 4300, HSAT 4350, HSAT 4360, HSAT 4400 ....................................................... 16 hours
HSAT 4250, HSAT 4450, HSAT 4490, HSAT 4491 ....................................................... 13 hours
HSAT 4600, HSAT 4700 ......................................................... 5 hours
HSAT 3440, HSAT 3441, HSAT 4440, HSAT 4441, HSAT 4442, HSAT 4443 ............................... 12 hours
HSAT 3500 ................................................................. 2 hours

Completion of the Athletic Training Program Degree requires 120 total credit hours.
# ADVISING CHECKLIST: VSU ATP Bachelor of Science in Athletic Training (B.S.A.T.) Degree

Name: ________________________________   ID#: _________________________    VSU email: __________________________

<table>
<thead>
<tr>
<th>PRE-REQUISITES</th>
<th>CORE COURSES</th>
<th>HOURS</th>
<th>GRADE</th>
<th>SEMESTER</th>
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<td>Area A - Essentials</td>
<td>ENGL 1101</td>
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<td>None</td>
<td>ENGL 1102</td>
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<td>None</td>
<td>MATH 1101, 1111, 1113</td>
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<td>Area B - Perspectives</td>
<td>PERS (_____________)</td>
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<td>Area C – Humanities/Fine Arts</td>
<td>ENGL 2111, 2112, 2113, 2114</td>
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<td>Maybe</td>
<td>COMM 1100, 1110 suggested</td>
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<td>Area D - Sciences</td>
<td>BIOL 1030/1040L</td>
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<tr>
<td>Maybe</td>
<td>Lab Science</td>
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<td>MATH 1101 or 1111</td>
<td>Math/Tech: MATH 2620 suggested</td>
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<td>Area E – Social Sciences</td>
<td>HIST 2111 or 2112</td>
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<td>POLS 1101</td>
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<td>Area F – Major Specific</td>
<td>HIST 2111 or 2112</td>
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<td>HSAT 2050 (Introduction to Athletic Training)</td>
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<td>None</td>
<td>HSAT 4300 (Injury Care and Prevention)</td>
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<td>(Spring / Freshman: Required for Admissions Process)</td>
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<tr>
<td>&quot;C&quot; or above in HSAT 2050</td>
<td>HSAT 3430 (Kinesiology)</td>
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<td>&quot;C&quot; or above in HSAT 2050</td>
<td>HSAT 4360 (Evaluation of Head, Neck, Trunk)</td>
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<td>HSAT 4350 (Evaluation of Extremities)</td>
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<td>Official Admission into ATP</td>
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<tr>
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<td>HSAT 3441 (Clinical Competencies II)</td>
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<td>HSAT 4450 (Sports Related Illness)</td>
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<td>Official Admission into ATP</td>
<td>HSAT 4600 (Ethics / Psychosocial Issues)</td>
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<td>HSAT 3020 (Assessment in Athletic Training)</td>
<td>3</td>
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<tr>
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<td>HSAT 4400 (Modalities and Pharmacology)</td>
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<tr>
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<td>HSAT 4441 (Clinical Competencies IV)</td>
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<td>HSAT 4250 (Organization and Administration)</td>
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<td>HSAT 3200 (Nutrition)</td>
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<td>HSAT 4442 (Clinical Competencies V)</td>
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<tr>
<td>Official Admission into ATP</td>
<td>HSAT 4700 (Professional Preparation)</td>
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<tr>
<td>Official Admission into ATP</td>
<td>HSAT 4443 (Clinical Competencies VI)</td>
<td>2</td>
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<tr>
<td>Official Admission into ATP</td>
<td>HSAT 3500 (AT Special Topics)</td>
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<tr>
<td>Official Admission into ATP</td>
<td>HSAT 3420 (Exercise Physiology)</td>
<td>3</td>
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**NOTES:**

Area A-E (42hrs) + Area F (18hrs) + ATP Major Courses (60hrs) = 120hrs total. Must have an overall GPA of 2.75 or greater to be eligible for ATP admission. Refer to ATP Admissions / Retention Requirements for more information.
FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
OFFICE OF REGISTRAR - RIGHTS UNDER FERPA

The Family Educational Rights and Privacy Act of 1974 (FERPA) affords students certain rights with respect to their education records. They are:

1. The right to inspect and review the student's education records within 45 days of the day the University receives a request for access. Students should submit to the registrar, dean, head of the academic department, or other appropriate official, written requests that identify the record(s) they wish to inspect. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed. VSU's official contact person for such record requests is the Custodian of Official Records located in the Office of the Vice President for Academic Affairs.

2. The right to request the amendment of the student's education records that the student believes are inaccurate or misleading. Students may ask the University to amend a record that they believe is inaccurate or misleading. They should write the University official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the university decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Directory information: Valdosta State University publishes student information in the form of directories, programs, etc. Students who desire that directory information not be released without consent should notify the Office of the Registrar in writing. The following may be included as directory information unless notification is received to the contrary: Student's name, address (local and home), telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, full or part-time status, and e-mail address. Educational records will be furnished to a requesting party in compliance with judicial order, or pursuant to any lawfully issued subpoena, upon condition that parents and the students are notified of all such orders or subpoenas in advance of the compliance therewith by the educational institution or agency.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by State University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:
   Family Policy Compliance Office
   U.S. Department of Education
   600 Independence Avenue SW
   Washington DC 20202-4605
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA

Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

The broad mission and extensive scope of operations of the Board of Regents of the University System of Georgia, including the constituent colleges and universities of the University System of Georgia (collectively, the "Board"), necessitates that the Board collect, maintain, and, where necessary, disseminate health information regarding the Board's students, employees, volunteers, and others. For example, the Board collects medical information through its various medical and dental hospitals, clinics, and infirmaries, through the administration of its various medical and life insurance programs, and through its various environmental health and safety programs. The Board protects the confidentiality of individually identifiable health information that is in its possession. Such health information, which is protected from unauthorized disclosure by Board policies and by state and federal law, is referred to as "protected health information," or "PHI."

PHI is defined as any individually identifiable health information regarding an employee's, a student's, or a patient's medical/dental history; mental or physical condition; or medical treatment. Examples of PHI include patient name, address, telephone and/or fax number, electronic mail address, social security number or other patient identification number, date of birth, date of treatment, medical treatment records, medical enrollment records, or medical claims records.

The Board will follow the practices that are described in this Notice of Privacy Practices ("Notice"). The Board reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all PHI that it maintains. Before the Board makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in conspicuous locations.

### Permitted Uses and Disclosures of PHI

The following categories describe the different ways in which the Board may use or disclose your PHI. We include some examples that should help you better understand each category.

The Board may receive, use, or disclose your PHI to administer your health and dental benefits plan. Please be informed that the Board, under certain conditions and circumstances, may use or disclose your PHI without obtaining your prior written authorization. An example of this would be when the Board is required to do so by law. Other examples are presented below.

- **For Treatment.** The Board may use and disclose PHI as it relates to the provision, coordination, or management of medical treatment that you receive. The disclosure of PHI may be shared among the respective healthcare providers who are involved with your treatment and medical care. For example, if your primary care physician needs to use/disclose your PHI to a specialist, with whom he/she consults regarding your condition, this would be permitted.

- **For Payment.** The Board may use and disclose PHI to bill and collect payment for healthcare services and items that you receive. The Board may transmit PHI to verify that you are eligible for healthcare and/or dental benefits. The Board may be required to disclose PHI to its business associates, such as its claims processing vendor, to assist in the processing of your health and dental claims. The Board may disclose PHI to other healthcare providers and health plans for the payment of services that are rendered to you or to your covered family members by such providers or health plans.

- **For Healthcare Operations.** The Board may use and disclose PHI as part of its business operations. As an example, the Board may require a healthcare vendor partner (referred to as a "business associate") to survey and assess constituent satisfaction with healthcare plan design/coverage. Constituent survey results assist the Board in evaluating quality of care issues and in identifying areas for needed healthcare plan improvements. Business associates are required to agree to protect the confidentiality of your individually identifiable health information.

The Board may disclose PHI to ensure compliance with applicable laws. The Board may disclose PHI to healthcare/dental providers and health/dental plans to assist them with their required credentialing and peer review activities. The Board may disclose PHI to assist in the detection of healthcare fraud and abuse. Please be reminded that the list of examples that are provided are not intended to be either exhaustive, or exclusive.

- **As Required by Law and Law Enforcement.** The Board must disclose PHI when required to do so by applicable law. The Board must disclose PHI when ordered to do so in a judicial or administrative proceeding. The Board must disclose PHI to assist law enforcement personnel with the identification/location of a suspect, fugitive, material witness, or
missing person. The Board must disclose PHI to comply with a law enforcement search warrant, a coroner's request for information during his/her investigation, or for other law enforcement purposes.

**For Public Health Activities and Public Health Risks.** The Board may disclose PHI to government agencies that are responsible for public health activities and to government agencies that are responsible for minimizing exposure to public health risks. The Board may disclose PHI to government agencies that maintain vital records, such as births and deaths. Additional examples in which the Board may disclose PHI, as it relates to public health activities, include assisting in the prevention and control of disease; reporting incidents of child abuse or neglect; reporting incidents of abuse, neglect, or domestic violence; reporting reactions to medications or product defects; notifying an individual who may have been exposed to a communicable disease; or, notifying an individual who may be at risk of contracting or spreading a disease or condition.

**For Health Oversight Activities.** The Board may disclose PHI to a government agency that is authorized by law to conduct health oversight activities. Examples in which the Board may disclose PHI, as it relates to health oversight activities, include assisting with audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities that are necessary to monitor healthcare systems, government programs, and compliance with civil rights laws.

**Coroners, Medical Examiners, and Funeral Directors.** The Board may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent; for determining a cause of death; or, otherwise as necessary, to enable these parties to carry out their duties consistent with applicable law.

**Organ, Eye, and Tissue Donation.** The Board may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

**Research.** Under certain circumstances, the Board may use and disclose PHI for medical research purposes.

**To Avoid a Serious Threat to Health or Safety.** The Board may use and disclose PHI to law enforcement personnel or other appropriate persons. The Board may use and disclose PHI to prevent or lessen a serious threat to the health or safety of a person or the public.

**Specialized Government Functions.** The Board may use and disclose PHI for military personnel and veterans, under certain conditions, and if required by the appropriate authorities. The Board may use and disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities. The Board may use and disclose PHI for the provision of protective services for the President of the United States, other authorized persons, or foreign heads of state. The Board may use and disclose PHI to conduct special investigations.

**Workers' Compensation.** The Board may disclose PHI for worker's compensation and similar programs. These programs provide benefits for work-related injuries or illnesses.

**Appointment Reminders/Health Related Benefits and Services.** The Board and/or its business associates may use and disclose your PHI to various other business associates that may contact you to remind you of a healthcare or dental appointment. The Board may use and disclose your PHI to business associates that will inform you of treatment program options, or, of other health related benefits/services such as disease state management programs.

**Disclosures for HIPAA Compliance Investigations.** The Board must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when so requested. The Secretary may make such a request of the Board to investigate its compliance with privacy regulations of the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**Uses and Disclosures of Your PHI to Which You Have an Opportunity to Object**

You have the opportunity to object to certain categories of uses and disclosures of PHI that the Board may make:
Patient Directories. Unless you object, the Board may use some of your PHI to maintain a directory of individuals in its hospitals or provider facilities. This information may include your name, your location in the facility, your general condition (*e.g.* fair, stable, etc.), and your religious affiliation. Religious affiliation may be disclosed to members of the clergy. Except for religious affiliation, the information that is maintained in a patient directory may be disclosed to other persons who request such information by referring to your name.

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care. Unless you object, the Board may disclose your PHI to a family member, another relative, a friend, or another person whom you have identified as being involved with your healthcare, or, responsible for the payment of your healthcare. The Board may also notify these individuals concerning your location or condition.

Fundraising Activities. Unless you object, the Board may disclose your PHI to contact you for fundraising efforts to support the Board, its related foundations, and/or its cooperative organizations. Such disclosure would be limited to personal contact information, such as your name, address and telephone number. The money raised in connection with these fundraising activities would be used to expand and support the provision of healthcare and related services to the community.

If you object to the use of your PHI in any, or all, of the three instances identified above, please notify your campus or facility privacy officer, in writing.

**Other Uses and Disclosures of Your PHI For Which Authorization is Required**

Certain uses and disclosures of your PHI will be made only with your written authorization. Please be advised that there are some limitations with regard to your right to object to a decision to use or disclose your PHI.

**Regulatory Requirements.** The Board is required, by law, to maintain the privacy of your PHI, to provide individuals with notice of the Board's legal duties and PHI privacy practices, and to abide by the terms described in this Notice. The Board reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all PHI that it maintains. Before the Board makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in conspicuous locations. You have the following rights regarding your PHI:

You may request that the Board restrict the use and disclosure of your PHI. The Board is not required to agree to any restrictions that you request, but if the Board does so, it will be bound by the restrictions to which it agrees, except in emergency situations.

You have the right to request that communications of PHI to you from the Board be made by a particular means or at particular locations. For instance, you might request that communications be made at your work address, or by electronic mail, rather than by regular US postal mail. Your request must be made in writing. Your request must be sent to the privacy officer on your campus or facility. The Board will accommodate your reasonable requests without requiring you to provide a reason for your request.

Generally, you have the right to inspect and copy your PHI that the Board maintains, provided that you make your request in writing to the privacy officer on your campus or your facility. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), the Board will inform you of the extent to which your request has, or, has not been granted. In some cases, the Board may provide you with a summary of the PHI that you request, if you agree in advance to a summary of such information and to any associated fees. If you request copies of your PHI, or agree to a summary of your PHI, the Board may impose a reasonable fee to cover copying, postage, and related costs.

If the Board denies access to your PHI, it will explain the basis for the denial. The Board will explain your opportunity to have your request and the denial reviewed by a licensed healthcare professional (who was not involved in the initial denial decision). This healthcare professional will be designated as a reviewing official. If the Board does not maintain the PHI that you request, but it knows where your requested PHI is located; it will advise you how to redirect your request.

If you believe that your PHI maintained by the Board contains an error or needs to be updated, you have the right to request that the Board correct or supplement your PHI. Your request must be made in writing to the privacy officer on your campus or in your facility. Your written request must explain why you desire an amendment to your PHI.

Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), the Board will inform you of the extent to which your request has, or, has not been granted. The Board generally can deny your request,
if your request for PHI: (i) is not created by the Board, (ii) is not part of the records the Board maintains, (iii) is not subject to being inspected by you, or (iv) is accurate and complete.

If your request is denied, the Board will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial, (ii) if you do not file a statement of disagreement, to submit a request that any future disclosures of the relevant PHI be made with a copy of your request and the Board's denial attached, and (iii) complain about the denial.

You generally have the right to request and receive a list of the disclosures of your PHI that the Board has made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003).

The list will not include disclosure for which you have provided a written authorization, and will not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations, (ii) made to you, (iii) for the Board's patient directory or to persons involved in your healthcare, (iv) for national security or intelligence purposes, or (v) to correctional institutions or law enforcement officials.

You should submit any such request to the privacy officer on your campus or in your facility. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), the Board will respond to you regarding the status of your request. The Board will provide the list to you at no charge. If you, however, make more than one request in a year, you will be charged a fee for each additional request. You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically. This notice may be found at the Board website address, www.usg.edu/admin/legal. To obtain a paper copy of this notice, please contact your campus or facility privacy officer.

You may complain to the Board if you believe your privacy rights, with respect to your PHI, have been violated by contacting the privacy officer on your campus or in your facility. You must submit a written complaint. The Board will in no manner penalize you or retaliate against you for filing a complaint regarding the Board's privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. You may contact the Secretary by calling 1-866-627-7748 (outside of metropolitan Atlanta) or (404) 562-7886 (in metropolitan Atlanta).

If you have any questions about this notice, please contact the Human Resources office on your campus or in your facility.

Policy Statement: All VSU employees must hold confidential information used or obtained in the course of their duties in confidence. All protected health information (PHI) must be treated as confidential in accordance with professional ethics, accreditation standards, and legal requirements. All employees with access to confidential information, including patients' medical records information, employment information and/or information systems must read and sign the VSU Confidentiality and Security Access Agreement, which will be kept on file and updated annually.

Definitions:

Confidential Information: all records, files, reports, protocols, policies, manuals, databases, processes, procedures, computer systems, materials and other information pertaining to the operations of VSU, as well as all individually identifiable health information pertaining to patients of VSU. Confidential information includes, but is not limited to, past, present or future information about a patient's condition or treatment, aggregate clinical data, employee records, processes, marketing plans or techniques, product or service plans, strategies, forecasts, customer/patient lists, supplier lists, discoveries, ideas and financial information. Confidential information may be obtained by hearing it, seeing it, viewing a medical record or accessing a hospital computer system, and it may be in any form including, but not limited to, paper, a computer screen, electronic media, a recording device, etc.

Need-to-know: that which is necessary for one to adequately perform one's specific job responsibilities at or for VSU.

Associates: includes, but is not limited to, all residents, physicians, volunteers, affiliated students, vendors, contractors and any external agencies that have access to confidential information about VSU or its patients.
Maintain a list for six years of Protected Health Information for each patient and those made pursuant to an authorization as required by HIPAA rules.

Proprietary Information
It is the policy of VSU to respect the proprietary rights of the companies that develop and support the computer software we use. All VSU employees who use a personal computer system are required to comply with license agreements associated with the computer software products used. Personal computer systems may not be used for any purpose that violates the law. It is against VSU policy to make illegal copies, download or transmit information or software in violation of copyright laws. No software may be installed on any computer system without prior authorization from Information Services.

Monitoring Access to Patient and Other Confidential Data
Information Services is responsible for data security and shall audit the access to enterprise-wide systems and data. This includes, but is not limited to, access to Network, Email, Internet, PRISM, Medipac, Human Resources, Accounts Payable, Payroll, General Ledger and TESS.

Protecting Confidential Information
Employees of VSU have a responsibility to protect confidential information and adhere to the standards set forth in the Notice of Health Information Privacy Practices. Therefore, employees may not use or disclose confidential information except in accordance with the law and applicable VSU policies and procedures. Employees shall not disclose information in any form (whether verbal, written, electronic, by fax, etc.) without authorization.

Verbal Communication
While on duty at VSU, confidential information shall not be discussed where others may hear the conversation, such as in hallways, on elevators, in the cafeteria, etc. Dictation of patient information should occur in locations where others cannot overhear. While off duty, employees shall not discuss any confidential information.

Written Communication
Confidential papers, reports and computer printouts should be kept in a secure place. Confidential documents should not be left unattended or where they may be viewed by others who do not have a need to know. Confidential documents should be retrieved as soon as possible from copiers, mailboxes, conference room tables and other publicly accessible locations. When no longer needed, confidential documents should be deposited in the document destruction bins. Confidential documents shall not be sent or taken outside of VSU except in accordance with applicable VSU policies and procedures.

Electronic Communication
All confidential information residing within computers, networks, servers, software applications, electronic mail, diskettes and any other storage media is the sole property of VSU. Confidential information should not be sent or taken outside the organization or disclosed to anyone who does not have a need-to-know, except in accordance with applicable VSU policies and procedures. Computer monitors should be positioned so that others cannot easily view the information. A computer user must log out of any computer session opened under his or her user name and password prior to leaving any computer or terminal unattended. Users should always be aware of anyone around them who does not have a need to know so that confidential information is not exposed.

Faxed Information
All employees shall take precautions to protect confidential information when using fax machines to
transmit or receive documents, as specified in more detail in the VSU Fax Confidentiality and Security Policy. All fax machines shall be in located secure areas away from public access. When sending a fax, be absolutely sure that the correct number is dialed and that a cover sheet is always used. The cover sheet should contain the sender's name, the sender's contact number, the receiver's name, the receiver's fax number, the number of pages and the VSU standard confidentiality statement. When receiving a fax, immediately remove the fax transmission from the fax machine and deliver it to the intended recipient. Destroy or place in a document destruction bin any confidential information received in error and immediately inform the sender.

Confidentiality Violations to be Avoided Carelessness –
An employee or associate unintentionally or carelessly accesses, reviews or reveals confidential information to him/herself or others without a legitimate need-to-know. Examples include, but are not limited to: an employee or associate discussing confidential information in a public area; an employee or associate leaving a copy of confidential information unsecured; an employee or associate leaving a computer on which confidential information is displayed unattended or unsecured.

Curiosity or Concern (no personal gain) - An employee or associate intentionally accesses, reviews or discusses confidential information for purposes other than the care of the patient or authorized purposes, but for reasons unrelated to personal gain. Examples include, but are not limited to: an employee or associate looking up a birth date or an address of a friend or relative; an employee or associate accessing and reviewing a patient's record out of concern or curiosity.

Personal Gain or Malice - An employee or associate accesses, reviews or discusses confidential information for personal gain or malicious intent. Examples include, but are not limited to: an employee or associate reviewing, accessing or communicating confidential information for use in a personal relationship; an employee or associate compiling a mailing list for personal use or to be sold; an employee or associate using confidential information to hurt or harm others.

Consequences of Confidentiality Violations
The consequences of violating the confidentiality of patient information, employee information, business information, financial information and other confidential information relating to VSU may result in discipline up to and including immediate termination. Violation of confidentiality policies may also lead to civil and criminal liability.
VALDOSTA STATE UNIVERSITY
ATHLETIC TRAINING PROGRAM

CONFIDENTIALITY STATEMENT

I, _______________________________________, understand that information in the offices of the College of Nursing and Health Sciences, is confidential and may not be divulged to anyone except the person who owns the information; those faculty, staff or administrators who have need to know; and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Acts of 1974, as Amended (FERPA). I understand that I am to be compliant with the Health Insurance Portability and Accountability Act (HIPAA), as well as all Protected Health Information (PHI). I also understand that information at the Affiliated Settings, is confidential and may not be divulged to anyone except the person who owns the information, as this is a violation of federal law. If I release confidential information, I understand that I will be discharged immediately from the Athletic Training Program (and directed observation experience if applicable).

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

________________________________________________  ___________________
Term / Year

________________________________________________  Date
Student Signature

________________________________________________
Printed Name
I have read the Valdosta State University Athletic Training Program Policy and Procedure Manual (academic information, clinical education information, and athletic information section). I know and understand the following items:

1) The admission and selection criteria for admission into the Athletic Training Program/Major,

2) The retention requirements to remain in the Athletic Training Program /Major, and

3) The policies and procedures of the Athletic Training Program/ Major.

____________________________________
Term / Year

____________________________________
Printed Name

____________________________________    ____________________
Student's Signature        Date
VALDOSTA STATE UNIVERSITY
ATHLETIC TRAINING PROGRAM

RELEASE AND WAIVER OF LIABILITY

This form is to advise you regarding the risks of injury, medical coverage requirements, and release and waiver of liability for students participating in the clinical education and field experience portion of the Athletic Training Program.

1. RISKS OF INJURY – Participation in clinical education rotations and field experiences involves the risk of injury. The dangers and risks of being involved in the clinical education rotations and field experiences include, but are not limited to: injury to bones, joints, ligaments, tendons, and other aspects of the musculoskeletal system. It is understood that such injury may result in serious impairment of future abilities to engage in other business and generally enjoy life. If an injury were to occur, all medical bills relating to treatment and/or care of this injury will be the responsibility of the student and his/her parents/guardian.

2. RELEASE AND WAIVER OF LIABILITY – In consideration of being permitted to be involved in the clinical education and field experience portion of the Athletic Training Education Program I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in participating in the clinical education and field experience portion of the Athletic Training Education Program and while in transit to and from the premises where activity is being conducted, participation in said clinical education experience, or undertaking any independent activities as an adjunct to the clinical education experience, and further, I do for myself, my heirs and personal representative(s) hereby agree to defend, hold harmless, indemnify, release, and forever discharge the Board of Regents of the University System of Georgia by and on behalf of Valdosta State University, its officers, trustees, agents, and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property, or personal injury, including but not limited to suffering and death which may result from such an experience.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have fully informed myself of the contents of the foregoing Waiver of Liability and Hold Harmless Agreement by reading it before I signed it, and that I understand it and that I sign this document freely and voluntarily, no oral representation, statements or inducements, apart from the foregoing written agreement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; (OR if under the age of eighteen (18) a co-signature of parent or guardian) and that I execute this Release for full, adequate consideration fully intending to be bound by the same.

THIS IS A RELEASE READ BEFORE SIGNING.

____________________________________________  __________________
Student Name PRINTED       Date

____________________________________________  __________________
Student Signature       Date

____________________________________________  __________________
Parent/Guardian Signature      Date
(necessary if under age 18)
TO: Valdosta State University Athletic Training Program (hereinafter referred to as the "Facility")

(Print Student's Name)

As a condition of my participation in the Valdosta State University Athletic Training Program (VSU ATP) and with respect thereto, I hereby waive my privacy rights, including but not limited to, any rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g(b)(2)(B), and grant my permission and authorize the Board of Regents of the University System of Georgia by and on behalf of Valdosta State University (hereinafter referred to as the "Institution") to release any and all of my educational records and information in its possession, including but not limited to my academic record to Facility. I further authorize the release of any information relative to my educational history to the Facility for purposes of verifying the information provided by me and determining my ability to perform my assignments in the educational training program. I also grant my permission to and authorize the Facility to release the above information to the Institution. The purpose of this release and disclosure is to allow the Facility and the Institution to exchange information about my performance in an educational training program.

I further agree that this authorization will be valid throughout my educational training program. I further request that you do not disclose any information to any other person or entity without prior written authority from me to do so, unless disclosure is authorized or required by law. I understand that this authorization shall continue in force until revoked by me by providing written notice to the Institution, except to the extent of any action(s) that has already been taken in accordance with this "Authorization for Release of Records and Information."

In order to protect my privacy rights and interests, other than those specifically released above, I may elect to not have a witness to my signature below. However, if there is no witness to my signature below, I hereby waive and forfeit any right I might have to contest this release on the basis that there is no witness to my signature below. Further, a copy or facsimile of this "Authorization for Release of Records and Information" may be accepted in lieu of the original.

By signing this "Authorization for Release of Records and Information," I hereby indemnify and hold harmless the Institution, its members, agents, servants and employees, against all claims, demands, causes of action, actions, judgments or other liability including attorney's fees arising out of or in connection with this "Authorization for Release of Records and Information."

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, suffer under no legal disabilities, and that I have freely and voluntarily signed this "Authorization for Release of Records and Information."

This the _____ day of _________________________, 20____.

_______________________________
(Signature)

______________________________________________________
(Print Name)
All athletic training students who have been identified as having exposure to blood or other potentially infectious materials are offered the Hepatitis B vaccine. The vaccine is offered through the Student Health Center at minimal cost.

**Athletic training students who decline the Hepatitis B vaccine or have not completed the series must sign this waiver.**

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

*Note: Students that do not complete the Hepatitis B Vaccine series may not be allowed to participate in specific clinical education experiences. The clinical education site may require the completion of the Hepatitis B Vaccine series. A titer may also be required.*

*Note: Additional vaccinations may be needed depending upon the requirement of specific clinical education sites. Additional costs may be included (see “Program Costs/Expenses” section of this Policy and Procedure Manual).*

(Semester/Year Entering Program)

(Student Name Printed)

(Student Signature)
Name:_______________________________________________ ID#:________________________________

School Address:________________________________________

________________________________________________________________________

Cell Phone:______________________________________________

Home Address:____________________________________________

________________________________________________________________________

________________________________________________________________________

Home Phone:______________________________________________

Education

High School:______________________________________________

Other College:____________________________________________

Experience

Athletic Training:__________________________________________

Work Shops:_______________________________________________

Extra-Curricular Activities:__________________________________

________________________________________________________________________

Recommendations

Please list 3 people whom you have requested to provide letters of reference. (College professor, high school teachers/coaches, employers, etc.)

1._____________________________________________________

2._____________________________________________________

3._____________________________________________________


GLOSSARY

Academic Plan: The document that encompasses all aspects of the student’s classroom, laboratory, and clinical experiences. Also called a specimen program or curriculum plan.

Academic Year: Two academic semesters or three academic quarters.

Affiliation Agreement: formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding.

Appropriate Administrative Authority: Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement.

Assessment Plan: See Comprehensive Assessment Plan

Athletic Trainer (AT): An AT is a health care professional who collaborates with physicians. The services provided by an AT comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. (source: NATA)

Certified Athletic Trainer (ATC): ATC is an acronym that describes a credential, not a person, and it should only be used following the name of a certified individual.

Clinical Education: The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor.

Clinical Site: A physical area where clinical education occurs.

Communicable Disease: A contagion that may be directly transmitted from person-to-person or by a person from an inert surface.

Comprehensive Assessment Plan: The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program.

Course/Coursework: Courses involve classroom (didactic), laboratory, and clinical learning experiences.

Curricular Plan: See Academic Plan

Degree: The award conferred by the college or university that indicates the level of education (baccalaureate or masters) that the student has successfully completed in athletic training.

Direct Patient Care: The application of athletic training knowledge, skills, and clinical abilities on an actual patient.

Distant Learning Site: Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution interacting with students at other locations. Instruction may be via internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or participation in clinical experiences.

Emergency Action Plan: A venue-specific “blueprint” used for the management of medical emergencies.
**Faculty:** An individual who has 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. Additionally, faculty are defined as follows:

**Core Faculty:** Administrative or teaching faculty devoted to the program that has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by the institution. This person is appointed to teach athletic training courses, advise and mentor students in the AT program. At minimum, this must include the Program Director and one (1) additional faculty member. Core full-time faculty report to and are evaluated and assigned responsibilities exclusively by the administrator (Chair or Dean) of the academic unit in which the program is housed.

**Associated Faculty:** Individual(s) with a split appointment between the program and another institutional entity (e.g. athletics or another institutional department). These faculty members are evaluated and assigned responsibilities by two different supervisors.

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

**Fees:** Institutional charges incurred by the student other than tuition and excluding room and board.

**Goals:** The primary or desired results needed to meet an outcome. These are usually larger and longer term than objectives.

**Health Care Professional:** Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse, Social Worker. These individuals must hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty.

**Higher Education Accrediting Agency:** An organization that evaluates post-secondary educational institutions.

**Infectious Disease:** A disease caused by microorganisms entering the body. An infectious disease may or may not be contagious.

**Laboratory:** A setting where students practice skills on a simulated patient (i.e. role playing) in a controlled environment.

**Major:** A designation as a major must be consistent with institutional and system wide requirements. Institutional documents (e.g. catalog, web pages) must list athletic training as a major.

**Medical Director:** The physician who serves as a resource regarding the program’s medical content. There is no requirement that the medical director participates in the clinical delivery of the program.

**Memorandum of Understanding (MOU):** Similar to an affiliated agreement, but tends not to include legally-binding language or intent.

**Monetary Remuneration:** Direct cash payment received by students for athletic training services and/or time (e.g. hourly wage, work study).

**Objectives:** Sub-goals required to meet the larger goal. Generally objectives are more focused and shorter-term than the overriding goal.

**Outcome (Program):** The quantification of the program’s ability to meet its published mission. The outcome is generally formed by multiple goals and objectives. For example, based on the evaluation of the goals associated with the outcomes, each outcome may be measured as “met,” “partially met,” or “not met.”
Outcome Assessment Instruments: A collection of documents used to measure the program’s progress towards meeting its published outcomes. Examples of outcomes assessment instruments include course evaluations forms, employer surveys, alumni surveys, student evaluation forms, preceptor evaluation forms, and so on.

Physician: A medical doctor (MD) or doctor of osteopathic medicine (DO) who possess the appropriate state licensure.

Preprofessional Student: A student who is not formally admitted into the program. Preprofessional student may be required to participate in non-patient activities as described by the term Directed Observation Athletic Training.

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

Professional Development: Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services that allow for the continuation of eligibility for professional credentials.

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

Release Time (Reassigned Work Load): A reduction in the base teaching load to allow for the administrative functions associated with functioning as the Program Director and/or clinical coordinator.

Retention: Matriculating through the AT program culminating in graduation.

Retention Rate: A time-based measure of the number of students who are enrolled at the start of the period being studied (e.g. 1 years, 4 years) versus those enrolled at the end of the period. Retention rate is calculated as: number at end/number at start *100.

Secondary Selective Admissions Process: A formal admission process used for acceptance in to the AT major following acceptance into the institution. Secondary selective admissions is optional and determined by the program.

Similar Academic Institution (Syn: Peer Institution): Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions.

Sponsoring Institution: The college and university that offers the academic program and awards the degree associated with the athletic training program.

Stakeholder: Those who are affected by the program’s outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni.

Team Physician: The physician (MD or DO) responsible for the provision of healthcare services for the student athlete. The team physician may also be the medical director; however this is not required by the Standards.

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