



**Master of Science in
Athletic Training
Student Handbook
2022-2023 Academic Year**

*Policies in this handbook are for all Athletic
Training Majors*

In addition to this handbook, students are to refer to the College of Health and Human Services Student Handbook and the UNC Charlotte Graduate Catalog

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Summer 2022

UNC Charlotte
College of Health and Human Services
Department of Applied Physiology, Health and Clinical Sciences
Athletic Training Program

Athletic Training Students:

Welcome! We are so excited to have you apart of our program. This document contains policies and procedures of the Master of Science in Athletic Training Program (MSAT). It is assumed that all persons enrolled in the athletic training program have read and accept these policies and procedures. It is important to note this document contains information outside the MSAT program as well, but is not intended to be fully comprehensive. Students should also refer to policies and procedures in the UNC Charlotte Graduate Catalog, and the Academic Integrity Policy.

Please review this manual and let us know if you have any questions or concerns!

Go Niners!

A handwritten signature in cursive script that reads "Tricia H Turner".

Tricia H Turner, PhD, ATC/L, FACSM, FNATA
Program Director

UNC CHARLOTTE'S ATHLETIC TRAINING PROGRAM

Vision Statement

The Graduate Athletic Training Program at UNC Charlotte aspires to be recognized as a national leader in athletic training professional preparation, research, and scholarship.

Mission Statement

The mission of the Graduate Athletic Training Program at UNC Charlotte is to educate future athletic training professionals in the provision of high quality, culturally competent, evidence based care to improve health outcomes for physically active individuals and to advance healthcare understanding through research, scholarship, and service.

The Graduate Athletic Training Program is structured according to competencies provided by the Commission on Accreditation of Athletic Training Education (CAATE). We are committed to providing quality classroom and clinical education as well as rewarding field experiences. We will use current technology and literature supported by clinical and educational research to provide these services.

The Graduate Athletic Training Program seeks to enhance student learning through a variety of interactive and problem-solving experiences that mandates that students demonstrate cognitive understanding of the health sciences, work with diverse individuals and populations, and perform specific athletic training skills and techniques. The development of competent athletic trainers is based on a program of curricular experiences that require students to demonstrate and apply their knowledge, skills, and attributes both in the classroom and the clinical setting.

The purpose of this program is to prepare well-rounded students for eligibility to sit for the Board of Certification, Inc. certification examination and pursue careers as certified athletic trainers. Additionally, this program aims to produce students who are committed to academic and clinical excellence, who are socially responsible, with demonstrated cultural sensitivity.

We are committed to an ongoing evaluation of our Graduate Athletic Training Program to ensure our students are receiving the highest quality education possible. Furthermore, we are committed to staying abreast to the ongoing changes in our profession in order to keep our students current in our evolving field.

Finally, the Graduate Athletic Training Program aspires to be a program of excellence recognized as a leader in pre-professional athletic training education.

Date of Origin: 01/19

Reviewed: 01/19

Accreditation Status

The Master of Science in Athletic Training program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE) thru 2031-2032.



Date of Origin: 01/19

Reviewed: 01/19

Revised 05/22

Faculty Information

Program Administration

Tricia H. Turner, PhD, ATC, LAT (2005) *Program Director, Professor in Dept. of Applied Physiology, Health and Clinical Sciences; B.S., University of Florida, M.S., University of Florida, PhD., Pennsylvania State University.*

Shelley W. Linens, PhD, ATC, LAT (2019) *Clinical Education Coordinator, Clinical Assistant Professor in Dept. of Applied Physiology, Health and Clinical Sciences; B.A., UNC Chapel Hill; M.Ed., University of Virginia, PhD.; Virginia Commonwealth University.*

Abby Thomas, PhD, ATC, LAT (2014) *Associate Professor in Dept. of Applied Physiology, Health and Clinical Sciences; B.S., Pennsylvania State University, MEd, University of Virginia, PhD., University of Michigan*

Luke Donovan, PhD, ATC, LAT (2016) *Associate Professor in Dept. of Applied Physiology, Health and Clinical Sciences; B.S., Pennsylvania State University, MEd, University of Virginia, PhD., University of Virginia*

Jeffrey Ham, DO (2022) *Assistant Professor of Orthopedics and Family Medicine, Primary Care Sports Medicine, Atrium Health Musculoskeletal Institute, Department of Applied Physiology, Health and Clinical Sciences Medical Director*

JP Barfield, PhD (2022) *Professor and Department Chair in Dept. of Applied Physiology, Health and Clinical Sciences*

Origin: 01/19

Reviewed: 01/19

Revised: 02/22

Getting Started At UNC Charlotte

The following are student services, good information, and/or requirements that students are required to be aware of immediately upon enrollment.

Things to Know/Get:

Your ID Card: [49er ID Card](#)

Your parking permit: [Parking Permits](#)

For international students: [The International Student\Scholar Office \(ISSO\)](#)

Requirements upon Enrollment:

[Immunization Requirements](#): North Carolina law requires students to have proof of immunizations. These must be provided to the Student Health Center upon registration. Students whose immunizations records are not complete are subject to being withdrawn from their classes. Please see “Immunization Requirements” in the Graduate School section of this *Catalog* or visit the [Student Health Center website](#) for more information.

[Health Insurance Enrollment or Waiver](#): Each semester every student must either accept or waive health insurance provided by UNC Charlotte. Your student account will be billed unless you take action to decline the [health insurance](#) option.

University & College Policies:

Take time to read and go over the following academic policies:

Academic Dishonesty Policy: <https://legal.uncc.edu/policies/up-407>

Grievance Policy: <https://legal.uncc.edu/policies/up-411>

Non-discrimination Policy: <https://legal.uncc.edu/policies/up-501>

Student Withdrawal Policy: <https://provost.uncc.edu/policies-procedures/academic-policies-and-procedures/withdrawal-and-cancellation-enrollment-policy>

Tuition and Fees Refund Policy: <https://ninercentral.uncc.edu/billing-payments-refunds/refunds-reductions-hours/refunds-withdrawal>

Student Services:

[Disability Services](#)

[University Center for Academic Excellence](#)

[Multicultural Academic Services](#)

Source of Information and Support

[Client Services](#) within Information and Technology Services works to ensure that students have access to computer equipment, software, and information. All current students are provided with a NinerNet account that allows access to email, 49er Express, and the University network.

Technical support is available through the [online helpdesk tool](#), and via phone at 704-687-5500.

Other University resources:

[The Graduate School](#)

[Graduate Center](#)

[J. Murrey Atkins Library](#)

[Interlibrary Loan](#)

Financial Information

[Tuition & Fees](#)

Charges for tuition and fees vary according to the student's status as a resident or non-resident of North Carolina. A non-resident student pays a higher rate of tuition than a legal resident. For more details, see the heading for [Residence Status for Tuition Purposes](#) later in this section. We strongly encourage all out-of-state students to immediately work towards earning North Carolina residency. This process should be started immediately upon arrival in North Carolina.

[Financial Aid](#): Information on the following programs can be found under financial aid.

[Graduate Financial Assistance Programs](#): To be considered for these awards, students must be nominated by their academic department. Awards may consist of Tuition and Health Insurance Grants, Graduate Assistantships, and Fellowships/Scholarships.

[Graduate School Fellowships/Scholarships](#): There are a number of fellowships that are administered by the Graduate School. If you are interested in these fellowships, please contact the Graduate Program Coordinator since individual graduate programs must determine student eligibility and submit nominations to the Graduate School.

Date of Origin: 01/19

Reviewed: 01/19

UNC CHARLOTTE'S ATHLETIC TRAINING PROGRAM CURRICULUM

Prerequisite Requirements

Students applying for admission to the Athletic Training Major must meet the following minimum academic requirements. (*Meeting minimum requirements **DOES NOT** guarantee admission*).

- Overall undergraduate cumulative GPA of 3.0 (on a 4.0 scale) in all college coursework
- Grades of C or above in the following prerequisite courses:
 - Human anatomy with laboratory
 - Human physiology with laboratory
 - Chemistry with laboratory
 - Physics with laboratory
 - Statistics
 - Exercise Physiology
 - Psychology
 - Nutrition
 - Biomechanics
 - Medical Terminology
 - Introduction to Biology
- 50 hours of observation shadowing a certified athletic trainer
- For non-native English speakers: Official and satisfactory scores on the Test of English a Foreign Language (TOEFL) or the International English Language Testing System (IELTS).
- Statement of Purpose; 500 – 1000 words describing the applicant's educational goals and expectations of the program.

Once students are admitted to the program, students will have to provide the following:

- Completion of physical examination for athletic training students, proof of immunizations required of all UNC Charlotte students required of healthcare workers or signed declinations as allowed.
- Completion of criminal background check and drug screen.

Date of origin: 01/19

Reviewed: 01/19

Course Sequence – Master of Science in Athletic Training

Year 1

Summer Session I

ATRN 6100: Acute and Emergency Care in Athletic Health Care

ATRN 6101: Clinical Anatomy for Allied Health

Summer Session II

ATRN 6102: Fundamentals in Athletic Training

ATRN 6400: Introduction to Clinical Care

Fall Semester

ATRN 6104: Clinical Evaluation and Diagnosis of the Lower Extremity

ATRN 6105: Therapeutic Modalities

ATRN 6106: Therapeutic Exercise Techniques

ATRN 6401: Clinical Rotation I

Spring Semester

ATRN 6109: Clinical Evaluation and Diagnosis of the Upper Extremity

ATRN 6110: Clinical Evaluation and Diagnosis of the Head and Spine

ATRN 6111: Therapeutic Interventions

ATRN 6113: Patient Centered Health Care

ATRN 6402: Clinical Rotation II

Year 2

Summer Session I

ATRN 6114: General Medicine and Pharmacology

ATRN 6403: Clinical Rotation III

Fall Semester

ATRN 6107: Foundations of Modern Health Care

ATRN 6118: Administration for Health Care Professionals

ATRN 6119: General Medicine and Diagnostic Procedures

ATRN 6405: Clinical Rotation V

Spring Semester

ATRN 6121: Behavioral Health in Sports Medicine

ATRN 6406: Clinical Rotation VI

Date of origin: 01/19

Reviewed: 01/19, Revised 02/22

Course Descriptions

ATRN 6100: Acute and Emergency Care in Athletic Health Care: Students will gain a comprehensive approach through lecture and laboratory activities in identification of risk factors, preparation of emergency plans, and recognition of emergency medical conditions. Pre-requisite: Current certification in either American Red Cross Professional Rescuer CPR or American Heart Association Basic Life Support for Health Care Providers. Admission to MSAT program. (Summer)

ATRN 6101: Clinical Anatomy for Allied Health: This is an advanced examination of musculoskeletal anatomy and how it relates to function of the human body. Pre-requisite: Admission to MSAT program.

ATRN 6102: Fundamentals in Athletic Training: Overview course including basic components of the athletic training profession including taping procedures, appropriate terminology, documentation and communication methods. Pre-requisite: Admission to MSAT program. (Summer)

ATRN 6400: Introduction to Clinical Care: Performance of basic athletic training skills under the supervision of a preceptor at various sites. Students develop competence in introductory athletic training skills. Pre-requisite: Admission to MSAT program. (Summer)

ATRN 6104: Clinical Evaluation and Diagnosis of the Lower Extremity: This course provides a comprehensive approach to the assessment and diagnosis of lower extremity musculoskeletal injuries including the identification of risk factors, the role of clinical outcome measures, and appropriate referral decisions. Pre-requisite: ATRN 6101, ATRN 6102. (Fall)

ATRN 6105: Therapeutic Modalities: This course provides both theoretical and clinical bases for the use of therapeutic modalities and pharmacology in the rehabilitation setting. The course also includes basic physics, physiological effects, indications, contraindications, and applications of therapeutic modalities in rehabilitation. Pre-requisite: ATRN 6101, ATRN 6102. (Fall)

ATRN 6106: Therapeutic Exercise Techniques: Study of the theory and principles that guide the application of therapeutic exercise. Emphasis will be placed on understanding the tissue healing response, and the basic elements of a rehabilitation program. Pre-requisite: ATRN 6101, ATRN 6102. (Fall)

ATRN 6107: Foundations of Modern Health Care: This course will develop essential skills for evidence-based practitioners in health care. Students will learn how to generate clinical questions; interpret access, evaluate, and integrate relevant research literature. Students will also be taught how to use their own clinical experiences with patient orientated outcomes measures along with research to make clinical decisions. Pre-requisite: 6116 (Fall)

ATRN 6401: Clinical Rotation I: A semester-long clinical rotation that focuses on the performance of acute management skills, prevention, and protective equipment under the supervision of a preceptor at various sites. Students spend approximately 10 - 15 hours per week at their clinical site. Pre-requisite: ATRN 6101, ATRN 6102 (Fall)

ATRN 6109: Clinical Evaluation and Diagnosis of the Upper Extremity: This course provides a comprehensive approach to the assessment and diagnosis of upper extremity musculoskeletal injuries including the identification of risk factors, the role of clinical outcome measures, and appropriate referral decisions. Pre-requisite: ATRN 6104. (Spring)

ATRN 6110: Clinical Evaluation and Diagnosis of the Head and Spine: This course provides a comprehensive approach to the assessment and diagnosis of head and spine injuries including the identification of risk factors, the role of clinical outcome measures, and appropriate referral decisions. Pre-requisite: ATRN 6104. (Spring)

ATRN 6111: Therapeutic Interventions: Application of rehabilitation techniques and therapeutic modalities to lower and upper extremity injuries. Pre-requisite: ATRN 6106, ATRN 6106, 6104. Co-requisite: ATRN 6113. (Spring)

ATRN 6113: Patient Centered Health Care: Incorporating an individual's health needs and desired health outcomes in clinical decisions. Co-requisite: ATRN 6111. (Spring)

ATRN 6402: Clinical Rotation II: A semester-long clinical rotation that focuses on assessment of lower extremity injuries, rehabilitation techniques and modalities use under the supervision of a preceptor at various sites. Students spend approximately 10 - 15 hours per week at their clinical site. Pre-requisite: ATRN 6401 and ATRN 6402. (Spring)

ATRN 6114: General Medicine and Pharmacology I: This is the first part of students learning how to evaluate, diagnose and treat common non-orthopedic medical conditions. Students will also learn basic pharmacology, and the medications used to treat the non-orthopedic medical conditions discussed in this course. Pre-requisite: ATRN 6105 (Summer)

ATRN 6403: Clinical Rotation III: A clinical rotation that focused on general medicine and pharmacology under the supervision of a preceptor at various clinical sites. This rotation includes working with an inter-professional healthcare team with patients across the lifespan. Students spend approximately 10 - 15 hours per week at their clinical site. Pre-requisite: ATRN 6402 (Summer)

ATRN 6119: General Medicine and Diagnostic Procedures This is the second part of students learning how to evaluate, diagnose and treat common non-orthopedic medical conditions. Students will also continue learn the medications used to treat the non-orthopedic medical conditions discussed in this course. Additionally students will identify and describe various modes of imaging techniques and tests used in sports medicine. Diagnostic procedures covered in the course will include but not be limited to: X-Ray, CT Scan, MRI, bone scan, fluoroscopy, and PET. Pre-requisite ATRN 6114 (Fall)

ATRN 6118: Administration for Health Care Professionals: This course will focus on business management principles associated with health care administration as well as leadership and professional development. Pre-requisites: ATRN 6114, ATRN 6116 (Fall)

ATRN 6405: Clinical Rotation V: A semester-long clinical rotation that focuses on synthesis and the integration of knowledge, skills, and clinical decision-making into patient care under the

supervision of a preceptor at various sites. The rotation allows students to participate in the full scope of athletic training clinical practice as part of an inter-professional sports medicine team. Students spend approximately 20 - 25 hours per week at their clinical site.

Pre-requisites: ATRN 6404. (Fall)

ATRN 6121: Behavioral Health in Sports Medicine: This course integrates physiological, psychological, and social understanding of humans in relationship to physical activity as a lifelong pursuit. Includes physical fitness, nutrition, stress reduction, socialization, and individual differences in human behavior. Pre-requisites: ATRN 6118. (Spring)

ATRN 6406: Clinical Rotation VI: A semester-long, full-time, clinical immersion rotation that provides the athletic training student the opportunity to gain experience in a specific area of clinical practice that they are interested in pursuing post-graduation. These can include, but are not limited to: out-patient rehabilitation, orthopedic clinics, primary care settings, emergency and acute care, dance medicine, industrial and occupational health, and athletic performance. Students will gain 30 – 40 hours of clinical field experience per week (minimum of 480 hours required). Pre-requisites: ATRN 6400, ATRN 6401, ATRN 6402, ATRN 6403, ATRN 6404, ATRN 6405. (Spring)

Date of origin: 01/19

Reviewed: 01/19, revised 1/22

Student Learning Outcomes

Based on our core principles, goals and expected outcomes, as well as accreditation requirements we designed our student learning outcomes (SLO):

SLO #1: Students will identify risk factors and implement risk reduction plans for patients/clients participating in physical activity, complying with standard operating procedures and regulatory requirements to minimize likelihood of injury and illness.

Instruction on this learning outcome will take place in:

ATRN 6100, ATRN 6102, ATRN 6113

Each of these courses contains aspects that scaffold upon one another to provide the student with the ability to achieve the learning outcome.

Outcomes will be assessed by: Project in ATRN 6113 where students will put together an injury reduction plan for their health care facility.

Success will be measured by: Students achieving 80% proficiency on the project in ATRN 6113.

SLO #2: Students will identify accurate clinical diagnoses and select an appropriate care plan, utilizing individual patient histories and diagnostic testing results.

Instruction on this learning outcome will take place in:

ATRN 6100, ATRN 6101, ATRN 6102, ATRN 6104, ATRN 6109, ATRN 6110, ATRN 6114, ATRN 6119

Each of these courses contains aspects that scaffold upon one another to provide the student with the ability to achieve the learning outcome.

Outcomes will be assessed by: Standardized patient assessment in ATRN 6405.

Success will be measured by: Students achieving 80% proficiency on the standardized patient assessment.

SLO #3: Students will be able to distinguish between life threatening and non-life threatening illnesses/injuries, implement proper emergency care when applicable, and/or transfer care in a timely manner.

Instruction on this learning outcome will take place in:

ATRN 6100

Outcomes will be assessed by: Written and Practical exams in ATRN 6100

Success will be measured by: Students achieving 80% proficiency on all written and practical exams.

SLO #4: Students will be able to administer therapeutic interventions with the goal of rehabilitation and recondition of injuries, and illnesses; achieving optimal activity level based on core concepts; using the applications of therapeutic exercise, modality devices, and manual techniques.

Instruction on this learning outcome will take place in:
ATRN 6105, ATRN 6111, ATRN 6106, ATRN 6113

Each of these courses contains aspects that scaffold upon one another to provide the student with the ability to achieve the learning outcome.

Outcomes will be assessed by: Final practical exam in ATRN 6111.

Success will be measured by: Students achieving 80% proficiency on the Rehabilitation Plan of Care Assignment.

SLO #5: Students will be able to integrate best practices in the construction and implementation of policy, documentation of patient interactions, and business strategies to promote optimal patient care and employee well-being.

Instruction on this learning outcome will take place in:
ATRN 6102, ATRN 6113, ATRN 6118

Outcomes will be assessed by: Administration Project in ATRN 6118 (Policy and Procedures assignment).

Success will be measured by: Students achieving 80% proficiency on the Administration Project.

Date of Origin: 01/19

Reviewed: 01/19, 09/20

Athletic Training Program Clinical Coursework

Clinical Rotation Schedule

All students will participate in a total of 6 clinical rotations. The clinical rotations are designed to give students the opportunity to gain clinical experience in numerous workplaces and the opportunity to work with different allied health professionals (doctors, nurses, PT's, PA's). All students that are fully admitted into the athletic training program will qualify for clinical placement. Initial placements will be random. Subsequent placement will be based on student performance and proficiency master as well as clinical objectives of each corresponding clinical course. Additionally, all students will gain exposure to varied client/patient populations. Populations include: throughout the lifespan (pediatric, adult, elderly), different sexes, different socioeconomic statuses, varying levels of activity and athletic ability, and non-sport individuals. You are responsible for getting to your clinical sites (must have transportation). Time spent in each clinical is indicated below.

ATRN 6400: Introduction to Clinical Care (1 credit): The minimum expectation is 10 hours per week of clinical time, with the maximum being 15 hours per week of clinical time.

ATRN 6401: Clinical Rotation I (1 credit): The minimum expectation is 10 hours per week of clinical time, with the maximum being 15 hours per week of clinical time.

ATRN 6402: Clinical Rotation II (1 credits): The minimum expectation is 10 hours per week of clinical time, with the maximum being 15 hours per week of clinical time.

ATRN 6403: Clinical Rotation III (1 credit): The minimum expectation is 10 hours per week of clinical time, with the maximum being 15 hours per week of clinical time.

ATRN 6405: Clinical Rotation V (3 credits): The minimum expectation is 20 hours per week of clinical time, with the maximum being 25 hours per week of clinical time.

ATRN 6406: Clinical Rotation VI (6 credits): This is an immersive clinical experience. The minimum expectation is 30 hours per week of clinical time, with the maximum being 40 hours per week of clinical time.

Direct Supervision

Each student must be directly supervised by a preceptor while in the clinical setting. Direct supervision is defined as constant visual and auditory interaction between the student and preceptor. The preceptor shall be physically present for clinical instruction and evaluation and to intervene on behalf of the athlete/patient.

Instruction and Evaluation of Competencies

Competencies are instructed and evaluated in the classroom, in lab settings, and at clinical sites. Preceptors evaluate students in the clinical setting. The student, preceptor, Program Director and/or Clinical Education Coordinator review the evaluations. Completed evaluations are kept in the Clinical Education Coordinator's office. Additionally, the Clinical Education Coordinator will have regular planned communication with preceptors. **Students are not allowed to perform clinical skills for which they have not received formal instruction.**

Evaluation:

The final grade of the clinical courses will be based on evaluating the student's progress and learning, as well as evaluating the effectiveness of the preceptor and site. To achieve this the following will be used:

Clinical Education Log

Each student is required to log their clinical experiences. Students must submit their log to the Clinical Education Coordinator .

Clinical Education Forms

Students are required to submit the following forms **ON TIME** during each clinical rotation:

- Clinical Site Orientation Form
- Clinical calendar
- Preceptor Evaluation
- Clinical Site Evaluation

Clinical Evaluations

Students will be evaluated by their assigned preceptors on clinical competencies using the evaluation instrument specific to the clinical course they are enrolled. Students **must** become proficient on all clinical competencies assigned to the course. Both a formative and summative evaluation will be submitted for each clinical course.

In-class Clinical Evaluations

Students will be tested in the Athletic Training Laboratory on clinical skills using various evaluation methods including but not limited to model patient exams, case study, scenarios, and problem-based learning exams.

Attendance Policies

Clinical hours occur during the normal academic semester. Clinical hours outside of the academic semester are not required. Additionally, when school is not in session (holidays, breaks, school cancellations) students are not required to attend clinical assignments. Additionally, all students must have at minimum one day off per week. One unexcused absence during a clinical rotation will result in the lowering of the final clinical course grade by one letter. Five unexcused absences will result in failure of the clinical course. It is the student's responsibility to keep up with their scheduled clinical responsibilities and events. If an athletic training student cannot make a scheduled clinical responsibility or event, it is his or her responsibility to communicate directly with their preceptor in a timely fashion. Athletic training

students are to be prompt and on time for all clinical responsibilities and events. Two tardies for a clinical assignment will equal one unexcused absence.

Student removal from a clinical site:

A student may be removed from a clinical site at the discretion of the preceptor. If a student needs to be removed for whatever reason the Clinical Education Coordinator may not be able to place you at another clinical site. This could result in the student not completing the competencies associated with the rotation as well as the remaining clinical education forms. Lack of completion of these documents would result in failing the associated clinical course in the program and inability to progress in the program. Clinical rotations should be taken seriously. You must adhere to the schedule you make with the preceptor and give ample notice if an emergency or illness comes up (you will also need to be prepared to submit official documentation to the Dean of Students office to verify absences at clinical sites similar to absences in classes). Communication and professionalism are essential to a successful clinical rotation.

Date of Origin: 02/19

Reviewed: 02/19

Revised 7/21

**Athletic Training Program
Clinical Education Faculty**

Preceptors

Shelley Linens

UNC Charlotte Dept. of Kinesiology

Approved Preceptors

Preceptor	Clinical Site
Tony Cordova	UNC Charlotte
Kenny Cabe	UNC Charlotte
Angel Ly	UNC Charlotte
Donna Nimmo	UNC Charlotte
Gloria Krestan	UNC Charlotte
Taylor Jurczynski	UNC Charlotte
John Marshall	UNC Charlotte
Jennifer Winningham	UNC Charlotte
Jason Cline	Cabarrus County Schools-Central Cabarrus HS
Mandy Porter	Cabarrus County Schools-Concord HS
Nick Martin	Cabarrus County Schools-Concord HS
Katie Hanes-Romano	Cabarrus County Schools-Jay M. Robinson HS
Bret Wood	Cabarrus County Schools-Mt. Pleasant HS
Rachael Thompson	Cabarrus County Schools-Mt. Pleasant HS
Asal Lenz	Cabarrus County Schools-Northwest MS
Kelly Miller	Cabarrus County Schools-West Cabarrus HS
Dennette Carte	Cabarrus County Schools-West Cabarrus HS
Lauren Koontz	Gaston County Schools-East Gaston HS
Adam Elliot	Ashe County Schools-Ashe County HS
Stephanie Miller	Charlotte Country Day School
Monica Erb	Charlotte Country Day School
Mike Hervis	Charlotte Country Day School
Jason Farmer	Charlotte Country Day School
Holly Pente	The Cannon School
Hayley Goldman	The Cannon School
Anthoni Wedderburn	Cardinal Gibbons
Megan Kurzec	Davidson College
Steve Zook	Davidson College
Tori Panzica	Johnson C. Smith University
Kyndra Long	Johnson C. Smith University
Mike Haber	Johnson C. Smith University
Darci Dickison	Pfeiffer University
Moenique Parris	Pfeiffer University
Rebecca Rich	Pfeiffer University
Brandon Johnson	Queens University of Charlotte
Catherine Scott	Queens University of Charlotte
Candace Myers	Architech Physical Therapy
Jacob Deese	Architech Physical Therapy

Aaron McCarley	Ivy Rehab
Caroline Marion	Novant
Dr. Kyle Ashland	Novant
Brianna Ferrell	Atrium
Nate Sowle	Atrium
Jessica Solinski	Atrium
Travis Swails	Atrium
Jason Brafford	Atrium
Taylor Philips	Atrium
Rebecca Taylor	Atrium
Jason Simmons	Atrium
Alex Ambrose	Charlotte Checkers
Zach Casinelli	Charlotte Checkers
Phil Welsh	Charlotte FC Academy
Aleah Kirsch	Duke University
Aldo Plata	Duke University
Justin Walker	Old Dominion University
Brandon Hall	Pennsylvania State University
Steve Murray	Pennsylvania State University
Kat Chaney	Syracuse University
Shelby Knoeller	Syracuse University
Brandi Schwane	University of North Carolina at Chapel Hill
Shannon Murphy	University of North Carolina at Chapel Hill
Taylor Guardalabene	United States Performance Center-Charlotte
Hannah Jaussen	United States Performance Center-Charlotte

Date of Origin: 02/19

Reviewed: 03/22

**Athletic Training Program
Affiliated Clinical Sites**

Clinical Sites
UNC Charlotte
Cabarrus County Schools
Gaston County Schools/CaroMont
Mecklenburg County Schools/Atrium
Union County Schools/Atrium
Ashe County Schools
Charlotte Country Day School
The Cannon School
Cardinal Gibbons
Belmont Abbey College
Davidson College
Johnson C. Smith University/Atrium

Pfeiffer University
Queens University of Charlotte
Architech Physical Therapy
Ivy Rehab
Atrium Sports Medicine Offices
Novant Family Medicine/Sports Medicine Offices
Charlotte Checkers
Charlotte FC Academy
Duke University
Old Dominion University
Pennsylvania State University
Syracuse University
University of North Carolina at Chapel Hill
United States Performance Center-Charlotte

Date of Origin: 02/19

Reviewed: 03/22

ATHLETIC TRAINING PROGRAM STUDENT POLICIES AND PROCEDURES

Academic Advising

The program director of the athletic training program will be assigned as your formal academic advisor. He or she will meet with students each semester as needed to ensure students are on track for graduation.

As stated in the Graduate Catalog:

Each student is responsible for the proper completion of his or her academic program, for familiarity with the Catalog, for maintaining the grade point average required, and for meeting all other degree requirements. Students assume academic and financial responsibility for the courses in which they enroll and are relieved of these responsibilities only by formally terminating enrollment. The advisor will counsel, but the final responsibility remains that of the student.

A student is required to have knowledge of and observe all regulations pertaining to campus life and student behavior. Students are encouraged to familiarize themselves with academic terminology located in the [Glossary](#) section of this Catalog.

Email is the official form of communication at the University; each student is responsible for checking their uncc.edu email regularly, as well as maintaining communication with the University and keeping a current address and telephone number on file with the [Office of the Registrar](#).

*While associated with the University, each student is expected to participate in campus and community life in a manner that will reflect credibly upon the student and the University. The University has enacted two codes of student responsibility – **The UNC Charlotte Code of Student Academic Integrity** and **The UNC Charlotte Code of Student Responsibility** – which are summarized in this Catalog and available in full online at legal.uncc.edu/policies/chapter-400. As students willingly accept the benefits of membership in the UNC Charlotte academic community, they acquire obligations to observe and uphold the principles and standards that define the terms of UNC Charlotte community cooperation and make those benefits possible. This includes completion of institutional surveys as requested by the University for program assessment and improvement.*

Students are responsible for communicating with their advisor throughout their enrollment at the university.

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Required Costs

As part of the athletic training program the following costs are required in addition to normal UNC Charlotte tuition and fees.

Uniform Costs: Each student must purchase Athletic Training Program t-shirts and collared shirts to wear to their clinical assignments. The cost around \$80 for the first year and then around \$60 for the second year.

CPR/AED Professional Rescuer: Each student must maintain CPR/AED certification which includes blood borne pathogen training each year. Cost for certification and training is approximately \$30 and good for 2 years. You will get the certification during the ATRN 6100 class so the certification will last during your time as a student at UNC Charlotte.

Liability Insurance: Currently there is no cost to the student for liability insurance as the Department of Applied Physiology, Health and Clinical Sciences is covering the cost of liability insurance. If this changes, then the student would have to purchase liability insurance as it is mandatory for you to be covered.

Drug screen/criminal background check: All students must obtain a drug screen and criminal background check before the start of clinicals (summer of 1st year). Cost is approximately \$30.00

TB screen: All students must be cleared with a two step TB screen (cost dependent on your health insurance)

My Clinical Exchange: This is the process you will have to go through (paperwork) to do clinicals in the hospital/physician's office. Cost is \$20.00

*Students cannot participate in clinical experiences without uniform, CPR/AED certification, TB screen, or a drug screen/criminal background check. If the student cannot participate in clinical experiences they will be removed from the program.

Optional:

NATA Membership: All students are strongly encouraged to join the NATA. This is the professional organization for athletic trainers. Benefits of joining the NATA are ability to apply for regional and national scholarships as well as access the internship/graduate assistantship/job placement listing, subscription to the Journal of Athletic Training, and a discount on the certification examination.

Date of Origin: 02/19

Date of Review: 02/19, 01/21

Athletic Training Program Progression & Retention Policy

Progression

Students enrolled in the Master of Science in Athletic Training Program should complete the required courses in the correct order. Courses specific to the Athletic Training degree **must** be completed in the identified sequence. A summary of that sequence is as follows:

Year 1

Summer Session I

ATRN 6100: Acute and Emergency Care in Athletic Health Care

ATRN 6101: Clinical Anatomy for Allied Health

Summer Session II

ATRN 6102: Fundamentals in Athletic Training

ATRN 6400: Introduction to Clinical Care

Fall Semester

ATRN 6106: Therapeutic Exercise Techniques

ATRN 6104: Clinical Evaluation and Diagnosis of the Lower Extremity

ATRN 6105: Therapeutic Modalities

ATRN 6401: Clinical Rotation I

Spring Semester

ATRN 6109: Clinical Evaluation and Diagnosis of the Upper Extremity

ATRN 6110: Clinical Evaluation and Diagnosis of the Head and Spine

ATRN 6111: Therapeutic Interventions

ATRN 6113: Patient Centered Health Care

ATRN 6402: Clinical Rotation II

Year 2

Summer Session I

ATRN 6114: General Medicine and Pharmacology I

ATRN 6403: Clinical Rotation III

Fall Semester

ATRN 6107: Foundations of Modern Health Care

ATRN 6118: Athletic Health Care Administration

ATRN 6119: General Medicine and Diagnostic Procedures

ATRN 6405: Clinical Rotation V

Spring Semester

ATRN 6121: Behavioral Health in Sports Medicine

ATRN 6406: Clinical Rotation VI

All students can earn one “C” grade in the MSAT program. Upon earning the second “C” grade the student would be removed from the program per Graduate School Policy.

Date of Origin: 02/19
Date of Review: 02/19

Athletic Training Program Dismissal Policy

- I. The faculty members of the UNC Charlotte Athletic Training Program have an academic, legal, and ethical responsibility to protect members of the public and of the health care community from unsafe or unprofessional Athletic Training practices. This policy reflects that obligation.

- II. A student may be dismissed from the program if he or she:
 1. Receives 2 or more C grades (see Graduate School Policy below)
 2. Does not meet the requirements to participate in clinical experiences.
 3. Demonstrates behavior which conflicts with safety essential to Athletic Training practice
 4. Presents physical or emotional problems which conflict with safety essential to Athletic Training practice and does not respond to appropriate treatment or counseling within a reasonable period of time
 5. Engages in conduct which violates the North Carolina Athletic Training State Practice Act
 6. Engages in conduct which violates the Code of Ethics for Athletic Trainers of the National Athletic Trainers' Association which has been adopted by the Athletic Training Educational Program as its standard for ethical conduct by faculty and students
 7. Engages in Athletic Training practice for which the student has not been authorized or for which the student has not been educated at the time of the incident
 8. Engages in conduct which threatens or has the potential to threaten the physical, emotional, mental, or environmental health or safety of a client, a clients family member or substitute familial person, another student, a faculty member, another health care provider, or the student himself or herself
 9. Substantially disrupts the programs of the Athletic Training Program or its affiliates
 10. Fails to participate in or complete clinical work for any reason or fails to perform clinical work which is consistent with professional Athletic Training practice, including satisfactory performance of any critical behaviors specified on the evaluation tool for each course
 11. Fails to adhere to College and clinical site policies and procedures.
 12. Issues related to the criminal background check/drug screen, resulting in an inability to place the student in a required clinical setting (See Appendix C).

All students are regularly evaluated against the above standards in relation to clinical practice and may be dismissed from any course or from the Athletic Training program upon violation of any of the stated standards, regardless of course grades.

- III. Where the Director of the Athletic Training Program or her designee determines that a student may have violated one or more of the standards defined in Section II, that administrator will determine whether the violation warrants dismissal

(Section IV), or should be addressed through warning and follow-up (Section V). The Director of the Athletic Training Program may temporarily suspend the student from further clinical activity pending the outcome of the procedure for dismissal (Section IV), or issuance of the written and oral warning (Section V).

- IV. Where the Director of the Athletic Training Program or designee determines that the procedure for dismissal from the program should be invoked, she will provide the student a written statement of the facts upon which the proposal to dismiss is based. The student will have the opportunity to appear before the Director of the Athletic Training Program and a panel of Athletic Training Program faculty members to refute the facts, offer other information, or make any other statement concerning the proposed dismissal. The Director of the Athletic Training Program and panel will consider that information together with the information upon which the proposal to dismiss was based and determine whether adequate cause for dismissal has been established. The Director of the Athletic Training Program will notify the student of the decision.
- V. Where the Director of the Athletic Training Program or designee determines that violation of any of the standards should be addressed through warning and follow-up, the faculty member or preceptor involved will provide the student with oral and written warnings outlining the exact nature of the behavior and possible consequences. The unsafe or unprofessional behavior shall be corroborated by a second person, a staff member at the athletic training clinical site, another faculty member, or by documentation of unsafe or unprofessional behavior in a prior course evaluation.

In appropriate circumstances the student may be afforded opportunities to correct the behavior, as agreed upon by the faculty member or clinical supervisor in consultation with the Program Director and the Department Chair. Written evaluation of each clinical days work by the student shall be carried out by the faculty member or preceptor involved and shared with and signed by the student. Should the student subsequently fail to meet any of the academic standards stated, dismissal from the course with a failing grade and/or from the College may be invoked. The review of students' behaviors related to the above shall be carried out in a course team meeting.

VI. POST-DISMISSAL PROCEDURE

Upon dismissal from a course or from the Athletic Training Program , the student may invoke the "Academic Grievance Policy of the College of Health and Human Services." The written grievance must be submitted within seven (7) working days of receipt of the written dismissal and be sent to of the Director of the Athletic Training Program , following steps 1 and 2 of the "Academic Grievance Policy."

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Appeal Procedures

Policy Appeals

A student who wishes to appeal a policy of the Department of Applied Physiology, Health and Clinical Sciences or the Athletic Training Program may do so by submitting a written appeal to the Department Chairperson. This appeal will be reviewed and judgment made by the faculty of the department. Students should refer to the grievance and appeals policy in the College of Health and Human Services Student Handbook.

Final Grade Appeals

Final grades must follow the UNC Charlotte final grade appeal procedure described at <http://www.uncc.edu/unccatty/policystate/GradeAppeal.html>

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Readmission Policy

Intent to Re-enroll following a Non-academic Absence

Permission to re-enroll is contingent on reapplying to the program. Any graduate athletic training student who plans to enroll in an athletic training course after a non-academic absence of one or more semesters (or one 8 week course period) from any athletic training course must reapply to the program during the normal application period.

Date of Origin: 02/19

Date of Review: 02/19

Graduation

The following items must be completed prior to graduation:

- Successful completion of all MSAT courses (see course sequence on page 11) and clinical requirements.
- Application for Candidacy: To apply for candidacy for a graduate certificate, masters, or doctoral degree: log into 49erExpress, select Banner Self-Service, Student Services, Student Records, and Apply for Candidacy for Graduate Students. After completing all sections, the application is printed and taken to the department for the Graduate Directors approval Signature. This should be started on the 1st day of classes during the student's final term.
- Application for Graduation: To apply to graduate with a graduate certificate, masters, or doctoral degree: log into 49erExpress, select Banner Self-Service, Student Services, Student Records, and Online Graduation Application. Click "Continue" if this is the first time a graduation application has been submitted, or "Create a New Application" if one has been submitted previously. After completing all sections, click the "Submit" button. This should be started on the 1st day of classes during the student's final term.
- Exit Survey: An electronic survey will be distributed during the 2nd spring term and must be completed prior to the last day of class to receive final approval for graduation. All answers are anonymous and we want brutal honesty about the courses, program, etc.

General information about graduation and the associated fees can be found [here](#).

Date of Origin: 02/19

Date of Review: 02/19

Additional Academic Regulations

Continuous Registration: Students in graduate degree programs are required to maintain continuous registration (fall and spring semesters) for thesis, dissertation, project, or directed study until work is completed. If you have completed all of the course requirements and Practicums, you may register for the KNES 7999 (Graduate Residency). Complete a [graduate petition](#) form to register for the course.

Grading Policies: The MSAT program follows all grading policies set forth by UNC Charlotte. Please reference the Graduate Catalogue for specific information related to any grading policy questions.

The grade of I is assigned at the discretion of the instructor when a student who is otherwise passing has not, due to circumstances beyond his/her control, completed all the work in the course. The missing work must be completed within 12 months (exact date determined by instructor) or the I will be changed to a U.

Academic Standing: The MSAT program follows all academic standing, suspension, and appeal policies set forth by UNC Charlotte with one exception. Students who receive 2 C's will be suspended from the program and will need to perform the appeal procedure.

University policy requires that no course listed on a master's student's candidacy form be older than six years at the time of graduation. Courses that exceed this time limit must be revalidated or retaken. Complete a [graduate petition](#) form to request a course revalidation.

Letters of Recommendation: Before any faculty or staff member can submit a letter of recommendation on your behalf to potential employers or scholarship agencies, etc. a FERPA form must be completed. This form allows the recommender to discuss your academic performance in their classes and general academic information like your GPA.

FERPA: The Family Educational Rights and Privacy Act ([FERPA](#)) was enacted in 1974. See the [FERPA Regulations](#) that implement that Act. The primary purpose of FERPA is to protect the privacy of student information, and this protection is achieved by controlling access to and disclosure of students' "education records," as that term is defined in FERPA. Faculty, staff, and administrative officers at UNC Charlotte are required by FERPA to treat education records confidentially, unless a [legal exception](#) applies, or the student provides [written consent](#) to disclose. Students also have the right to inspect and review their education records and to request that their records be amended. For additional information, please see [University Policy 402, Student Records](#) and [FERPA Guidance and Resources](#).

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Attendance Policy

The University of North Carolina at Charlotte does not have a mandatory attendance policy. Attendance policy is set at the discretion of each individual professor for his or her classes. Class attendance is highly recommended.

Attendance is required and mandatory for all scheduled clinical assignments. Students are required to complete the required time described earlier in the clinical setting. Three unexcused absences during a clinical rotation will result in the lowering of the final clinical course grade by one letter. Five unexcused absences will result in failure of the clinical course. It is the student's responsibility to keep up with their scheduled clinical responsibilities and events. If an athletic training student cannot make a scheduled clinical responsibility or event, it is his or her responsibility to communicate directly with their Preceptor in a timely fashion. Athletic training students are to be prompt and on time for all clinical responsibilities and events. Two tardies for a clinical assignment will equal one unexcused absence.

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Dress Code

All athletic training students are expected to present themselves in a professional manner. Your appearance reflects you as a person as well as determining how you are perceived by the public. While attending your clinical site and representing the University of North Carolina at Charlotte each student is expected to adhere appropriate dress code. Appropriate dress code will enable clients/patients to be able to differentiate you as a student from credentialed providers. The dress code is as follows:

1. You must wear the name tag we provide you during all clinical experiences. This ensures patients/athletes understand you are a student.
2. Only UNC Charlotte Athletic Training T-shirts, golf shirts, or sweatshirts are permitted for on campus clinical assignments. Students assigned to an off-campus clinical site are permitted to wear official athletic training attire provided by that clinical site. Students assigned to clinic-based settings should follow the dress code established by that site.
3. All students are required to purchase UNC Charlotte athletic training t-shirts and 2 polo shirts as part of their clinical site uniform each year. Additional clothing is available for purchase if the students are interested.
4. All shirts advertising alcohol, tobacco, or the like are absolutely prohibited.
5. Charlotte Athletic Training Polo Shirt, Khaki shorts/pants, and athletic shoes are required attire for all games and official functions unless otherwise approved or instructed by supervising Certified Athletic Trainer.
6. Shirts shall be worn tucked in at all times.
7. Sweatshirts, Sweatpants, and Warm-ups fall under the same restrictions as listed above.
8. No Jeans or cut-offs will be allowed at any time in the clinical setting.
9. Overly short-shorts are prohibited.
10. Halter-tops, Tank-tops, etc. are not permitted.
11. Socks shall be worn with tennis shoes.
12. Sandals or Flip-flops are not allowed during clinical or field experience.
13. Hats are limited to UNC Charlotte advertising or one approved by your preceptor.
14. Hair is to be kept neat and clean and of appropriate length. Men should keep facial hair neatly trimmed and clean. Nails should be kept at a suitable length.
15. Travel attire is at the discretion of the Supervising Certified Athletic Trainer. Appearance must be professional.
16. Jewelry must be kept to a minimum and should not interfere with duties as an athletic training student.

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Latex Response Plan

When working in the clinical setting or labs, students may be exposed to latex and other allergens.

Procedure:

For students with known sensitivity/allergy to latex or any other element in the lab environment, it is recommended that you:

- obtain consultation from your health care provider about your sensitivity/allergy, risks and treatment.
- inform the lab or clinical faculty of your sensitivity.
 - Latex-free gloves may be provided. However, the lab environment is not latex free.
- inform the faculty member of your plan to handle a reaction.
- in case of a life-threatening reaction, an ambulance will be summoned.
 - Any faculty member or student may **dial 911 on the phone in the lab, state that you have a life threatening emergency and need an ambulance.**
 - Student/faculty member will be transferred to a hospital in the community.
 - Neither emergency transportation or care is provided at Brocker Health Center.

Faculty with known sensitivities are to inform the Director of the Athletic Training Program and their department chair as above.

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Student Folders

Academic and Health History Folder Policy

The College of Health and Human Services adheres to the requirement of the law regarding review of student folders (See university policy statement No. 69, “The Privacy of Educational Records”).

Students may review the contents of their academic folders only in the presence of a College faculty member or secretary. The student reviewing his/her folder must sign and date the College Student Folder Review Sheet.

Right of access to student academic folders is limited to College Health and Human Services faculty who require access to the information in the folder to make decisions about College business or for advising or evaluation purposes.

Any person outside the College of Health and Human Services who wishes to review a student's folder must comply with university policy statement No. 69, “The Privacy of Educational Records.”

Athletic Training Majors: Health History information is maintained in a different folder than the Academic folder. Review of the Health History folder is subject to the same policy and procedures as the Academic Folder.

Results of Drug Testing and Criminal Background checks will be maintained in the Health History Folder. Refer to the Drug Testing and Criminal Background Check Policy for further information.

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Immunization Requirements/Student Health Screening

North Carolina state law requires anyone entering college to present a certificate of immunization that documents their compliance with all required immunizations. The Immunization Department gladly accepts these records for review and serves to assist UNC Charlotte students with questions about becoming compliant with this law. Once complete records are received, the Immunization Department documents this compliance for the University Office of the Registrar. All required vaccines are available at the Student Health Center.

More information regarding Immunization Requirements can be found:
<https://studenthealth.uncc.edu/immunizations/immunization-requirements>

Prior to admission to the university, all students must submit evidence of a physical examination. Students must present documentation of a completed series of HBV immunizations * prior to any contact with patients/clients, or sign a declination form indicating a refusal of the vaccination. This information must be submitted and maintained in the office of the program director.

* Students may enter the program by showing proof of two HBV immunizations. The final immunization must be completed at the earliest possible date to continue their program.

Date of Origin: 02/19
Date of Review: 02/19

Athletic Training Program Student Technical Standards

Technical Standards define the attributes that are considered necessary for students to possess in order to complete their educational program. These Technical Standards are used to assist each prospective student in determining whether accommodations or modifications are necessary in accordance with the Americans with Disabilities Act. These Technical Standards are determined to be pre-requisite for entrances to, continuation in, and graduation from a student's chosen discipline in the College of Health and Human Services.

Students must possess aptitude, ability and skills in the following four areas:

Psychomotor Ability (Coordination/Mobility): Physical ability sufficient to move within the client environment; gross and fine motor skills sufficient to provide safe and effective services.

Senses (Visual, hearing, tactile, olfactory): Sensory ability necessary to observe and perform skills essential in providing safe and effective services.

Communication (Verbal, Non-verbal, Written): Communication abilities sufficient for interaction with others in verbal and written form in classroom, lab, and service settings. Interpersonal verbal and nonverbal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

Behavioral/Social Attributes: Ability to fulfill professional behavioral and social responsibilities in the role of a student, with faculty, professional staff, clients, and peers.

Candidates for selection to the Athletic Training Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

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

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Communicable and Infectious Disease Control Policy

Athletic training students are required to contact their assigned preceptor for information regarding the infectious/communicable disease control policy at their clinical site. All students receive blood borne pathogen training through a canvas course (this will be sent to you before any clinical rotations begin) and sanitation precautions as part of their American Red Cross Certification for the Professional Rescuer. This training occurs during their first summer session in ATRN 6100: Acute and Emergency Care in Athletic Health Care course. Students should ensure they are familiar and have access to appropriate blood-borne pathogen barriers, proper sanitary precautions, and biohazard disposal equipment and procedures at each clinical site.

The following information provides general guidelines for student protection should an exposure incident occur. **STUDENTS MUST OBTAIN INFORMATION FOR EACH CLINICAL SITE REGARDING EXPOSURE CONTROL** as part of their clinical site orientation.

1. Any students who feels they may have contracted a communicable illness that may be transmitted to others must notify their preceptor and the MSAT program director immediately. Students should always stay home if they feel sick.
2. If students come in direct contact with blood or body fluids at their clinical site or in class they must immediately contact the instructor of the course or preceptor and immediately follow the procedures to safely clean the area and pursue follow up testing as needed.
3. In times of communicable disease outbreaks (such as COVID-19) certain clinical sites may require regular health screenings/testing to ensure safety. Students must follow the procedures set by the clinical site or the University in regards to health screenings/testing.
4. All students are required to comply with any mandatory infection control measures implemented by the University, MSAT program or clinical site. This may include, but is not limited to, requirements for the mandatory wearing of masks, social distancing, screening or use of other PPE.
5. Students with suspected or confirmed communicable illnesses are encouraged to seek proper medical care, counseling and education.
6. The confidentiality and privacy of all students suspected of having or being exposed to a communicable disease is the priority of the MSAT program and our clinical sites.

Date of Origin: 02/19

Date of Review: 02/19

Revised: 08/20

UNC Charlotte
MSAT Program COVID-19 Policy

It is not required to wear face masks currently in classrooms and on campus at UNC Charlotte. It is important to note policies may change and students may have to wear a mask if they become required. Some clinical sites may require students to wear a mask, so check with your preceptor to see their specific mask requirements. Additionally, students are required to:

- Complete your niner health check each morning
- Stay home if you are feeling ill
 - Follow recommendations of the niner health check and communicate those recommendations to your instructors and preceptors
- Wash hands after every patient contact or every classmate contact (when practicing clinical skills)
- Wipe areas you touch or sit with provided cleanings/wipes after use in classes and clinicals
- Stay 6 feet away whenever possible from others
- In class, only work with/come in close contact with someone that is your assigned partner
- You must contact your preceptor, program director and clinical education coordinator if you suspect you have COVID-19 or are exposed to COVID-19 immediately.

If you were in close contact with someone that has tested positive for COVID-19 you must quarantine for 14 days. A close contact is defined as:

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you
- You should wait 3 – 4 days from exposure to get tested for COVID-19 so you do not receive a false negative result

Stay home and monitor your health

- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever (100.4°F), cough, shortness of breath, or [other symptoms](#) of COVID-19
- If possible, stay away from others, especially people who are at [higher risk](#) for getting very sick from COVID-19

If you test positive with COVID-19:

- Isolate for at least 10 days + 24 hours asymptomatic without the use of fever reducing medication from the date of the positive test
- Complete the niner health check to ensure the University knows you test positive and they can begin contact tracing and quarantine those with direct contact
- Contact preceptors so they can begin contact tracing and quarantine those with direct contact
- Follow guidance from your physician in regards to your specific condition and when it is safe for you to return to classes and clinicals

Date of Origin: 08/20, Date of Review: 08/20

Athletic Training Program Radiation Exposure Procedures

Students will not be exposed to radiation while on UNCC's campus. However, the University has emergency procedures in place and are as follows:

1. Report any leak, spill, or release of radioactive material to the responsible Authorized User immediately. If the Authorized User is unavailable, call the Emergency Contact. The Environmental Health and Safety (EHS) Office may also be contacted via University Police number below.
2. Only the Authorized User, trained radiation workers in the lab or the Radiation Safety Officer can complete leak/spill cleanups. All persons working on a leak/spill cleanup must be fully aware of the hazards posed by the particular radioactive isotope involved – always consult the Nuclide Safety Data Sheet for the isotope involved in the spill for hazard/risk control requirements.
3. Prevent spread of contamination from accident site. Use absorbent paper to stop or confine the spread of contaminants if it can be done safely. Decontaminate the area, starting from the perimeter and cleaning toward the center of the spill (use mild cleaning agents such as White Vinegar, Formula 409, Fantastik or Windex). Avoid any physical contact with contaminants.
4. Clear all unnecessary persons from radiation area.
5. Use nearest telephone for communications and avoid walking spilled material throughout the building.
6. Assemble all personnel in nearby safe area until radiation surveys and personnel decontamination are completed by authorized lab personnel and the Environmental Health and Safety Office.
7. Close doors and windows and if isotope is highly aerosol (Iodine 125/131), turn off air handling equipment that could lead to the spread of contamination throughout the building. Keep fume hoods operating within the laboratory.
8. Control access to the radiation area and place warning signs indicating radiation and/or contamination hazards.
9. Decontamination of rooms and building shall be done under supervision of the Environmental Health and Safety Office. See the "Responding to Radioactive Material Spills in Laboratories" flowchart for more information.
10. The Environmental Health and Safety Office will assess the emergency event and contact the NC DHHS – Office of Radiation Protection as required by the reporting thresholds, if exceeded, as detailed in 10A NCAC 15 rule .1646.

A student could be exposed to radiation while completing clinical hours during their Primary Care rotations during ATRN 6403 and ATRN 6404. Possible exposure precautions and procedures must be discussed during clinical site orientation.

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program
Calibration and Maintenance of Equipment Policy

Students should know that program conducts an inspection and calibration of our equipment in the teaching and laboratory spaces here at UNCC on an annual basis. All equipment is maintained according to manufacturer guidelines. This report can be obtained from the Coordinator of Clinical Education.

Each clinical site must provide their annual inspection and calibration report to the program. Files are maintained by the Coordinator of Clinical Education.

Date of Origin: 02/19
Date of Review: 02/19

Athletic Training Program Severe Weather Policy

Students should follow the UNC Charlotte severe weather guidelines for class attendance. In the case of severe weather that results in the cancellation of University classes, students are not required to report to their clinical assignments. Students are responsible for obtaining information about school closings and delays. The University provides a weather hotline for obtaining such information.

**In the event of inclement weather, please call
704-687-2877
for information about closings or delays.**

Additionally, the following television and radio stations also will broadcast closing or delay information:

- WBTB Channel 3 (CBS)
- WCNC-TV Channel 6 (NBC)
- WSOC-TV Channel 9 (ABC)
- WCCB-TV Fox 18
- WBT-AM (1110 AM)
- WBT-FM (99.3 FM)
- WDAV-FM (89.9 FM)
- WFAE-FM (90.7 FM)
- WCHH-FM (92.7 FM)
- WWMG-FM (96.1 FM)
- WKKT-FM (96.9 FM)
- WRFX-FM (99.7 FM)
- WLYT-FM (102.9 FM)
- WSOC-FM (103.7 FM)

If a student is assigned to an off-campus clinical site they should contact their preceptor in the event of inclement weather. Students should review the severe weather policy for their assigned clinical site with their preceptor and develop a plan of action should unsafe conditions arise.

Date of Origin: 02/19

Date of Review: 02/19

NATA Recommendations for Lightning Safety

Condensed from the NATA Position Statement: Lightning Safety for Athletics and Recreation. Journal of Athletic Training 2000;35(4) 471-477.

Prevention

1. The most effective means of preventing lightning injury is to reduce the risk of casualties by remaining indoors during lightning activity. When thunder is heard or lightning seen, people should vacate to a previously identified safe location.
2. An EAP policy specific to lightning safety should exist with all clinical sites with outdoor clinical experiences.
3. No place outdoors is completely safe from lightning, so alternative safe structures must be identified. Sites that are called “shelters” typically have at least one open side and therefore do not provide sufficient protection from lightning injury. These sites include dugouts; picnic, golf, or rain shelters; tents; and storage sheds. Safe places to be while lightning occurs are structures with 4 substantial walls, a solid roof, plumbing, and electric wiring structures in which people live or work.
4. Buses or cars that are fully enclosed and have windows that are completely rolled up and metal roofs can also be safe places during a lightning storm.
5. People should remain entirely inside a safe building or vehicle until at least 30 minutes have passed since the last lightning strike or the last sound of thunder.
6. People injured by lightning strikes while indoors were touching electric devices or using a landline telephone or plumbing (eg, showering). Garages with open doors and rooms with open windows do not protect from the effects of lightning strikes.

Treatment and Management

7. Victims are safe to touch and treat, but first responders must ensure their own safety by being certain the area is safe from imminent lightning strikes.
8. Triage first lightning victims who appear to be dead. Most deaths are due to cardiac arrest. Although those who sustain a cardiac arrest may not survive due to subsequent apnea, aggressive CPR and defibrillation (if indicated) may resuscitate these patients.
9. Apply an AED and perform CPR as warranted.
10. Treat for concussive injuries, fractures, dislocations, and shock.

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program Student Travel Policy

Students assigned to preceptors who work with athletic teams often have the opportunity to travel with those teams. This is a very valuable aspect of the clinical experience and students should work with their preceptors to establish a clinical schedule that allows for travel experience. **Under no circumstances are students permitted to travel with a team alone.**

Date of Origin: 02/19

Date of Review: 02/19

Athletic Training Program
Health Insurance Portability and Accountability Act (HIPAA)

This policy addresses The University of North Carolina at Charlotte's obligations to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying [privacy regulations](#), which require the University's health care components to protect against unauthorized use or disclosure of individually identifiable health information (specifically "protected health information" or "PHI").

PHI under HIPAA excludes individually identifiable health information in education records, including student health records, covered by the [Family Educational Rights and Privacy Act \(FERPA\)](#), as amended, 20 USC 1232g and records described at 20 USC 1232g(a)(4)(B)(iv). FERPA guidance is provided by the University's FERPA Policy ([University Policy 402](#)). Records protected by FERPA will be protected and disclosed as mandated by FERPA and University policy. It is the goal of the University, however, to apply HIPAA regulations and practices so long as such application does not result in a violation of FERPA.

More information regarding HIPAA can be found: <https://legal.uncc.edu/policies/up-605.2>

How in which each clinical site protects patients' privacy and confidentiality must be discussed during Clinical Site Orientation prior to any patient interaction.

Athletic Training Program
The National Athletic Trainers' Association Code of Ethics

The National Athletic Trainers' Association's Code of Ethics were written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code of Ethics is to assure a high quality of health care. The standards set forth by the Code of Ethics presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code of Ethics as a whole. Whenever there is a conflict between the Code of Ethics and legality, the laws prevail. The guidelines set forth in this Code of Ethics are subject to continual review and revision as the athletic training profession develops and changes.

Principle 1:

Members shall respect the rights, welfare and dignity of all individuals

1.1-Members shall not discriminate against any legally protected class.

1.2-Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.

1.3-Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted by law.

Principle 2:

Members shall comply with the laws and regulations governing the practice of athletic training.

2.1-Members shall comply with applicable local, state, and federal laws and institutional guidelines.

2.2- Members shall be familiar with and adhere to all National Athletic Trainers' Association guidelines and ethical standards.

2.3- Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority

2.4- Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

Principle 3:

Members shall accept responsibility for the exercise of sound judgment.

3.1- Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2- Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.

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

Principle 4:

Members shall maintain and promote high standards in the provision of services.

4.1- Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.

4.2- Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

4.3- Members who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.

4.4- Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.

4.5- Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.

4.6- When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

Principle 5:

Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.

5.1- The private conduct of the member is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.

5.2- Members of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.

5.3- Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

5.4- Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

Appendices

Appendix A: Athletic Training Immunization Requirements and Technical Standards

Last Name	First Name Middle Name	Date of Birth (mo/day/yr) Banner Number*

This section to be completed by

PHYSICAL EXAMINATION

In order to ensure the safety of students and patients, a recent (within 6 months of beginning a clinical course) physical is required for Athletic Training students. The examination may be completed by a physician, nurse practitioner or physician's assistant.

Based upon this examination, this individual has been examined and found to be: (check one)

able to participate *without restrictions* in the activities of an allied health professional in a clinical setting as outlined in the Technical Standards (attached).
 OR
 unable to participate without restrictions in the activities of an allied health professional in a clinical setting as outlined in the Technical Standards (attached).

Explain: (attach explanation)

This student has known allergies to: _____

Signature of Physician/NP/PA Printed Name Date

Office Address Area Code/Phone Number

This section to be completed by student or physician's office.

REQUIRED IMMUNIZATIONS				
Immunization	mo/day/year	mo/day/year	mo/day/year	mo/day/year
DPT or TD	#1	#2	#3	#4
TD Booster				
Polio	#1	#2	#3	
Measles, Mumps, Rubella (MMR)	#1	#2	Rubella only if born before 1957:	or:
Hepatitis B	#1	#2	#3 antiHBs	
Varicella (chicken pox)	#1	#2		or:
TB Test				
Influenza (annual requirement)				

OPTIONAL IMMUNIZATIONS			
Immunization	mo/day/year	mo/day/year	mo/day/year
Hemophilus Influenzae, b			
Pneumococcal			
Meningococcal			
Hepatitis A Series			
Other			

College of Health and Human Services Technical Standards for Graduate Programs

Technical standards define the attributes that are considered necessary for students to possess in order to complete their education and training, and subsequently enter clinical practice. These technical standards are determined to be prerequisites for entrance to, continuation in, and graduation from a student's chosen program in the University of North Carolina at Charlotte College of Health and Human Services.

Students must possess aptitude, ability, and skills in four areas: Psychomotor (coordination/mobility); Senses (visual, auditory, tactile, olfactory); Communication (verbal, nonverbal, written); Behavioral/Social Attributes.

The technical standards described by a student's chosen program are critically important to the student and must be autonomously performed by the student. Contact specific programs for detailed technical standards. Reasonable accommodation of disability will be provided after the student notifies the department of the disability and appropriate professionals have documented the disability.

Standard

College Definition

Psychomotor
(Coordination/Mobility)

Physical ability sufficient to move within the client environment; gross and fine motor skills sufficient to provide safe & effective services

Senses
(Visual, auditory, tactile, olfactory)

Sensory ability necessary to observe and perform skills essential in providing safe & effective services

Communication
(verbal, non-verbal, written)

Communication abilities sufficient for interaction with others in verbal and written form in classroom, lab and service settings.

Behavioral/Social Attributes

Ability to fulfill professional behavioral and social responsibilities in the role of a student, both with faculty and clients

Definitions adapted from:

Watson, P. (1995). Nursing students with disabilities: A survey of baccalaureate nursing programs. Journal of Professional Nursing. 11(3), 147-153;

Davidson, S. (1994). The Americans with disabilities act and essential functions in nursing programs. Nurse Educator. 19 (2), 31-34;

Wichita State University (1998). Academic Admissions Criteria Task Force Recommendations, March 19, 1998.

American Nurses Association. (1985). Code for nurses. Kansas City, MO. :American Nurses Association Press.

Date of Origin: April 24, 2000

August 14, 2008

Appendix B: CHHS Drug Testing and Criminal Background Check Policy

Dear CHHS Student:

As a student in the College of Health and Human Services, you will complete clinical assignments, field placements, internships, or other applications of your health and human service disciplines in health care facilities, social service agencies, or school systems. Most of these agencies are requiring that our students in nursing, athletic training, exercise physiology, health fitness, public health, social work, and health administration complete criminal background checks and drug screening *prior* to entering the agency for any educational experience. Therefore, to complete your program requirements with an agency above, you must obtain a criminal background check and drug screen, the cost of which is your responsibility.

In response to this requirement by our education affiliation agencies (hospitals, schools, nursing homes, social service agencies, etc.), the College of Health and Human Services has revised our policy regarding criminal background checks and drug screening. (See the attached policy.) Complete and sign the ***Drug Screening and Criminal Background Check Acknowledgement and Agreement*** and return it to Dr. Turner in the College of Health and Human Services by the first day of classes. Obtain the results of your criminal background check and drug screening BEFORE you enter a class that requires a clinical rotation, internship, field placement, or practicum.

Criminal background checks must be done by Castle Branch. Please refer to the college's website at <http://www.health.uncc.edu/>. Click on Student Services and then Clinical Agency Compliance for specific directions on obtaining a criminal background check by Castle Branch. No other agency's criminal background check will be accepted. Drug screening information is on the same website under Clinical Agency Compliance. You, as a student, will be responsible for keeping the results of the criminal background check and the drug screen to demonstrate compliance to each affiliation agency. UNC Charlotte, College of Health and Human Services will not keep records of student results and therefore cannot verify for you or the agency if you are in compliance with the agency's policy. If you do not have these tests, you will receive an unsatisfactory daily grade for your clinical rotation, practicum, internship, or field agency performance until you can demonstrate that you have completed these tests. If an agency rejects a student based on the results of the criminal background check or drug screen, CHHS will make one attempt to find a replacement clinical site, field placement, internship or practicum. A student may be dismissed from a program because education affiliation agencies will not accept the results from the criminal background check and/or drug screen.

Sincerely,

Dr. Tricia H. Turner, PhD, ATC, LAT, FACSM
Associate Professor, Athletic Training Program Director
UNC Charlotte

UNC CHARLOTTE COLLEGE OF HEALTH AND HUMAN SERVICES
CRIMINAL BACKGROUND CHECK AND DRUG SCREENING POLICY
STUDENT

1. Introduction

It is a condition of initial enrollment in the College of Health and Human Services (CHHS) Programs, and a condition of eligibility to continue enrollment, that CHHS students meet all academic and other requirements imposed by CHHS, as well as all requirements of each external health and human service facility where CHHS attempts to place the student in a given semester.

CHHS must secure the cooperation of independent external health and human service facilities (“Facilities”) to provide appropriate educational, internship, clinical, or field experiences for its students. Increasingly, those Facilities will not accept students who do not meet requirements that apply to employees at the Facility, including drug tests and criminal background checks. Because criminal background checks are now required by the North Carolina Board of Nursing for all licensure applicants, and because of recommendations from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), many Facilities now require that CHHS students who will intern at their sites successfully complete criminal background checks and drug screening.

Many public and private schools and social services facilities also require criminal background and drug screening of CHHS students who interact with elementary/high school students and social service clients. Thus, in addition to meeting all CHHS academic and other requirements, students have the additional responsibility to meet requirements imposed by each Facility where they will receive clinical or field education, including internships.

A student who is rejected by one or more Facilities because of failure to meet that Facility’s criminal background and/or drug testing requirements may be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

2. Facility Criminal Background Check Requirements

- a. Comply with the criminal background check requirements at each Facility to which students are assigned.

In some cases, the Facility will undertake criminal background checks. Students will usually bear all expense associated with meeting these requirements. CHHS will receive notice only that the student has been accepted or rejected by the Facility. If a student is rejected, CHHS will attempt to assign the student to another Facility. If no Facility accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

- b. Undergo a criminal background check by a CHHS-approved agency.

Some Facilities require that students obtain criminal background checks on their own. In these cases, CHHS will help facilitate students’ obtaining their criminal background checks through a CHHS-approved criminal investigation agency. The criminal background check will be conducted at the student’s expense. The criminal investigation agency will provide the background check results to a CHHS employee, who will share the results with the student. If the Facility has provided CHHS with specific directives regarding appropriate background check results for acceptance to Facility’s field experience, then CHHS will document whether or not the student’s background complies with those standards and communicate to the Facility whether the student’s background complies with those

standards. If the Facility has not provided explicit standards to CHHS, then CHHS will share all positive results of a student's criminal background check with the Facility. CHHS will document its communications with the Facility, the Facility's directives concerning any positive results, and CHHS's actions in response to the Facility's directives. If a student is rejected from a Facility, CHHS will attempt to assign the student to another Facility. If no Facility accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

3. Facility Drug Screening Requirements

- a. Comply with the drug screening requirements at each Facility to which students are assigned.

In some cases, the Facility will undertake drug screening. Students will usually bear all expense associated with meeting these requirements. CHHS will receive notice only that a student has been accepted or rejected by the Facility. If a student is rejected from a Facility, CHHS will attempt to assign the student to another Facility. If no Facility accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

- b. Undergo drug testing by a CHHS-approved drug screening laboratory.

Some Facilities require that students obtain a drug screening on their own. In these cases, CHHS will help facilitate students' obtaining their drug screenings through a CHHS-approved independent drug screening laboratory. The drug screening will be conducted at the student's expense. The independent drug screening laboratory will provide the drug test results to the student, who will provide those results to the specified CHHS employee. If the Facility has provided CHHS with specific directives regarding appropriate drug test results for acceptance to Facility's field experience, then CHHS will document whether or not the student's results comply with those standards and communicate to the Facility whether the student's results comply with those standards. If the Facility has not provided explicit standards to CHHS, then CHHS will share all positive results of a student's drug screening with the Facility. CHHS will document its communications with the Facility, the Facility's directives concerning any positive results, and CHHS's actions in response to the Facility's directives. If the result is positive, and the Facility rejects the student, CHHS will attempt to place the student at another Facility. If no Facility accepts a student, he/she will be subject to dismissal from the CHHS Program in accordance with the CHHS Academic Dismissal Policy.

4. General Principles for CHHS Process

- a. CHHS makes no judgments about what is relevant with respect to criminal background checks and drug screenings. Every positive result is communicated to the Facility unless the Facility has provided a list of specific results that should be reported.
- b. CHHS carefully documents communication transmitted to the Facility (exactly what is sent/said, to whom, how, when, etc.). CHHS also documents what the Facility tells CHHS to do in response to the positive result as well as what actions CHHS takes.
- c. CHHS keeps information regarding the communication of positive criminal background or drug screening results separate from and inaccessible to the faculty who may play a role in evaluating CHHS students, unless CHHS must take action based on the positive results in accordance with the CHHS Academic Dismissal Policy.

**DRUG SCREENING AND CRIMINAL BACKGROUND CHECK
ACKNOWLEDGEMENT AND AGREEMENT**

**UNC CHARLOTTE COLLEGE OF HEALTH AND HUMAN SERVICES
EDUCATION PROGRAMS REQUIRING EXTERNAL HEALTH OR HUMAN SERVICE FACILITIES**

Student's Printed Name

CHHS Program

1. I understand and acknowledge that the UNC Charlotte College of Health and Human Services (CHHS) has affiliated with several health care and human services facilities (hereinafter "Facilities") to provide internships, field placements or clinical experiences for students in the CHHS (hereinafter "Students"). I further understand and acknowledge that the Facilities have a compelling interest in the integrity of their services and the health and safety of their patients, others who may come into contact with Students, and the Students themselves.
2. I understand and acknowledge that in order to protect their interests, many Facilities require Students to comply with their drug testing and/or criminal background check policies and to undergo drug testing and/or criminal background checks as conditions of participating in their education programs. In addition, such Facilities often require that Students submit to the required drug testing and/or criminal background checks at the Students' own expense. I understand that the CHHS will provide Students with information to obtain the drug testing and/or criminal background checks required by the Facilities.
3. I understand and acknowledge that a Facility may, in accordance with its policies, reject or expel a Student from its Facility based on the results of the drug testing and/or criminal background checks.
4. I am or will be enrolled as a Student in the CHHS, and I plan to participate as a Student in an educational experience at a Facility.
5. Because participation in facility-related educational programs is a degree requirement for Students in the CHHS program indicated above, I understand that I may be required to undergo a criminal background check and/or drug screening as a condition of my participation in an internship, field placement or clinical experience at an external health and human service facility.
6. As a condition of participating as a Student in an education program, I hereby agree to comply with the criminal background check requirements at each Facility to which I am assigned. If the Facility facilitates criminal background checks, I agree to comply with such requirements and follow the procedures set forth by the Facility. If the Facility requires that I undergo a criminal background check prior to my placement, I agree to undergo a criminal background check by a CHHS-approved agency at my own expense. I further agree that, if required by the Facility, CHHS may share my criminal background check results with the Facility.
7. I hereby agree to comply with the drug screening test requirements at each Facility to which I am assigned. If the Facility facilitates drug screening, I agree to comply with such requirements and follow the procedures set forth by the Facility. If the Facility requires that I undergo drug screening prior to my placement, I agree to undergo drug testing by a CHHS-approved testing laboratory at my own expense. I further agree that, if required by the Facility, CHHS may share my drug test results with the Facility.
8. I have read both the CHHS Criminal Background Check and Drug Screening Policy and this Acknowledgement and Agreement, and I understand its contents. I have had the opportunity to ask questions of and discuss the Policy and this Acknowledgement and Agreement with appropriate administrators in the College of Health and Human Services. I understand that I am responsible for meeting the requirements set forth in the Policy and this Acknowledgment and Agreement.

Student's Signature

Date

College of Health and Human Services, UNC Charlotte
Memorandum of Understanding re: Admission to Health and Human Services Programs

Student name: _____ **ID #** _____

The purpose of this document, and the conference in which it is provided, is to help you become fully aware of certain state and health care and human service policies pertaining to criminal convictions so that you can make an informed decision about proceeding with program admission and coursework within the College of Health and Human Services.

The State of North Carolina and its health care and human services agencies are now scrutinizing the backgrounds of our students who participate in external educational activities (internships, clinical rotations, field placements, practica, etc.) in relationship to criminal convictions for drugs, alcohol, and other illegal activities. Some individuals are denied admission to health care or human services programs at the College of Health and Human Services because of their serious crimes. Others with convictions such as yours may be fully admissible to the health and human services programs by College of Health and Human Services standards, but may encounter two kinds of barriers beyond the authority of the College of Health and Human Services.

1. Placement in school systems: School systems have different standards for accepting student interns who have any kind of criminal record. Most school systems require drug and alcohol screening before initiating an internship (field placement, practica, rotation, etc.) as well as a criminal background check. Additionally, the College of Health and Human Services may be asked to provide any criminal background check records on file as a result of contractual agreements with the schools. School systems vary in their decisions after examining criminal records; the College of Health and Human Services cannot overrule a school system's negative decision.

2. Placement in health care and human service agencies: Similar to the school systems, health care agencies and human services facilities have different standards for accepting students who have any kind of criminal record. Most health care and human services agencies require a drug screening before entering the facility as well as a criminal background check. Additionally, the College of Health and Human Services may be asked to provide any criminal background check records on file as a result of contractual agreements with that agency. Health care and human services agencies vary in their decisions after examining criminal records; the College of Health and Human Services cannot overrule an agency's negative decision to allow you to progress in your internship, field placement, clinical rotation, practica, etc.

My signature below indicates I have been informed about the possible barriers to internship, field placement, clinical rotation, practica, etc. because of my criminal record. I understand that my progress toward a degree may be negatively impacted by my background history. I acknowledge these barriers and choose to enroll in the College of Health and Human Services' educational program despite the possibility that they may impact my ability to progress through the designated curriculum and graduate.

Student signature: _____ **Date:** _____

Conference held with Program Coordinator: _____ **Date:** _____

Appendix C: Student Verification

I, _____, verify that I have read and understand the policies and procedures in the UNC Charlotte Athletic Training Student Handbook.

Student's Signature

Date

Appendix D: Standards in all courses

ATRN 6100: Acute and Emergency Care in Athletic Health Care (3)

Standard 66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogen Standards
- Regulations pertaining to over-the-counter and prescription medications

Standard 70 Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)

Drug overdose (including administration of rescue medications such as naloxone)

Wounds (including care and closure)

Testicular injury

Other musculoskeletal injuries

Standard 92 Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

ATRN 6101: Clinical Anatomy for Allied Health (3)

Standard 55: Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

ATRN 6102: Fundamentals in Athletic Training (3)

Standard 78 Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- Durable medical equipment
- Orthotic devices
- Taping, splinting, protective padding, and casting

Standard 81 Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

Standard 82 Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.

Standard 83 Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.

Standard 85 Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.

Standard 86 Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.

Standard 87 Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.

ATRN 6400: Introduction to Clinical Care

Standard 81 Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

Standard 92 Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

ATRN 6104: Clinical Evaluation and Diagnosis of the Lower Extremity (3)

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)

- Selecting and using tests and measures that assess the following, as relevant to the patient’s clinical presentation:
 - o Cardiovascular system (including auscultation)
 - o Endocrine system
 - o Eyes, ears, nose, throat, mouth, and teeth
 - o Gastrointestinal system
 - o Genitourinary system
 - o Integumentary system
 - o Mental status
 - o Musculoskeletal system
 - o Neurological system
 - o Pain level
 - o Reproductive system
 - o Respiratory system (including auscultation)
 - o Specific functional tasks
- Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

ATRN 6105: Therapeutic Modalities (3)

Standard 73 Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

ATRN 6106: Therapeutic Exercise Techniques (3)

Standard 69 Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- Assessment of the patient on an ongoing basis and adjustment of care accordingly

- Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
- Consideration of the patient's goals and level of function in treatment decisions
- Discharge of the patient when goals are met or the patient is no longer making progress
- Referral when warranted

Standard 73 Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

ATRN 6107: Foundations of Modern Health Care (3)

Standard 55: Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

Standard 62 Provide athletic training services in a manner that uses evidence to inform practice.

Annotation: Evidence-based practice includes using best research evidence, clinical expertise, and patient values and circumstances to connect didactic content taught in the classroom to clinical decision making.

Standard 64 Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:

-Use data to drive informed decisions

- Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
- Maintain data privacy, protection, and data security
- Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)
- Use an **electronic health record** to document, communicate, and manage health-related information; mitigate error; and support decision making.

ATRN 6401: Clinical Rotation I

Standard 8 Planned interprofessional education is incorporated within the professional program

Standard 55 Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

Standard 66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogen Standards

Standard 70 Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)

Drug overdose (including administration of rescue medications such as naloxone)

Wounds (including care and closure)

Testicular injury

Other musculoskeletal injuries

Standard 78 Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- Durable medical equipment
- Taping, splinting, protective padding

Standard 81 Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

Standard 82 Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.

Standard 83 Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.

Standard 85 Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.

Standard 86 Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.

Standard 87 Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.

Standard 92 Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

ATRN 6109: Clinical Evaluation and Diagnosis of the Upper Extremity (3)

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
 - o Cardiovascular system (including auscultation)
 - o Endocrine system
 - o Eyes, ears, nose, throat, mouth, and teeth
 - o Gastrointestinal system
 - o Genitourinary system
 - o Integumentary system
 - o Mental status
 - o Musculoskeletal system
 - o Neurological system
 - o Pain level
 - o Reproductive system
 - o Respiratory system (including auscultation)
 - o Specific functional tasks

- Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

ATRN 6110: Clinical Evaluation and Diagnosis of the Head and Spine (3)

Standard 70 Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)

Drug overdose (including administration of rescue medications such as naloxone)

Wounds (including care and closure)

Testicular injury

Other musculoskeletal injuries

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
 - o Cardiovascular system (including auscultation)
 - o Endocrine system
 - o Eyes, ears, nose, throat, mouth, and teeth
 - o Gastrointestinal system
 - o Genitourinary system

- o Integumentary system
- o Mental status
- o Musculoskeletal system
- o Neurological system
- o Pain level
- o Reproductive system
- o Respiratory system (including auscultation)
- o Specific functional tasks
 - Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

Standard 76 Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:

- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
- Re-examination of the patient on an ongoing basis
- Recognition of an atypical response to brain injury
- Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
- Return of the patient to activity/participation
- Referral to the appropriate provider when indicated

Standard 93 Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- Education of all stakeholders
- Recognition, appraisal, and mitigation of risk factors
- Selection and interpretation of baseline testing
- Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation

ATRN 6111: Therapeutic Interventions (3)

Standard 69 Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- Assessment of the patient on an ongoing basis and adjustment of care accordingly
- Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care

- Consideration of the patient’s goals and level of function in treatment decisions
- Discharge of the patient when goals are met or the patient is no longer making progress
- Referral when warranted

Standard 73 Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

Standard 78 Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- Durable medical equipment
- Orthotic devices
- Taping, splinting, protective padding, and casting

ATRN 6113: Patient Centered Health Care (3)

Standard 56 Advocate for the health needs of clients, patients, communities, and populations.

Annotation: Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.

Standard 57 Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

Standard 58 Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

Standard 59 Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.

Standard 79 Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:

- Adrenal diseases
- Cardiovascular disease
- Diabetes
- Neurocognitive disease
- Obesity
- Osteoarthritis

Standard 80 Develop, implement, and assess the effectiveness of programs to reduce injury risk.

Standard 81 Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

Standard 82 Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.

Standard 56 Advocate for the health needs of clients, patients, communities, and populations.

Annotation: Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.

Standard 57 Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

Standard 58 Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

Standard 59 Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.

Standard 60 Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

Standard 79 Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:

- Adrenal diseases
- Cardiovascular disease
- Diabetes
- Neurocognitive disease
- Obesity
- Osteoarthritis

Standard 80 Develop, implement, and assess the effectiveness of programs to reduce injury risk.

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Standard 81 Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

Standard 82 Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.

ATRN 6402: Clinical Rotation II

Standard 8 Planned interprofessional education is incorporated within the professional program

Standard 55 Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

Standard 62 Provide athletic training services in a manner that uses evidence to inform practice.

Standard 69 Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- Assessment of the patient on an ongoing basis and adjustment of care accordingly
- Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
- Consideration of the patient's goals and level of function in treatment decisions
- Discharge of the patient when goals are met or the patient is no longer making progress
- Referral when warranted

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
 - o Musculoskeletal system
 - o Neurological system
 - o Pain level
 - o Specific functional tasks

- Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

Standard 73 Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

Standard 78 Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- Durable medical equipment
 - Orthotic devices
 - Taping, splinting, protective padding, and casting

ATRN 6114: General Medicine and Pharmacology I (3)

Standard 55: Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payment systems.

Standard 70 Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury

- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
 - Drug overdose (including administration of rescue medications such as naloxone)

Wounds (including care and closure)

Testicular injury

Other musculoskeletal injuries

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
 - o Cardiovascular system (including auscultation)
 - o Endocrine system
 - o Eyes, ears, nose, throat, mouth, and teeth
 - o Gastrointestinal system
 - o Genitourinary system
 - o Integumentary system
 - o Mental status
 - o Musculoskeletal system
 - o Neurological system
 - o Pain level
 - o Reproductive system
 - o Respiratory system (including auscultation)
 - o Specific functional tasks
- Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

Standard 74 Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.

Standard 75 Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

Standard 90 Establish a working relationship with a directing or collaborating physician.

Annotation This standard is specific to preparing an athletic trainer to fulfill the Board of Certification Standards of Professional Practice, specifically Standard 1, “The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state’s statutes, rules and regulations.”

ATRN 6403: Clinical Rotation III

Standard 61 Practice in collaboration with other health care and wellness professionals.

Standard 70 Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
 - Drug overdose (including administration of rescue medications such as naloxone)

Wounds (including care and closure)

Testicular injury

Other musculoskeletal injuries

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient’s clinical presentation:
 - o Cardiovascular system (including auscultation)
 - o Endocrine system
 - o Eyes, ears, nose, throat, mouth, and teeth
 - o Gastrointestinal system

- o Genitourinary system
- o Integumentary system
- o Mental status
- o Musculoskeletal system
- o Neurological system
- o Pain level
- o Reproductive system
- o Respiratory system (including auscultation)
- o Specific functional tasks
 - Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

Standard 74 Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.

Standard 75 Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

Standard 90 Establish a working relationship with a directing or collaborating physician.

ATRN 6118: Administration for Health Care Professionals (3)

Standard 55: Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

Standard 60 Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

Standard 63 Use systems of quality assurance and quality improvement to enhance client/patient care.

Standard 64 Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:

- Use data to drive informed decisions
- Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
- Maintain data privacy, protection, and data security
- Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)
- Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.

Standard 65 Practice in a manner that is congruent with the ethical standards of the profession.

Standard 66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogen Standards
- Regulations pertaining to over-the-counter and prescription medications

Standard 67 Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.

Standard 68 Advocate for the profession.

Annotation Advocacy for the profession takes many shapes. Examples include educating the general public, public sector, and private sector; participating in the legislative process; and promoting the need for athletic trainers.

Standard 88 Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:

- Strategic planning and assessment
- Managing a physical facility that is compliant with current standards and regulations
- Managing budgetary and fiscal processes
- Identifying and mitigating sources of risk to the individual, the organization, and the community
- Navigating multipayer insurance systems and classifications
- Implementing a model of delivery (for example, value-based care model)

Standard 89 Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

Standard 91 Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

Annotation Examples of daily operation policies include pharmaceutical management, physician referrals, and inventory management.

Standard 92 Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

ATRN 6119: General Medicine and Diagnostic Procedures (3)

Standard 70 Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
 - Drug overdose (including administration of rescue medications such as naloxone)

Wounds (including care and closure)

Testicular injury

Other musculoskeletal injuries

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
 - o Cardiovascular system (including auscultation)
 - o Endocrine system
 - o Eyes, ears, nose, throat, mouth, and teeth
 - o Gastrointestinal system
 - o Genitourinary system
 - o Integumentary system
 - o Mental status
 - o Musculoskeletal system
 - o Neurological system
 - o Pain level
 - o Reproductive system
 - o Respiratory system (including auscultation)
 - o Specific functional tasks

- Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

Standard 74 Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.

Standard 75 Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

Standard 90 Establish a working relationship with a directing or collaborating physician.
Annotation This standard is specific to preparing an athletic trainer to fulfill the Board of Certification Standards of Professional Practice, specifically Standard 1, “The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state’s statutes, rules and regulations.

ATRN 6405: Clinical Rotation V

Standard 8 Planned interprofessional education is incorporated within the professional program

Standard 56 Advocate for the health needs of clients, patients, communities, and populations.

Standard 57 Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

Standard 58 Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

Standard 59 Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.

Standard 69 Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- Assessment of the patient on an ongoing basis and adjustment of care accordingly
- Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
- Consideration of the patient’s goals and level of function in treatment decisions

- Discharge of the patient when goals are met or the patient is no longer making progress
- Referral when warranted

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
 - o Cardiovascular system (including auscultation)
 - o Endocrine system
 - o Eyes, ears, nose, throat, mouth, and teeth
 - o Gastrointestinal system
 - o Genitourinary system
 - o Integumentary system
 - o Mental status
 - o Musculoskeletal system
 - o Neurological system
 - o Pain level
 - o Reproductive system
 - o Respiratory system (including auscultation)
 - o Specific functional tasks
- Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

Standard 73 Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

Standard 76 Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:

- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
- Re-examination of the patient on an ongoing basis
- Recognition of an atypical response to brain injury
- Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
- Return of the patient to activity/participation
- Referral to the appropriate provider when indicated

Standard 78 Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- Durable medical equipment
- Orthotic devices
- Taping, splinting, protective padding, and casting

Standard 79 Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:

- Adrenal diseases
- Cardiovascular disease
- Diabetes
- Neurocognitive disease
- Obesity
- Osteoarthritis

Standard 80 Develop, implement, and assess the effectiveness of programs to reduce injury risk.

Standard 81 Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

Standard 82 Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.

Standard 93 Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- Education of all stakeholders
- Recognition, appraisal, and mitigation of risk factors
- Selection and interpretation of baseline testing

- Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation.

ATRN 6121: Behavioral Health in Sports Medicine (3)

Standard 77 Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate.

Annotation These behavioral health conditions include (but are not limited to) suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders.

Standard 84 Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.

Standard 94 Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.

ATRN 6406: Clinical Rotation VI

Standard 8 Planned interprofessional education is incorporated within the professional program

Standard 55 Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

Standard 60 Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

Standard 63 Use systems of quality assurance and quality improvement to enhance client/patient care.

Standard 64 Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:

- Use data to drive informed decisions
- Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
- Maintain data privacy, protection, and data security
- Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)

- Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.

Standard 65 Practice in a manner that is congruent with the ethical standards of the profession.

Standard 66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogen Standards
- Regulations pertaining to over-the-counter and prescription medications

Standard 67 Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.

Standard 68 Advocate for the profession.

Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

Standard 77 Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate.

Standard 84 Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.

Standard 88 Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:

- Strategic planning and assessment
- Managing a physical facility that is compliant with current standards and regulations
- Managing budgetary and fiscal processes
- Identifying and mitigating sources of risk to the individual, the organization, and the community
- Navigating multipayor insurance systems and classifications
- Implementing a model of delivery (for example, value-based care model)

Standard 89 Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.