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INTRODUCTION

Welcome to the University of Northern Iowa Athletic Training Education Program. This handbook has been designed to assist you in becoming a successful athletic training student. The purpose of this handbook is to inform you of the policies and procedures of our program and give you a brief outline of what will occur during the next three years. Our program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). With this accreditation comes a sense of pride and excellence. It is my goal to be one of the best and most effective Athletic Training Education Programs in the United States. In order to accomplish this, the faculty, staff, and athletic training students must all work together in order to achieve such a goal. I strongly suggest that you read this handbook several times each year. By reading this handbook you will continue to be familiar with the roles and responsibilities that you have as an athletic training student, as well as decrease the chance of violating the policies and procedures. Once you have read and understood this information, please sign the Policy and Procedure Commitment Form, which will be provided to you. This form will be placed in your permanent file and will insure that you understand all of the policies and procedures of our Athletic Training Education Program.

Once again, welcome to the UNI Athletic Training Education Program. I look forward to working with you as you work towards becoming a successful athletic trainer.

Sincerely,

Kelli R. Snyder

Kelli R. Snyder, EdD, ATC, LAT
University of Northern Iowa
Entry-Level Athletic Training Program Director

*Please note that policies and procedures are subject to change at any time.*
UNIVERSITY OF NORTHERN IOWA MISSION STATEMENT

The University of Northern Iowa offers a world-class university education, providing personalized experiences and creating a lifetime of opportunities.

COLLEGE OF EDUCATION MISSION STATEMENT

As a premier professional college of education, the University of Northern Iowa’s College of Education believes that the preparation of professionals for school and community settings is a moral imperative – the future of our nation depends on the success of this effort. Our efforts support teaching, research, and service in the following ways:

1. the College exists to prepare educational and human service professionals for a variety of direct service and human leadership roles in the school and community settings;
2. faculty member in the College conduct applied and basic research in the areas of teaching and learning, human performance, human health promotion, human growth and development, and education policy, and;
3. the College provides service on local, state, regional, national, and international levels.

By doing so, the College of Education effectively serves the profession by assuming leadership roles for the improvement of education and human services.

SCHOOL OF HEALTH, PHYSICAL EDUCATION, and LEISURE SERVICES MISSION STATEMENT

The mission of the School of Health, Physical Education and Leisure Services is as diverse as the academic disciplines and related professions, which comprise it. Underlying each of the professions and providing a common thread for the School's mission is a commitment to the enhancement of individual well being through promotion of physical, mental, and social development (wellness). The mission of the School is to provide programs and leadership within each of its disciplines and in wellness to which all the School's disciplines contribute.

The School strongly endorses the liberal arts core as an essential ingredient in undergraduate education. The School primarily contributes to the liberal arts core by cooperatively devoting the efforts of each of its disciplines to the education of students toward the pursuit of positive lifestyles. The liberal arts coursework provided by the School is devoted to developing in students the knowledge on which to base sound decisions about lifestyle, the skills necessary for the implementation of those decisions, and an awareness of the resources and services available to facilitate the pursuit of a healthy lifestyle. The School provides leadership in professional preparation through the undergraduate and graduate education of pre-service and in-service personnel in health education and health promotion, in human movement and physical education, in athletic training, and in recreation and leisure services. The School supports service programs for the University community, the residents of Iowa and the nation in general which facilitate the pursuit of an active and healthy lifestyle. Finally, the School conducts research and outreach programs to strengthen the educational, social, cultural, and economic environment of Iowa and the larger community.

The primary focus of the School is toward the students of the University. In order to maintain vital programs, the School must remain aware of the diverse and changing nature of that
population. Additionally, the mission of the School includes the education of professionals who will serve both in the school and non-school settings, as well as a commitment to service to the community beyond the scope of the University. Therefore, academic and scholarly efforts must reflect an understanding of the diverse and changing nature of society as a whole.

The School subscribes to the tripartite mission of the University. Therefore, it recognizes and fosters the interdependent nature of excellence in teaching and research, the mutually supportive functions of teaching and service, and the complementary nature of research and service. Service to the University and greater community is a natural outgrowth of the academic functions of the School.

**UNI ATHLETIC TRAINING EDUCATION PROGRAM MISSION, OBJECTIVES, AND OUTCOMES**

**MISSION STATEMENT**

The mission of the University of Northern Iowa Athletic Training Education Program is to prepare students to become BOC certified and to obtain employment that will allow them to make significant contributions to the profession of athletic training. The curriculum will include didactic and clinical experiences that will focus on the Athletic Training Educational Competencies and Clinical Integration Proficiencies. Each student will be prepared to be a competent certified athletic trainer.

**PROGRAM OBJECTIVES**

1. To provide students the opportunity to become competent in all of the athletic training competencies and clinical integration proficiencies.
2. To provide quality instruction that utilizes state of the art resources and technology as well as participating allied health professionals.
3. To provide experiences that encourages critical thinking and problem solving.
4. To promote professionalism through student membership in state, district, and national athletic training organizations.
5. To provide students with diverse field experiences that will prepare them for current employment trends in athletic training.
6. To prepare students to pass the BOC certification examination.
7. To aid students in obtaining employment or admission into graduate school upon graduation from UNI.

**PROGRAM OUTCOMES**

Outcome I. Students will be knowledgeable in the Athletic Training Educational Competencies.
Outcome II. Students will be competent in all of the Athletic Training Clinical Integration Proficiencies.
Outcome III. Students will be prepared allied health care professionals.
Outcome IV. Students will be prepared to pass the BOC Exam.
Outcome V. Students will secure placement in a graduate program or employment setting.
ACCREDITATION STATUS
The University of Northern Iowa’s Athletic Training Education Program was accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) on October 19, 2001 through July 1, 2006. Effective July 1, 2006, existing CAAHEP accredited programs were transitioned into the new accrediting agency, or the Commission on Accreditation of Athletic Training Education (CAATE). Therefore, the UNI ATEP is now accredited by the CAATE as of July 1, 2006.

PERSONNEL & RESPONSIBILITIES
The Athletic Training Education Program consists of administration, faculty athletic trainers, preceptors, team physicians, consulting medical specialists and graduate assistants.

Director of the School of Health, Physical Education & Leisure Services
The director of the school of HPELS directly oversees the development and evaluation of the Athletic Training Education Program. The Director also evaluates the Chair of the Division, Program Director, as well as all other athletic training faculty.

Chair, Division of Athletic Training
The chair of the Division of Athletic Training is responsible for overseeing all of the athletic training education programs at the University of Northern Iowa. The chair of the Division of Athletic Training reports to the Director of the School of HPELS.

Director of Athletic Training Services
The Director of Athletic Training Services is responsible for overseeing all of the athletic training services at the University of Northern Iowa. The Director of Athletic Training Services reports to the Chair of the Division of Athletic Training.

Entry-Level Athletic Training Program Director
The Entry-Level Athletic Training Education Program Director is responsible for the day to day operation, coordination, supervision, and evaluation of all aspects of the Entry-Level Athletic Training Educational Program. The program director may act as the Clinical Instructor Educator (CIE) and reports to the Chair of the Division of Athletic Training.

Entry-Level Athletic Training Clinical Experience Coordinator
The clinical experience coordinator is responsible for the administration and management of the clinical education and clinical experience components of the entry-level athletic training education program. The clinical coordinator is a Clinical Instructor Educator and reports directly to the Chair of the Division of Athletic Training.

Athletic Training Research Coordinator
The athletic training research coordinator is responsible for coordinating the activities within the athletic training research laboratory. The coordinator is responsible for the organization of the laboratory as well as overseeing all of the research programs within the Division of Athletic Training.
Athletic Training Faculty
The athletic training faculty members are employed by the school of HPELS and teach within
the ATEP. The faculty assists the program director in the day to day operation of the program.

Supporting Faculty
The supporting athletic training faculty are those professors that teach Anatomy and Physiology,
Physiology of Exercise, and Sports Nutrition. The supporting faculty work closely with the
ATEP director to assure that the proper competencies are taught in each course.

Instructors
The University of Northern Iowa employs staff athletic trainers within the department of
intercollegiate athletics. These clinical athletic trainers are also employed by the school of
HPELS as instructors within the Athletic Training Educational Program (ATEP).

Preceptors
Preceptors are faculty and staff who have completed the University of Northern Iowa ATEP
Preceptor workshop and have been a credentialed health care professional for one year. These
individuals are qualified to supervise clinical instruction during the clinical experience courses
within our curriculum and can also supervise the athletic training students during their clinical
experience rotations. The preceptors who supervise athletic training students during their
clinical experience rotations will be responsible for evaluating the Athletic Training Educational
Clinical Integration Proficiencies. These should be assessed in real-time as often as possible.
Although the clinical experience preceptors are not formally responsible for evaluating the
students’ competencies, they may do so if deemed appropriate and necessary. The proper
documentation will be provided to the preceptor should this need arise.

Medical Director(s)
The medical director(s) advises the athletic training program director in the education of athletic
training students. He/she is directly involved in the athletic training student’s education by
frequently interacting with the students through guest lectures, surgical observations, practice
and game attendance, as well as through other means.

Consulting Medical specialists
The UNI Athletic Training Education Program utilizes a vast amount of consulting medical
specialists for the education of athletic training students. The medical specialist will be utilized
in the education of athletic training students through guest lecturing, surgical observations and
general medical experiences.

Division of Athletic Training Secretary
The Division of Athletic Training Secretary assists faculty and staff with the daily operations of
the entry-level and post-professional athletic training programs, and those of athletic training
services. The secretary also oversees the athletic training webpage and reports to the Chair of
the Division of Athletic Training.
Graduate Assistants
The graduate assistants are certified athletic trainers. These assistants work under the direct supervision of the Director of Athletic Training Services. The graduate assistants are considered staff and work as preceptors within the ATEP.

Athletic Training Students (ATS’s)
Athletic training students are those students whom have been accepted into the ATEP and are majoring in Athletic Training.

Directed Observation Students
Directed observation students are prospective athletic training students who have not been accepted into the ATEP. However, these students must undergo OSHA or blood borne pathogens training prior to observing UNI or affiliated athletic trainers or athletic training students. When athletic training skills are being observed, these students must be included in the 8:1 student to ACI ratio.
## ATHLETIC TRAINING FACULTY AND STAFF

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<tr>
<th>Name</th>
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<td>Don Bishop, MA, ATC</td>
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</table>
| **Director of Athletic Training Services, Men's Basketball Athletic Trainer** | Office: HPC 008E  
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| Tricia Haak, MS, ATC                       |                                              |                                            |                                |
| **Clinical Education Coordinator**         | Office: HPC 003F  
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| Dawn Jacobson, MS, ATC                      |                                              |                                            |                                |
| **Women’s Basketball Athletic Trainer**    | Office: HPC 008A  
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| Peter Neibert, PhD., ATC                   |                                              |                                            |                                |
| **Assistant Professor**                    | Office: HPC 003D  
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Home: 319-266-6929  
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| Kelli Snyder, MS, ATC                      |                                              |                                            |                                |
| **Entry-level Athletic Training Program Director** | Office: HPC 003G  
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| Travis Stueve, ATC                         |                                              |                                            |                                |
| **Football Athletic Trainer**              | Office: HPC 008A  
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| Machelle Stickler                          |                                              |                                            |                                |
| **Secretary II**                           | Office: HPC 003  
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UNIVERSITY OF NORTHERN IOWA ATEP COSTS

- The UNI Tuition and Fee schedule can be accessed via www.uni.edu/registrar/tuition-and-fees.

- Additional fees required of athletic training students include the following:
  
  o Required clothing: Start-up package begins at $50
  o Supplies: Start-up package begins at $40
  o CPR and First Aid certifications: $20/certification
  o UNISATO dues: $20/year (strongly recommended, but not required)
  o Fuel: students are responsible for the cost of their fuel when traveling to off-campus sites. This expense will vary based on the site locations and the cost of fuel. Car-pooling options will be provided.

ADMISSION REQUIREMENTS & PROCEDURES

Application Requirements:

- Students must have completed or be enrolled in AT 1010 (Introduction to Athletic Training), or the equivalent, before applying into the program.

- Students must have completed 30 hours of observation of a certified athletic trainer.

- Students must have a minimum cumulative grade point average of 2.5 or submit a current grade report from each class in which they are currently enrolled. If they are not currently enrolled in any university or college classes, then a current grade report is not required.

- Students must verify that they meet the Technical Standards of the UNI Athletic Training Education Program by submitting the signed Technical Standards form with their application materials.

- Students must verify completion of the following training:
  
  o Bloodborne pathogens
  o CPR
  o First Aid

- Students must complete the application and include the following items:
  
  1. One transcript from each college and/or university attended.
     - UNI students can submit a Degree Audit from “My Universe”.
     - Transfer students must submit an official transcript.
  2. Three recommendations submitted by three different references. The “Recommendation for Admission” form must be included in each recommendation.
3. An essay stating why they want to be an athletic trainer, their career goals, and the attributes they possess that will make them a successful student and athletic trainer.

4. Verification of observation hours.
   - If they observed an ATC who is a preceptor of the UNI Athletic Training Education Program, then students should use the “Prospective Student” log sheet.
   - If they observed an ATC who is not a preceptor of the UNI Athletic Training Education Program, then students should use the “Verification of Supervision Form.”

- The application packets should be sent to:
  Athletic Training Education Program
  2351 Hudson Road, Human Performance Center
  University of Northern Iowa, Cedar Falls, IA 50614-0244

- Applications must be received by the University of Northern Iowa Division of Athletic Training by March 1st of each year.

**Instructions & Scoring System:**

**Written Essay**

*Format*

  a. Title page should include: title of essay, name, student ID #
  b. Second page should be the beginning of the essay
  c. Type-written, 8 1/2” X 11”, with 1” margins
  d. Maximum of two double spaced pages
  e. The essay should include the following: statement of why he/she wants to be an athletic trainer, career goals, and the attributes he/she possesses that will make him/her successful in life and in the field of athletic training.
  f. Essay should be stapled together

**Interviews**

Applicants with completed applications will be offered an interview. Candidates will be contacted during the month of March. A committee of 3-5 faculty, staff, and students will interview each candidate. The interview will last approximately ten minutes and will include:

  * Introductions
  * Essay discussions
  * Questions from interviewers
  * Questions from the applicant

**Scoring System**

Each applicant will be given a score for the following items:

1. Introduction to Athletic Training grade at the time of the interview.
   - A=4, B=3, C=2, D=1, F=0 (+.5 for “+” grades; B+ = 3.5)
2. Cumulative GPA
   - Points of GPA x 2 (example 3.3 GPA gets 6.6 points)
3. Letters of Reference
   • Average of three committee members scores, (0-5 points)

4. Content of Essay
   • Average of three committee members (0-5 points)

5. Interview Impressions
   • Average of five interviewers (0-5 points)

6. *Student learning objectives
   • One point if all objectives are completed (0-1 point)

*These items are not required.

TRANSFER STUDENT POLICIES AND PROCEDURES

All students wishing to transfer to the University of Northern Iowa Athletic Training Education Program must first meet all of the pre-admission requirements. Upon admission to the UNI ATEP the student may petition that prior course work and/or clinical experiences be considered as equivalents of courses and or clinical experiences within the UNI Athletic Training Education Program. The following are policies and procedures which must be followed in order to consider transfer students prior work.

Petition Procedures:

1. The transfer student must submit in writing their request for accepting previous coursework and/or clinical experiences. Included in this document should be the following:
   a. Indicate if the current institution from which the student is transferring offers an accredited athletic training program.
      i. If the student’s current institution offers an accredited program, the student should indicate their status in that program.
      ii. If the current institution offers an accredited program, indicate the name and contact information of the program director.
   b. Name of course, credit hours, professor, institution offered, and name of the UNI course it will be substituting.
   c. A notarized copy of the Verification of Supervision form for all previous clinical experiences. (See Appendices p.11)
   d. A copy of published course descriptions of all courses.
   e. A detailed copy of a course syllabus, for all courses, or a letter from the instructor describing in complete detail what the course taught.

Course Acceptance Procedures:

1. The committee will review each of the course descriptions and syllabi.

2. The committee will then compare the said course to the UNI course and determine if they are comparable. The following criteria will be evaluated:
   a. Credit hours
b. Content

c. Laboratory experiences

3. If the course does not have comparable credit hours, content, and/or laboratory experiences the course will not be substituted for the UNI course and the student will follow the normal athletic training curricular plan.

4. If the course has comparable criterion to the UNI course the student will then be placed within the curricular plan where appropriate.

**Clinical Experience Acceptance Procedures:**

1. The committee will review each of the Verification of Supervision forms.

2. The committee will then compare the said clinical experience to the UNI clinical experience and determine if they are comparable. The following criteria will be evaluated:
   a. Assignment
   b. Responsibilities
   c. Clinical setting
   d. Type of supervision

3. If the clinical experience/course does not have comparable assignments, responsibilities, clinical settings or supervision, the clinical experience will not be substituted for the UNI clinical experience and the student will follow the normal athletic training clinical experience rotation plan.

4. If the clinical experience has comparable criterion to the UNI clinical experience the student will then be placed within the curricular plan where appropriate.

Note: The UNI Athletic Training Admission Committee has the right to accept or reject any prior coursework or clinical experience in accordance to the above procedures.

**ACCEPTANCE PROCEDURES FOR ALL APPLICANTS:**
Applicants will receive a letter indicating their status no later than the fourth week in April.

- Each student must send a letter of acceptance or declination to the athletic training program director to accept or decline a position within the program.
- Each student must have a hepatitis B vaccination before entering the program or sign the hepatitis B waiver form.
- Each student must turn in a physical examination form, to be completed by their physician.
- Each student must declare Athletic Training as their major.
ATHLETIC TRAINING EDUCATION PROGRAM RETENTION POLICY

- Each student must be enrolled in the athletic training program for at least four semesters.
- Each student must maintain current CPR and AED certifications.
- Each student must have and pass an annual physical examination.
- Each student must attend the College of Education OSHA Training once each year.
- Each student must attend Mandatory Child Abuse Reporter Training during the fall of the first year in the program, unless the student has documentation of previous training.
- Each student must maintain a 2.5 cumulative GPA and a 2.75 major GPA.
- Each student must earn a minimum grade of C+ in all athletic training core courses.
- Each first year student must complete an average of 10 hours of supervised athletic training experience each week.
- Each second year student must complete an average of 15 hours of supervised athletic training experience each week.
- Each third year student must complete an average of 20 hours of supervised athletic training experience each week.
- Each student must pass all skill competencies with 95% proficiency.
- Each student must pass all Clinical Integration Proficiencies.
- Each student must receive passing clinical experience evaluations.
- Each student must complete a general medical experience.
- Each student must observe at least one surgical procedure.
- Each student must complete the athletic training major.
- Each student must complete the exit interview.
University of Northern Iowa
Athletic Training Education Program
Technical Standards for Admission

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

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

Candidates for selection to the Athletic Training Educational Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
Candidates for selection to the athletic training educational 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 University of Northern Iowa Office of Student Disability Services (SDS) will evaluate a student who states he/she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the University of Northern Iowa Office of Student Disability Services (SDS) to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

__________________________________________  ______________
Signature of Applicant                     Date

__________________________________________  ______________
Signature of Witness                      Date
### Pre-Professional Course (2 credit hours)

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title (Credit Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT 1010</td>
<td>Introduction to Athletic Training (2 hrs)</td>
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### Professional Courses (53-59 credit hours)

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<tr>
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<tbody>
<tr>
<td>AT 2011</td>
<td>Introduction to Athletic Training Clinical Experience (1 hr)</td>
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<tr>
<td>AT 2020</td>
<td>Clinical Anatomy (3 hrs)</td>
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<tr>
<td>AT 2030</td>
<td>Emergency Care in Athletic Training (2 hrs)</td>
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<tr>
<td>AT 2031</td>
<td>Emergency Care Clinical Experience (1 hr)</td>
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<tr>
<td>AT 2040</td>
<td>Lower Body Injury Assessment (2 hrs)</td>
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<tr>
<td>AT 2041</td>
<td>Lower Body Injury Assessment Clinical Experience (1 hr)</td>
</tr>
<tr>
<td>AT 2050</td>
<td>Upper Body Injury Assessment (2 hrs)</td>
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<td>Upper Body Injury Assessment Clinical Experience (1 hr)</td>
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<tr>
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<td>AT 3080</td>
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<td>Therapeutic Exercise Clinical Experience (1 hr)</td>
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<tr>
<td>AT 3090</td>
<td>Athletic Training Pharmacology (2 hrs)</td>
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<td>AT 3110</td>
<td>Psychological Considerations for Athletic Injuries and Rehabilitation (2 hrs)</td>
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<tr>
<td>AT 3120</td>
<td>Athletic Training Pathology (3 hrs) *Will be listed as Musculoskeletal Injury</td>
</tr>
<tr>
<td>AT 3130</td>
<td>General Medical Conditions (3 hrs)</td>
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ATHLETIC TRAINING COURSE DESCRIPTIONS:

AT 1010. Introduction to Athletic Training -- 2 hrs.
Introduction to the field of athletic training with emphasis on the history of the National Athletic Training Association, certification guidelines, policies and procedures, risk management, roles and responsibilities of athletic trainers, and common illnesses and injuries. (Offered Spring)

AT 2011. Introduction to Athletic Training Clinical Experience -- 1 hr.
Didactic and skill competency instruction with practical examinations covering the material taught in (AT 1010). Corequisite(s): AT 2020. (Offered Summer)

Clinical anatomy of the human body which includes palpation, range of motion assessments, manual muscle testing, neurological testing, and structure identification. Prerequisite(s): AT 1010; admission into the athletic training program. Corequisite(s): AT 2020. (Offered Summer)

AT 2030. Emergency Care in Athletic Training -- 2 hrs.
The theory, ethics, components, indications, and psychomotor skills of emergency care in athletic training. Prerequisite(s): AT 1010; admission into the athletic training program. Corequisite(s): AT 2030. (Offered Fall)

AT 2031. Emergency Care in Athletic Training Clinical Experience -- 1 hr.
Didactic and psychomotor skill instruction with practical examinations covering the material taught in AT 2030. Prerequisite(s): AT 1010; admission into the athletic training program. Corequisite(s): AT 2030. (Offered Fall)

AT 2040. Lower Body Injury Assessment -- 2 hrs.
Recognition and evaluation of athletic injuries occurring to the hip, pelvis, thigh, knee, leg, and ankle. Prerequisite(s): AT 3060. Corequisite(s): AT 2041. (Offered Spring)

AT 2041. Lower Body Injury Assessment Clinical Experience -- 1 hr.
Didactic and psychomotor skill instruction with practical examinations covering the material taught in AT 2040. Prerequisite(s): AT 2020; AT 3060. Corequisite(s): AT 2040. (Offered Spring)

AT 2050. Upper Body Injury Assessment -- 2 hrs.
Recognition and evaluation of athletic injuries occurring to the head, face, vertebral column, shoulder, forearm, wrist, and hand. Prerequisite(s): AT 1010; admission into the athletic training program. Corequisite(s): AT 2051. (Offered Fall)

AT 2051. Upper Body Injury Assessment Clinical Experience -- 1 hr.
Didactic and psychomotor skill instruction with practical examinations covering the material taught in AT 2050. Prerequisite(s): AT 1010; admission into the athletic training program. Corequisite(s): AT 2050. (Offered Fall)

AT 3000. Athletic Training Practicum -- 1-3 hrs.
Comprehensive educational experiences in athletic training psychomotor and cognitive domains, and clinical proficiencies to be supervised/mentored in multiple practicum sections through athletic training clinical experiences (160-320 hours/semester). May be repeated for maximum of 12 hours. Prerequisite(s): acceptance into the athletic training education program. (Offered Fall and Spring)

AT 3060. Athletic Training Administration -- 2 hrs. *Offered online.
Theoretical and practical study of organization and administration in the field of athletic training. Prerequisite(s): AT 1010; admission into the athletic training program. (Offered Fall)

AT 3070. Therapeutic Modalities -- 2 hrs.
Effects, advantages, disadvantages, indications, contraindications, precautions, and the application parameters of therapeutic modalities in injury rehabilitation of the physically active. Prerequisite(s): AT 1010; AT 2011; AT 2020; admission into athletic training program. Corequisite(s): AT 3071. (Offered Fall)

AT 3071. Therapeutic Modalities Clinical Experience -- 1 hr.
Didactic and psychomotor skill instruction with practical examinations covering the material taught in AT 3070. Prerequisite(s): AT 1010; AT 2011; AT 2020; admission into athletic training program. Corequisite(s): AT 3070. (Offered Fall)

AT 3080. Therapeutic Exercise -- 2 hrs.
Effects, advantages, disadvantages, indications, contraindications, precautions, and the application parameters of therapeutic exercises in injury rehabilitation. Prerequisite(s): AT 2020; AT 3070; AT 3071. Corequisite(s): AT 3081. (Offered Spring)

AT 3081. Therapeutic Exercise Clinical Experience -- 1 hr.
Didactic and psychomotor skill instruction with practical examinations covering the material taught in AT 3080. Prerequisite(s): AT 2020; AT 3070; AT 3071. Corequisite(s): AT 3080. (Offered Spring)

AT 3090. Athletic Training Pharmacology -- 2 hrs. *Offered online.
Effects, indications, and contraindications of therapeutic medications as related to the
prevention and care of athletic injuries of the physically active. Prerequisite(s): AT 3060. (Offered Spring)

AT 3110. Psychological Considerations for Athletic Injuries and Rehabilitation -- 2 hrs.
Understanding of psychological considerations associated with athletic injury including athletic training scope of practice, recognition/intervention, motivation, and common conditions. Prerequisite(s) or corequisite(s): AT 3080. (Offered Fall and Spring)

AT 3120. Athletic Training Pathology -- 3 hrs.
Study of the pathology of orthopedic injuries and conditions that are commonly seen by certified athletic trainers. Prerequisite(s): AT 3060. (Offered Spring)

AT 3130. General Medical Conditions -- 3 hrs.
Study of general medical conditions and disabilities commonly seen by certified athletic trainers. Prerequisite(s): AT 3060; junior standing. (Offered Fall)

Discussion of current topics and trends in the clinical practice and professional development of athletic training. Prerequisite(s): AT 3060. (Offered Fall)

AT 4150. Athletic Training Seminar -- 2 hrs.
Resume writing, interviewing, and a comprehensive review of the athletic training educational competencies. Prerequisite(s): AT 3060; senior standing. (Offered Spring)
CURRICULAR PLAN:
The sequence below outlines the coursework for students that are applying to the program their first year in college. This sequence should be followed unless otherwise instructed by the Athletic Training Education Program Director. *Denotes courses that may not be available in the suggested semester. These courses are taught in other departments and can be taken earlier or later in the curriculum.

<table>
<thead>
<tr>
<th>FRESHMAN YEAR</th>
<th>Fall Semester</th>
<th>Credits</th>
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<tr>
<td>AT 2030</td>
<td>Emergency Care in Athletic Training</td>
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<td>Emergency Care in Athletic Training Clinical Experience</td>
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<td>AT 2040</td>
<td>Lower Body Injury Assessment</td>
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<td>AT 2041</td>
<td>Lower Body Injury Assessment Clinical Experience</td>
<td>1.0</td>
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<tr>
<td>AT 3120</td>
<td>Studies in Athletic Training: Musculoskeletal Injury</td>
<td>2.0</td>
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<td>BIOL 3101</td>
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<td>Studies in Athletic Training: Musculoskeletal Injury</td>
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<td>AT 3060</td>
<td>Athletic Training Administration</td>
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<tr>
<td>PEMES 3153</td>
<td>Physiology of Exercise*</td>
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<td>AT 3070</td>
<td>Therapeutic Modalities</td>
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<td>AT 3071</td>
<td>Therapeutic Modalities with Clinical Experience</td>
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<td>AT 3130</td>
<td>Athletic Training General Medical Conditions</td>
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<td>AT 3000</td>
<td>Athletic Training Practicum</td>
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<tr>
<td>PEMES 3157</td>
<td>Studies in Sport Nutrition*</td>
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<td>AT 3080</td>
<td>Therapeutic Exercise</td>
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<td>AT 3081</td>
<td>Therapeutic Exercise Clinical Experience</td>
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<td>AT 3110</td>
<td>Psychological Considerations for Athletic Injuries and Rehabilitation</td>
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<td>Athletic Training Practicum</td>
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<tr>
<td>AT 4150</td>
<td>Athletic Training Seminar <em>(elective)</em></td>
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</table>
CLINICAL EDUCATION COURSES

DESCRIPTION:
The clinical education courses are laboratory classes that are directly related to the athletic training didactic courses. There are eight clinical education courses within the athletic training major, they are:

- Introduction to Athletic Training Clinical Experience
- Clinical Anatomy
- Emergency Care in Athletic Training Clinical Experience
- Upper Body Injury Assessment Clinical Experience
- Lower Body Injury Assessment Clinical Experience
- Therapeutic Modalities Clinical Experience
- Therapeutic Exercise Clinical Experience
- Practicum

PURPOSE:
The purpose of the clinical education courses is to provide the opportunity for each athletic training student to become competent in each of the NATA Athletic Training Education Competencies and Clinical Integration Proficiencies. Each Athletic Training Competency and Clinical Integration Proficiency will be taught, practiced, and evaluated within these courses. The Clinical Integration Proficiencies may also be assessed during clinical experiences.

INSTRUCTORS:
The instructors for these courses will be preceptors. The instructors will demonstrate each competency and will supervise the athletic training student while they practice these skills. Once the student feels competent in performing the task the instructor will evaluate the student on each skill competency and Clinical Integration Proficiency. Again, the Clinical Integration Proficiencies may also be assessed during clinical experiences.

EDUCATIONAL SKILL COMPETENCY ASSESSMENTS:
All skill competencies will be broken down into sets of tasks. Once the student has had ample opportunity to master these skills they will be tested on each skill. Each student will be given a grade for each skill and must successfully pass each skill with 95% proficiency.

EDUCATIONAL SKILL COMPETENCY VERIFICATION:
Once the student has successfully passed a skill competency with 95% proficiency, the instructor will sign the skill exam to indicate that the student passed with 95% proficiency. The student will present the signed exam to their Clinical Experience preceptor. The preceptor will sign the exam in confirmation of the student’s proficiency. The student is then able to perform those skills during their clinical experience under the direct supervision of their preceptor. All exams will be stored by the program director once all signatures are obtained. Course points will be deducted if the exam is not returned to the program director by the assigned date.
**STUDENTS’ RESPONSIBILITIES:**
The athletic training student is responsible for the following with regards to the clinical education courses and the clinical competencies/proficiencies:

1. To utilize the time in class to practice the educational skill competencies and clinical integration proficiencies and receive direct feedback from the instructor.
2. To pass every skill competency and clinical integration proficiency.
3. To provide his/her preceptor with weekly updates regarding skill competency and clinical integration proficiency progress.
4. To utilize the skills in clinical experience, once he/she is proficient.

**PRECEPTOR’S RESPONSIBILITIES:**
All of the following are the responsibilities of the clinical education preceptor:

1. Teach all of the athletic training educational skill competencies and clinical integration proficiencies correctly.
2. To allow the athletic training students time to practice the skill competencies and clinical integration proficiencies.
3. To give helpful and positive feedback to the athletic training students while they practice and learn the skill competencies and clinical integration proficiencies.
4. Use a variety of instructional strategies when teaching the skill competencies and clinical integration proficiencies.
5. To correctly evaluate the athletic training students on all of their skill competencies and clinical integration proficiencies.
6. To maintain current certification as a preceptor.

**CLINICAL EXPERIENCE**

**ROTATIONS:**
Each student must complete a clinical experience requirement each semester in the program. The purpose of each clinical experience is to provide the students the opportunity to informally and kinesthetically apply what they have learned in the classroom. During the clinical experience, the only skill competencies that students may practice are those that they have successfully completed with 95% or greater proficiency in the clinical education courses.

Descriptions of the clinical experience requirement according to year in the program (1, 2, or 3) are provided below. Although the objective of the clinical experiences is not to simply “accumulate hours”, the time students spend at their clinical experience rotations will be monitored using the UNI Athletic Training Student Log Sheet. All students will be provided the opportunity to have a clinical experience with a variety of populations, including, but not limited to gender, varying levels of risk, protective equipment, and medical experiences, as per the CAATE Standards. Each student must complete each clinical experience requirement in order to successfully complete the Practicum courses. The grade earned in each Practicum course will be partially based upon the successful completion of a clinical experience.
The Practicum course provides comprehensive experiences in athletic training education. The course is in accordance with the Commission on Accreditation of Athletic Training Education (CAATE) standard* that provides for the opportunity to complete a required clinical experience, contained in a class, over at least four semesters. Although knowledge and skill competencies will be assessed, the content will focus on clinical integration proficiencies (decision making and skill application). Prerequisite: Admission to Athletic Training Program.

*Standards for the Accreditation of Entry—Level Educational Programs for the Athletic Trainer; Commission on Accreditation of Athletic Training Education, rev d 12—7—07

Specific objectives of the Practicum course are directly related to the mastery and application of the competencies and clinical integration proficiencies assigned to each Practicum section. Content will focus on the course competencies and clinical integration proficiencies that are initially learned in the classroom and laboratory setting. Whereas students have previously demonstrated competence in the classroom and laboratory, they will be required to demonstrate practical application of their knowledge and skills (clinical proficiency) in Practicum. The specific competencies and clinical integration proficiencies are linked to each course that is listed in the competency matrix. The content is comprehensive, and for the Level III sections, will contain all of the competencies and clinical integration proficiencies that are mandated by the Commission on Accreditation of Athletic Training Education (CAATE). To provide evidence, students will establish/maintain portfolios, develop proper medical documentation and record keeping skills, and be provided opportunities for general medical experience and orthopedic surgery observation.

First Year Students:
The first year athletic training students will rotate through four seven/eight-week clinical rotations on or off-campus which include, but are not limited to, the following: UNI sports, Cedar Falls High School, Waterloo East High School, Waterloo West High School, Columbus High School, Waverly-Shell Rock High School, Grundy Center High School, Aplington-Parkersburg High School, Northern University High School, Waterloo Blackhawks, Cedar Valley Medical Specialists PT, Northeast Iowa PT, Accelerated PT, Taylor PT/Waverly Health Center, Agape PT, Wartburg College, XL Sports Acceleration, and UNI Strength & Conditioning. First year students are encouraged to average 10 hours of clinical experience each week. Thus, first year students should accumulate about 40 hours each month.

Second Year Students:
The second year students will rotate through four seven/eight-week clinical rotations on or off-campus which include, but are not limited to, the following: UNI sports, Cedar Falls High School, Waterloo East High School, Waterloo West High School, Columbus High School, Waverly-Shell Rock High School, Grundy Center High School, Aplington-Parkersburg High School, Northern University High School, Waterloo Blackhawks, Cedar Valley Medical Specialists PT, Northeast Iowa PT, Accelerated PT, Taylor PT/Waverly Health Center, Agape PT, Wartburg College, XL Sports Acceleration, and UNI Strength & Conditioning. Second year students are encouraged to average 15 hours
of clinical experience a week. Thus, second year students should accumulate approximately 60 hours each month.

**Third Year Students:**
The third year students will have one rotation, either on or off campus, and be considered the head athletic training student for that assignment. This rotation is designed to help the student transition from a student to a practicing professional. Third year students are encouraged to average 20 hours of clinical experience each week. However, third year students may take advantage of any educational opportunity available to them. Third year students should average approximately 80 hours each month.

**CLINICAL INTEGRATION PROFICIENCIES:**
At the beginning of each semester, all second and third year students will be assigned to complete specific Clinical Integration Proficiencies (CIPs) during their clinical experience rotations. Completion of each CIP must be documented using the Clinical Integration Proficiency Verification Form (see Appendices p. 41). The students are responsible for completing and turning in a CIP form for each required CIP by the end of the semester. All CIP forms must be turned in, even if the student does not receive a passing grade. However, the student must continue to attempt the CIP until a passing grade is received. It is highly recommended that CIPs are assessed in real-time whenever possible and will be recorded on the CIP Verification Form. All CIP Verification Forms must be signed by the student’s preceptor. CIs will not be permitted to assess CIPs. Completion of all required CIPs will be part of the Practicum course requirements.

**GENERAL MEDICAL CONDITIONS ROTATIONS:**
As part of the Practicum course requirements, all third year students will complete 16 hours of general medical experience. These experiences will be included as part of their clinical experience and should therefore be considered in the weekly hour total. As per CAATE Standards, general medical experiences are described as “medical experiences that address the continuum of care that would prepare a student to function in a variety of settings and meet the domains of practice delineated for a certified athletic trainer in the profession.” The general medical rotations will be non-orthopedic or rehabilitative in nature. They will take place in various family practice facilities, hospital emergency rooms, and community health clinics where the majority of cases seen are general medicine or acute physical ailments. General medical conditions rotations include, but are not limited to, the following: Cedar Falls Primary Care, Covenant Medical Center Emergency Room, Northeast Iowa Medical Education Foundation/FM Residency, Allen Emergency Room, Peoples Community Health Clinic, Noah Student Health Clinic, and Sartori Memorial Hospital Emergency Room.

**DOCUMENTING TIME AT GENERAL MEDICAL ROTATIONS:**
Each student is responsible for logging his or her individual hours at their General Medical rotation. Using the “UNI Athletic Training Education Program General Medical Experience Log Sheet” (see Appendices, p. 84) the student should indicate the date, time in, time out, hours, total hours, location, and have the Allied Health Care Professional who they observed sign it. The log sheet needs to be turned in to the Program Director at the conclusion of the rotation. All special circumstances should be discussed with the program director before the deadline.
**SURGICAL OBSERVATIONS:**
Each student will be required to observe at least one surgery during their time in the UNI ATEP. This can take place at any time, but if not completed and documented by the senior year, the student will be required to observe a surgery prior to graduation.

**PROFESSIONAL EXPLORATION ROTATION:**
Each second year athletic training student will have one rotation in which they will be assigned to UNI Strength & Conditioning or XL Sports Acceleration. However, students who wish to gain experiences in other fields or settings will have the option to partake in the Strength & Conditioning/XL rotation, seek other experiences, or both. Students must submit a proposal three weeks prior to the commencement of the rotation for up to three other experiences. The proposal form will outline the details of the rotation (i.e. location, allied health care professional, dates, time, etc.). A separate proposal must be submitted for each potential experience. These experiences, other than S&C/XL, will be completely student driven. Students will be responsible for making all contacts necessary to set up the experience. The program director and clinical experience coordinator must approve all proposals. Upon approval of the proposal(s), a contract will be established which will outline every experience the student will be partaking in. Details of the rotation will be outlined through the proposal and contract with the program director, clinical experience coordinator, and athletic training student. If the contract is not upheld by the student, disciplinary action will ensue. Students will not be able to document hours for any experiences with allied health care professionals that are not UNI preceptors. If a student chooses to partake in only the S&C/XL rotation, a form will be signed to state such, but a proposal and contract will not be necessary. Student, CI, and self evaluations must be completed for the Strength & Conditioning and XL rotations only.

**EXPOSURE REQUIREMENTS:**
Student will have:
- **Upper Extremity:** High-risk sport to the upper extremity based upon injury statistics. Traditionally this would include throwing sports, swimming, gymnastics, etc. that require extensive stresses of the upper extremity of both genders.

- **Lower Extremity:** High-risk sport to the lower extremity based upon injury statistics. Traditionally this would include soccer, cross-country running, track, basketball, etc. that require extensive stresses of the lower extremity of both genders.

- **Equipment Intensive:** High-risk sports where all participants are required to wear protective equipment for the head and the shoulders. Traditionally this would include football, ice hockey, and men’s lacrosse.

- **General Medical:** General medical experiences of both genders are those associated with physicians, physician assistants, or nurse practitioners.

**DOCUMENTING CLINICAL EXPERIENCES:**
Each student is responsible for logging his or her individual hours of clinical experience. Using the “UNI Athletic Training Education Program Clinical Experience Log Sheet” (see Appendices)
the student should indicate the date, time in, time out, hours, total hours, location, and have the preceptor sign it. At the conclusion of each rotation the log sheet needs to be turned in to the UNI ATEP Secretary. All special circumstances should be discussed with the clinical coordinator before the deadline.

**DOCUMENTING INTERACTIONS WITH OTHER HEALTH CARE PROFESSIONALS:**

Each student is responsible for logging his or her interaction with any other Health Care / Medical Professional other than their preceptor during their clinical experience rotation. Using the “UNI Athletic Training Education Program Athletic Training Student Allied Health / Medical Professional Interaction Form” (see Appendices p. 85) the student should indicate the date, time, location, the health/medical professional they observed, the description of the interaction, and have the preceptor sign it. At the conclusion of each rotation the Allied Health / Medical Professional Interaction Form needs to be turned in to the UNI ATEP Secretary. All special circumstances should be discussed with the clinical coordinator before the deadline.

**PRECEPTOR RESPONSIBILITIES:**

The following are the responsibilities of the preceptor:

1. Provides an active, stimulating environment appropriate for the learning needs of the student.
2. Has a variety of learning experiences available to students.
3. Directly supervises the athletic training student(s) at all times.
   a. The preceptor holds appropriate credentials, certification and licensure, as required by the state of Iowa.
   b. Preceptor provides UNI ATEP with current certification and licensure documentation.
   c. Should have no complaints filed against him/her.
5. Supports the objectives of the ATEP and the individual student.
   a. Completes all student evaluation forms.
   b. The preceptor provides appropriately timed and constructive feedback to the ATS.
6. Ensures that the students are performing the Clinical Integration Proficiencies (CIP’s).
   a. Properly documents the CIP’s performed by the athletic training student.
7. Communications between the preceptor and clinical CIE are effective and positive.
8. The preceptor demonstrates administrative interests in and support of athletic training clinical education.
   a. Provides UNI ATEP with an updated EAP
   b. Properly displays EAP
   c. Practices EAP with students prior to the beginning of their clinical experience
   d. Electrical checks and calibrations
9. The site provides adequate equipment to meet facility standards
   a. OSHA guidelines
   b. Biohazard equipment

**NON-ATHLETIC TRAINER PRECEPTOR RESPONSIBILITIES:**

The following are the responsibilities of the preceptor:
1. To directly supervise the athletic training students at all times.
2. To critique the athletic training students skills and give positive feedback.
3. To provide the student with opportunities to learn.
4. To assist the students in becoming a competent athletic trainer.
5. Outline all expectations of the athletic training student, which includes duties and responsibilities.
6. Communicate with the ATEP Director or Clinical Experience Coordinator regularly.
7. Adhere to and understand the policies and procedures of the ATEP.

STUDENT RESPONSIBILITIES:
The responsibilities of the athletic training student will vary greatly from one clinical experience site to the next. Each clinical experience site will have different expectations for the athletic training student. It is the responsibility of the student and the preceptor to identify these expectations. Although each site will have different duties, responsibilities, and policies there are some general responsibilities that each student should follow, they are:
1. Each athletic training student should be at least 15 minutes early to all of their clinical experience activities unless otherwise stated by their preceptor.
2. Each student should discuss and complete all portions of the Clinical Experience Orientation Form with their preceptor on the first day of clinical experience.
3. Each student should act appropriately and respectfully.
4. Each student should dress professionally and appropriately according to the preceptor’s expectations.
5. Each student should adhere to the NATA code of ethics and professionalism at all times.
6. Each student should keep all patient/athlete care confidential.
7. Each student should never be under the influence of alcohol or any drug while representing the UNI ATEP.
8. No profane language or vulgarity should ever be used by an athletic training student.
9. Each student is responsible for regularly updating their preceptor on their skill competency and clinical integration proficiency progress.
10. Each student should be inquisitive and willing to learn at all times.
11. Each student should be enthusiastic, cheerful, and willing to do what the preceptor appropriately asks of them.
12. Each student should be dependable and responsible.
13. Each student must report CIP scores to assigned Practicum instructor by the end of each semester.

CLINICAL EXPERIENCE COMPETENCY RULES AND REGULATIONS:
The following rules and regulations must be followed at all times in order to ensure a safe, efficient, and successful Athletic Training Education Program:
1. Students can only perform the skill competencies that they have passed with 95% proficiency during the clinical education courses.
2. Students must meet with their preceptor to discuss the goals and expectations of that particular clinical experience, and complete the Clinical Experience Orientation Form.
3. The student must inform their preceptor of any new skill competencies and clinical integration proficiencies passed.
4. The student should utilize the clinical experience to master the skills that they have passed during the clinical education courses.

VOLUNTEERISM:
If a student desires they may volunteer their time at games or other events to gain additional experience. Students will not be required to attend these extra events but will be extended an invitation. It is recommended that students should not volunteer more than 5 additional hours per week.

STUDENT PERSONAL TRAVEL:
All athletic training students are strongly encouraged to maintain their own auto insurance policy as each student will be individually responsible for his/her transportation to and from the clinical experience site. The University of Northern Iowa and the Athletic Training Education Program are not liable for any misfortune that may occur to the student or the student’s vehicle while traveling to and from the clinical experience site. Furthermore, all athletic training students shall not transport a patient or student-athlete (high school or collegiate) to or from a medical appointment, athletic practice, athletic event or other related affair in their personal vehicle. In addition, athletic training students shall not use their personal vehicles for hauling coolers, medical kits, etc or for running errands for their preceptors. In the event the athletic training student does not comply with this policy they will be subject to disciplinary action as outlined in their student handbook.

DIRECT SUPERVISION:
The policy of the University of Northern Iowa Athletic Training Education Program with regards to direct supervision of athletic training students is:

“Direct supervision of athletic training students involved in the clinical experience portion of the Athletic Training Education Program means that the preceptor will be physically present and have the ability to intervene on behalf of the athletic training student and the patient.”

(CAATE Standards Clinical Education Terminology)

It is expected that all athletic training students will be directly supervised by their preceptor at all times. Students are expected to report involvement in or knowledge of situations in which direct supervision is not properly provided. Failure to report these situations could result in disciplinary action. Please see the Direct Supervision Policy Form, Appendices p. 24.

FIRST RESPONDER POLICY:
In any situation where an undergraduate athletic training student is not supervised by a qualified preceptor, and is in a position to provide any type of health care intervention, then the student is no longer functioning as an athletic training student. The UNI ATEP definition of a first responder is an individual who only performs interventions (e.g., skills, treatments, emergency care techniques, etc.) for which they are certified through the American Red Cross or other certifying agency. First responder situations cannot and will not be mandated through the UNI ATEP. Students must not refer to themselves as athletic training students while functioning as a first responder. Experiences gained while unsupervised cannot be included as clinical experience.
A list of skills taught under the UNI ATEP first aid and CPR certifications requirements, and athletic training-specific skills which do not fall under the scope of a first responder, are found in the First Responder Policy Form found in the Appendices, p. 22.

CONFIDENTIALITY:
During the clinical experience the athletic training student will learn things about patients and athletes that needs to remain confidential. Each athletic training student is required to sign a confidentiality statement (Appendices, p. 39) that verifies that they will not discuss what they have learned outside of the athletic training clinical experience.

TRAVELING:
During the clinical experience many athletic training students will have the opportunity to travel. Students may accompany their preceptor, however, each student must be directly supervised by a preceptor while they are traveling. Unsupervised student travel is strictly prohibited. The athletic training student may not travel with the team in the event that the preceptor is not traveling.

EVALUATIONS:

Student Evaluations:
Athletic training students are evaluated by his/her preceptor at the end of each clinical experience rotation (Appendices, p. 48 - 61). Preceptors evaluate students’ personal attributes, professional attributes, and athletic training competencies. Preceptors who are not ATs will evaluate the students’ personal and professional attributes only. Preceptors who are ATs with less than one year of experience will conduct the student evaluation with the guidance and presence of their supervising preceptor. All preceptors will give the student an overall grade for the rotation. The grade is directly correlated to their Practicum grade for the semester. The athletic training student should read carefully over the student clinical experience evaluation form as well as review the Clinical Experience Performance Criteria (see Appendices, p. 43) to understand how they will be evaluated. All evaluations are completed electronically. Once the preceptor has completed the evaluation he/she should schedule a time with the student to discuss their evaluation. Students will receive an evaluation summary of all the scores and written comments given by their preceptor at the end of each academic year.

Student Self Evaluations:
Each student will complete a self-evaluation (see Appendices, p. 62 - 70) at the end of each clinical experience rotation. The evaluation is completed electronically. The student loses 5 points in Practicum if the evaluation is not completed by the designated due date. The self evaluation should be compared to the evaluation completed by their preceptor and any concerns should be discussed.

Preceptor Evaluation:
Each preceptor will be evaluated by each of his or her students at the end of each clinical experience rotation (see Appendices, p. 71 - 81). The evaluation is completed electronically. The student loses 5 points in Practicum if the evaluation is not completed by the designated due date. The supervisors will receive a Preceptor Evaluation Summary at the end of each semester. The average of all the scores, as well as a
description of all written comments, will be given to each preceptor. The student’s names will not be provided on the Evaluation Summary. The purpose of this evaluation summary is to give positive feedback to the preceptor as well as ideas on how the experience could improve.

**UNI ATEP Evaluation of the Preceptor:**
The clinical experience coordinator will complete an evaluation of the preceptor at the end of each year. This form is used to evaluate the preceptor’s compliance with the standards and guidelines for the UNI ATEP. The evaluation is based on information from 1) the clinical coordinator’s visits to the clinical experience site, 2) students evaluations and comments, and 3) information provided by the preceptor.

**CLINICAL EXPERIENCE HOLIDAYS:**
During each academic year there are several Holidays/breaks in which classes are not held at UNI. Athletic training students are excused from their clinical experience rotations on these designated Holidays/breaks. It is the athletic training student’s responsibility to notify the preceptor that there is a holiday/break one week in advance. The calendar holiday’s and breaks are as follows:

- Labor Day
- Thanksgiving Break
- Fall Finals Week Break
- Christmas Break
- Martin Luther King’s Birthday
- Spring Break
- Spring Finals Week Break

**ABSENCE(S):**
UNI athletic training students should observe all of the following procedures.

1. Athletic Training Students are expected to be in attendance at their scheduled clinical experience rotation for the team’s treatment and/or rehabilitation sessions, practices, and/or games/competitions at all times unless excused by their preceptor.

2. Clinical experience assignments take precedence over any and all UNISATO, intramural/open recreation, work etc. activities.

3. Athletic training students are expected to arrive at their clinical experience site at least **15 minutes** before the first scheduled activity, unless they have class.

4. Except for emergencies, preceptors must be notified at least **72 hours** in advance of a planned absence.

5. Any athletic training student not following these procedures will be subject to the disciplinary action policy.
The preceptor may allow exceptions to these rules per their discretion. These rules must be clearly explained to the student(s) at the beginning of the rotation.

**ATHLETIC TRAINING STUDENT CLASS ABSENCE DUE TO TEAM TRAVEL POLICY:**

Athletic Training Students bear the responsibility of informing their professors of upcoming class absences due to team travel. Students should refer to their course syllabus carefully on assignment completion for any given class. Students are responsible for understanding and meeting the instructor’s expectations. Students also are responsible for communicating with faculty prior to missing scheduled assignments and for making arrangements with faculty to complete all missed assignments. The Athletic Training Clinical Coordinator will provide a form that will list each class missed due to team travel that can be shared with faculty.

**University of Northern Iowa**  
**Non-Discrimination Statement**

The University of Northern Iowa is committed to providing equal employment opportunity through recruitment, employment, and promotion of individuals without regard to race, color, sex, age, disability, veteran status, religion, national origin, or sexual orientation. The University has established its nondiscrimination/equal opportunity policy as follows:

No person shall be excluded for participation in, be denied the benefits of, or be subjected to discrimination in employment, any educational program, or any activity of the University, on the basis of race color, sex, age disability, veteran status, religion, national origin, sexual orientation, or on any other basis protected by federal and/or state law.

The University of Northern Iowa seeks to prohibit discrimination and to promote affirmative action in its educational and employment policies and practices. These Policies are implemented in compliance with applicable federal and state nondiscrimination and affirmative action laws and regulations.

**University of Northern Iowa Athletic Training Education Program**  
**Non-Discrimination Policy Statement**

The University of Northern Iowa Athletic Training Education Program is committed to a policy of equal opportunity and non-discrimination in all aspects of the program without regard to race, national origin, color, religion, sex, age, disability, sexual orientation, or any other basis protected by law.
# CLINICAL EXPERIENCE SITES:

Below is a list of the on and off campus clinical experience sites, preceptors, and driving directions.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Contact Details</th>
<th>Directions</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Accelerated Physical Therapy                  | Matt Buttjer, PT, ATC & Stephanie Bradley-Diehl, PT, ATC, Leslie Frost, PT, ATC | - Follow Hudson Rd. to 1st St.  
- On the corner of Hudson & 1st St. |                                                                            |
|                                               | 1710 W. 1st Street, Suite D  
Cedar Falls, IA 50613  
(W) 273-8988 |                                                                            |                                                                            |
| Agape Physical Therapy                        | Bethany Jacobsen, PT, ATC  
Cedar Falls:  
211 West 6th Street  
Cedar Falls, IA 50613  
Waterloo:  
927 West 4th St.  
Waterloo, IA 50702  
(W) (319) 277-3166 | To CF location:  
- Follow Hudson Rd. to 6th St.  
- Go east on 6th St.  
To Waterloo location:  
- Follow US-218 South  
- Go south on 4th St. |                                                                            |
| Aplington-Parkersburg High School              | Graduate Assistant  
610 N Johnson St  
Parkersburg, IA 50665 | - Follow Hudson Rd. to 1st St.  
- Take a left and follow 1st St. out of town |                                                                            |
| Cedar Falls High School                       | Pete Watters, ATC  
1015 S Division St  
Cedar Falls, IA 50613  
(W) 553-2535 | - Follow Hudson Rd. to 8th St.  
- High School will be on the right. |                                                                            |
| Columbus High School                          | Scott Lockard, ATC  
3231 W 9th St  
Waterloo, IA 50702  
(W) 273-5265 | - Follow Hudson Rd. South to Ridgeway  
- Take a left on Ridgeway  
- Follow Ridgeway to 9th street and turn right.  
- You will run into the school. |                                                                            |
| Grundy Center High School                     | Graduate Assistant  
1006 M Ave  
Grundy Center, IA 50638 | - Follow Hudson Rd. to Hwy 20  
- Go West on Hwy 20  
- Take the Grundy Center Exit  
- Take a right at the T intersection in Grundy Ctr  
- Take a left on 11th St. |                                                                            |
| Taylor PT / Waverly Health Center             | Jerod Gayer, PT, ATC  
312 9th St. SW  
Waverly, Iowa 50677  
(W) 352-5644 | - Go north on Hudson Rd. to 1st St.  
- Go east on 1st street  
- Follow 1st St. and get on US-218 N/IA-27 N towards Waverly  
- Take exit 198 toward US-218 BUS/Waverly  
- Merge onto 4th Ave SW  
- Turn left onto 2nd Ave SW |                                                                            |
| UNI Basketball (Men’s)                        | Don Bishop, MA, ATC  
Located in the McLeod Center on UNI’s Campus |                                                                            |                                                                            |
| UNI Basketball (Women’s)                      | Dawn Jacobsen, MS, ATC  
Located in the McLeod Center on UNI’s Campus |                                                                            |                                                                            |
| UNI Football                                  | Travis Stueve, MS, ATC  
Located in the Human Performance Center on UNI’s Campus |                                                                            |                                                                            |
| UNI Soccer (Women’s)                          | Graduate Assistant  
Located in the Human Performance Center on UNI’s Campus |                                                                            |                                                                            |
| UNI Softball                                  | Graduate Assistant  
Located in the Human Performance Center on UNI’s Campus |                                                                            |                                                                            |
<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Information</th>
<th>Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNI Strength &amp; Conditioning</td>
<td>Jed Smith, M.Ed, CSCS&lt;br&gt;Nick Davis, MA, CSCS&lt;br&gt;UNI WRC 153&lt;br&gt;Cedar Falls, IA 50614 (W) 273-7867</td>
<td>Located in the WRC on UNI's campus&lt;br&gt;Go North on Hudson Rd.&lt;br&gt;Take Left on 22nd St.</td>
</tr>
<tr>
<td>UNI Track &amp; Cross Country</td>
<td>Graduate Assistant</td>
<td>Located in the Human Performance Center on UNI’s Campus</td>
</tr>
<tr>
<td>UNI Volleyball</td>
<td>Megan Brady, MPE, ATC</td>
<td>Located in the McLeod Center on UNI’s Campus</td>
</tr>
<tr>
<td>UNI Wrestling</td>
<td>Troy Garrett, MS, ATC</td>
<td>Located in the West Gym on UNI’s Campus</td>
</tr>
<tr>
<td>UNI Intramurals</td>
<td>Leif Madsen, ATC</td>
<td></td>
</tr>
<tr>
<td>Wartburg College</td>
<td>Tim Koberna, MA, ATC&lt;br&gt;Amanda Ellson, MS, ATC&lt;br&gt;Emily Link, MS, ATC&lt;br&gt;100 Wartburg Blvd.&lt;br&gt;Waverly, IA 50677</td>
<td>Go north on Hudson Rd. to 1st St.&lt;br&gt;Go east on 1st street&lt;br&gt;Follow 1st and get on US-218 N/IA-27 N towards Waverly&lt;br&gt;Take exit 198 toward US-218&lt;br&gt;BUS/Waverly&lt;br&gt;Turn left onto US-218/IA-3/W Bremer Ave.&lt;br&gt;Turn right onto 12th St. NW&lt;br&gt;Enter the doors to “The W” off of 12th St. or the doors connected to the football field.</td>
</tr>
<tr>
<td>Waterloo Black Hawks</td>
<td>Todd Klein, ATC</td>
<td>Take Hudson Rd. to 1st street&lt;br&gt;Follow 1st to 218&lt;br&gt;Take 218 towards Waterloo&lt;br&gt;Take the 63N Exit, stay in left lanes&lt;br&gt;Corner of Commercial &amp; 63 N</td>
</tr>
<tr>
<td>Waterloo East High School</td>
<td>Graduate Assistant</td>
<td>Take Hudson Rd. to 1st street&lt;br&gt;Follow 1st to US-218 S&lt;br&gt;Take 218 towards Waterloo&lt;br&gt;Take the 63N Exit, stay in left lanes&lt;br&gt;Turn right on Franklin&lt;br&gt;Follow Franklin to High street&lt;br&gt;Turn left on E 6th St.&lt;br&gt;E 6th St. turns into M L King Jr Dr.&lt;br&gt;Turn left on Barclay St.</td>
</tr>
<tr>
<td>Waterloo West High School</td>
<td>Dave Fricke MS ATC</td>
<td>Follow Hudson Rd. to Ridgeway&lt;br&gt;Take a left on Ridgeway&lt;br&gt;School is on left</td>
</tr>
<tr>
<td>Waverly-Shell Rock High School</td>
<td>Mandi Drees, ATC, LAT&lt;br&gt;1415 4th Ave SW&lt;br&gt;Waverly, IA 50677</td>
<td>Go north on Hudson Rd. to 1st St.&lt;br&gt;Go east on 1st street&lt;br&gt;Follow 1st and get on US-218 N/IA-27 N towards Waverly&lt;br&gt;Take exit 198 toward US-218&lt;br&gt;BUS/Waverly&lt;br&gt;Merge onto 4th Ave SW&lt;br&gt;Turn left onto 10th Ave SW&lt;br&gt;Take the 1st right onto 16th St. SW&lt;br&gt;Turn right onto 4th Ave SW</td>
</tr>
<tr>
<td>XL Sports Acceleration</td>
<td>Armand McCormick</td>
<td>Follow Hudson Road South&lt;br&gt;Go east on Viking Rd.</td>
</tr>
</tbody>
</table>
### GENERAL MEDICAL SITES:

<table>
<thead>
<tr>
<th>Site</th>
<th>Contact person</th>
<th>Directions</th>
</tr>
</thead>
</table>
| Cedar Falls Primary Care                                            | **Dr. Kelly Schmidt**           | • Follow Hudson Road North  
• Turn left on 8<sup>th</sup> St.  
• Building is on the left |
| Covenant Medical Center Emergency Room                              | **Deb Gingrich**                | • Follow Hudson Road South to Ridgeway  
• Take a left on Ridgeway  
• Follow Ridgeway to 9<sup>th</sup> street and turn right.  
• You will run into the hospital (on left). |
| Northeast Iowa Medical Education Foundation/FM Residency            | **Wendy Hudson**                | • Follow Hudson Road South to Ridgeway  
• Take a left on Ridgeway  
• Follow Ridgeway and take a left on Kimball Ave.  
• Take the first right into the parking lot.  
• Building is on corner of Kimball and Ridgeway |
| Allen Emergency Room                                                | **Brienna Decker**              | • Follow Hudson Road North to 1<sup>st</sup> street/IA-57 and go east (turn right)  
• IA-57 becomes US-218 S  
• Merge onto Broadway St. via Exit 185 toward Airport  
• Turn left onto Longfellow Ave  
• Stay straight to go onto W Donald St.  
• Turn right onto Logan Ave/US-63  
• Building is on the right |
| Peoples Community Health Clinic                                     | **Lanett Kane**                 | • Take Hudson Rd. to 1<sup>st</sup> street  
• Follow 1<sup>st</sup> to US-218 S  
• Take 218 towards Waterloo  
• Take the 63N Exit, stay in left lanes  
• Turn right on Franklin  
• Follow Franklin and building will be on left |
| Sartori Memorial Hospital Emergency Room                            | **Maureen Beckman**             | • Follow Hudson Rd. North to 4<sup>th</sup> st. and turn right  
• Follow 4<sup>th</sup> st. and hospital will be on the right. |
| Noah Health Clinic Wartburg College                                 | **Megan McMillin, PA-C, MHA**   | • Go north on Hudson Rd. to 1<sup>st</sup> St.  
• Go east on 1<sup>st</sup> street  
• Follow 1<sup>st</sup> St. and get on US-218 N/IA-27 N towards Waverly  
• Take exit 198 toward US-218 BUS/Waverly  
• Turn left onto US-218/IA-3/W |
<table>
<thead>
<tr>
<th>Bremer Ave.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Turn right onto 12th St. NW</td>
</tr>
<tr>
<td>• Enter the doors to ‘The W’ off of 12th St. or the doors connected to the football field.</td>
</tr>
</tbody>
</table>
DISCIPLINARY ACTIONS & GRIEVANCES

At the University of Northern Iowa the athletic training students are expected to follow the student code of conduct as is outlined in the UNI Student Handbook. In addition to these policies, athletic training students must comply with all athletic training major requirements and procedures. In order to maintain a professional atmosphere for learning the following procedures have been developed for disciplinary action and grievances.

Disciplinary Action

Criterion:
• Repetitive clinical disciplinary problems (More than one)
• Academic Dishonesty (Automatic F in course)
• Not maintaining a 2.5 Cumulative GPA
• Not maintaining a 2.75 Major GPA
• Not following proper policies and procedures
• Not maintaining current first aid and CPR certifications
• Not receiving an annual physical
• Not attending the annual OSHA training course
• Not attending advisor meetings
• Not verifying skill competency or clinical integration proficiency with their preceptor.
• Violating the Athletic Training Education Programs List Serve policies and procedures.
• Not attending classes.
• Conduct unbecoming of an athletic training student.
• Providing health care interventions as an athletic training student while not being properly supervised by a qualified preceptor.

General Disciplinary Action:

• 1st Action:
  1. Written and verbal warning
  2. Interview with program director
  3. Probation period for improvement (As determined by the program director)
  4. Contract for improvement

• 2nd Action:
  1. Written and verbal warning
  2. Interview with program director
  3. Interview with faculty and staff
  4. Probation for one semester
  5. Contract for improvement

• 3rd Action:
  1. Expulsion from the program
**Academic Disciplinary Action:**

- **1st Action:** (GPA falls below 2.5 Cumulative or 2.75 Major)
  1. Written and verbal warning
  2. Probation period for one semester
  3. Interview with academic advisor
  4. Contract for improvement; must be above the criterion at the end of the next semester.

- **2nd Action:** (GPA falls below 2.5 Cumulative or 2.75 Major)
  1. Written and verbal warning
  2. Interview with program director
  3. Probation for one semester
  4. Contract for improvement; must maintain GPA criterion until graduation

- **3rd Action:**
  1. Expulsion from the program

**Optional Student Hold Status**

In the situation when GPA(s) fall drastically below the required levels, the student may opt to hold his/her status as an athletic training student for two semesters. During this period of time, the student may re-take athletic training courses, but may not attend clinical experience rotations. If the GPA(s) are not at the required levels at the completion of the two-semester hold period, the student will not be re-admitted to the program. If the student should be re-admitted, the GPA(s) must not fall below the required levels at any time prior to graduation. If the GPA(s) do fall below the required levels any time prior to graduation, the student will be permanently excused from the ATEP.

**Grievances**

In the event that an athletic training student has a grievance against faculty, staff, preceptors, athletes, or fellow students the following guidelines should be considered:

**Criteria for Grievance:**

- Harassment
- Unfair Practices
- Dishonesty
- Lack of professionalism
- Other

**Procedures:**

a. Confront the individual with the grievance so that you can assure that there is not some form of miscommunication.

b. Try to work out the grievance with the individual.
c. If the problem cannot be resolved, inform the individual that you are planning on filing a grievance.
d. Fill out a grievance form (Appendices, p. 86) and submit it to the program director. In the event the grievance is against the program director submit the complaint to the Division of Athletic Training Chair.
e. Once the grievance is received the faculty, staff, and president of the UNISATO will review the case and take appropriate action.

Note: In the event that one of the grievance committee members is involved with this action, the individual will not be on the committee for this particular problem.

SEMESTER PROCEEDINGS

APPOINTMENTS

Each semester you will have one formal interview with your academic advisor and one or more interviews with your preceptor(s). Below is an outline of what will take place during each interview.

Advisor Appointments:
At the beginning of each semester you should have an informal interview with your athletic training advisor within the first half of the semester. Please give your advisor at least 24 hours notice so that your file can be obtained. For this interview you need to bring your student advisement report (available via MyUniverse) and your current course schedule. During this appointment you will discuss your progress within the program by going over your cumulative record (Appendices, p. 27) as well as your clinical experience evaluations. This appointment could be a group appointment with your entire class.

The first formal appointment will occur towards the mid-point of the semester before registration. Each student should make a preliminary schedule of courses they would like to take and get it approved by their advisor. Each student should follow the suggested athletic training academic plan.

Preceptor Appointments:
Each semester you will be assigned a number of different preceptors dependent upon how many years you have been in the program. At the beginning of each clinical experience the preceptor will briefly discuss their expectations with you and any concerns that you might have, which will be documented using the Clinical Experience Orientation Form (see Appendices p. 42). At the end of the clinical experience the preceptor will evaluate your performance and then discuss the evaluation with you.
UNISATO

The University of Northern Iowa Student Athletic Training Organization (UNISATO) is an organization that is administrated by the athletic training students. UNISATO has a long tradition of excellence. Each year UNISATO volunteers extensively throughout the community and is highly involved with on-campus activities. UNISATO has several fundraising activities each year to help defer the cost of national, district, and state meetings and events. Members of UNISATO and all faculty and staff will receive UNISATO related messages via the UNISATO list (unisato@uni.edu). Messages unrelated to UNISATO should not be delivered via this list. All faculty, staff, and students will refrain from using unprofessional language or from making offensive comments towards other individuals. In the event that a member of the list-serve chooses to break this policy, he/she will be removed from the list-serve for one academic year.

ATHLETIC TRAINING LIST-SERVES:

The University of Northern Iowa Athletic Training Education Program List-Serve (atepun@uni.edu) is maintained and administrated by the Director of the Athletic Training Education Program and the Division Chair. The Director, Chair, and Clinical Experience Coordinator can write to the list, which includes all students, faculty, and staff. Students cannot write to this list. In addition, each cohort has their own list address based upon year of graduation (e.g., class of 2012 is atep-2012@uni.edu). All education administration announcements will be delivered via these lists depending on the scope of the message.
ATHLETIC TRAINING EDUCATIONAL FACILITIES

Athletic Training Classroom

First Floor HPC Hallway

Athletic Training Reception Area

Athletic Training Conference Room

Athletic Training Service Areas

Athletic Training Hydrotherapy Room

HPC Athletic Training Room

McLeod Center Athletic Training Room

West Gym Athletic Training Room

Human Anatomy Laboratory

Athletic Training Research Laboratory

EQUIPMENT:
The University of Northern Iowa Athletic Training Research Laboratory contains several pieces of expensive equipment. Athletic training students should not be using any of the equipment in the laboratory unless supervised by one of the faculty and staff. At no time should any equipment be removed from the laboratory unless approved and supervised by one of the faculty. Equipment includes: desktop computers, notebook computers, printers, accelerometers, pedometers, poster printer, metabolic cart, QST, etc.

COMPUTER EQUIPMENT:
The athletic training laboratory has multiple computers and printers. The desktop computers have been purchased to facilitate athletic training research. These computers may only be used for athletic training research. The computers are not to be used for any other purpose other than research.

The notebook computers have been purchased to facilitate student learning. These computers may be checked out with the athletic training division secretary and used within the athletic training area. These computers are to be used for educational purposes only.

LABORATORY USE:
The athletic training research laboratory is to be used only for research and on select occasion, for meetings and lectures/presentations. The research laboratory is not to be used for anything
other than research without the permission of the Division Chair, Graduate Program Director, and the Research Coordinator. Athletic training students should not be eating, drinking, or sleeping in the research laboratory at any time. Additionally, athletic training students should never store backpacks, coats, or other personal items in the research laboratory.

**Athletic training students are to never open the athletic training research laboratory to perform rehab, taping, evaluations, or other related clinical experience activities. If any student violates these policies they will be subject to disciplinary action.**

**KITCHEN AREA:**
Students are welcome to use the sink, microwave, and refrigerator located in the athletic training area. However, students must clean up all messes and must label everything that is stored in the refrigerator or freezer. Unmarked items may be thrown away. If the usage of these appliances is abused at anytime, they will be prohibited from all students.

**CLEAN UP:**
Athletic training students, faculty and staff should keep all areas clean at all times. All equipment should be put away at the end of each day.

**MAILBOXES:**
In the athletic training reception area there are student mailboxes. These mailboxes are to be used strictly for athletic training educational purposes. At no time should the mailboxes be used for storage of personal or non-athletic training related items. Additionally, athletic training students should not store rehab programs, forms, candy, attire, or other miscellaneous items. Mailboxes are strictly for communication purposes within our program and should be checked and emptied on a regular basis. Athletic training students choosing not to follow these procedures will have their mailbox taken away and become subject to disciplinary action.

**CELL PHONE POLICY:**
All cell phones must be placed on top of the tables at the beginning of each class. At no time should a student use his/her cell phone during class, unless prior permission is granted by the instructor. If a student is caught using his/her cell phone during class, he/she will be excused from class. If cell phone usage occurs during an exam or quiz, the student will receive a score of “0” for that particular exam or quiz and will be subject to further University disciplinary action.

Cell phones should never be used for personal reasons during clinical experiences unless approved by the student’s preceptor. If a student uses their cell phone for non-athletic training purposes without prior approval, they will be excused from their clinical experience for the day and will have a meeting with the program director.
AWARDS

ATHLETIC TRAINING STUDENT OF THE MONTH

Each month one (1) athletic training student who has shown excellence within the Athletic Training Education Program will be selected as the “Athletic Training Student of the Month”.

Eligibility:
- cannot win two (2) consecutive months;
- faculty/staff athletic trainers will have the opportunity to nominate one (1) athletic training student for the award each month;

Criteria:
1. must attend UNISATO meetings and functions;
2. must dress appropriately at all times;
3. must assist other athletic training students in their clinical experiences
4. must actively participate in classroom activities and other outside functions.
5. must demonstrate a professional attitude at all times;
6. must demonstrate characteristics of dedication, loyalty, curiosity, responsibility, motivation, and leadership at all times;
7. must demonstrate outstanding performance in all aspects of life

Selection committee:
Athletic training faculty who do not supervise students during clinical experiences.

Award:
The recipient of the award shall have his/her picture displayed in the athletic training reception area and on the athletic training website. A certificate will be awarded during the graduation ceremony.

TERRY G. NOONAN ATHLETIC TRAINING STUDENT OF THE YEAR AWARD
Each year one of the UNI athletic training students will be named the athletic training student of the year. This award will be given to the student who has demonstrated excellence within the athletic training education program. This award will be determined by grades, work ethic, professionalism, previous awards, clinical experience evaluations, and peer impressions. This award will be an honor that each student should work towards.

RICHARD “BIFF” WILLIAMS STUDENT MENTOR AWARD
Each year one senior athletic training student is selected as the student mentor of the year. This award is given to a senior athletic training student that has demonstrated excellence in mentoring their younger classmates. The winner of this award is selected by the students. All students vote.

WILLIAM P. CALLAHAN STUDENT OF DISTINCTION AWARD
Each year one second year athletic training student will receive this award. This award will be given to the student who has demonstrated excellence within their second year of the program. This award will be determined by grades, work ethic, professionalism, previous awards, clinical
experience evaluations, and peer impressions. This award will be an honor that each student should work towards.

CHRISTOPHER R. EDGINTON STUDENT OF EXCELLENCE AWARD
Each year one of the first year athletic training students will receive this award. This award will be given to the student who has demonstrated excellence within their first year of the program. This award will be determined by grades, work ethic, professionalism, previous awards, clinical experience evaluations, and peer impressions. This award will be an honor that each student should work towards.

NATA RESEARCH AND EDUCATION FOUNDATION UNDERGRADUATE SCHOLARSHIP:
- $2300.00 award
- Application Deadline: February 1st
- Download application form from www.natafoundation.org

NATA RESEARCH AND EDUCATION FOUNDATION MASTERS SCHOLARSHIP:
- $2300.00 award
- Application Deadline: February 1st
- Download application form from www.natafoundation.org

DISTRICT V MEMORIAL ENTRY LEVEL SCHOLARSHIP
- $500.00 Award
- Applications Accepted October 1st – January 15th
- Applications available at www.maata.net

- **Criterion:**
  - Junior Standing
  - One year within program
  - Minimum of 3.0 within major
  - Applicant cannot be receiving a full scholarship
  - Applicant must be endorsed by a Certified Athletic Trainer
  - Must be a student member of the NATA
  - Applicant must intend to pursue the profession of athletic training or related field as a means of livelihood
  - Applicant must submit a statement from the registrar of his/her college indicating the applicant’s current GPA through the most recently completed school term
  - Applicant must submit three letters of recommendation
  - Applicant is required to submit an application and a biographical statement answering four specific questions as to why he or she feels they should be awarded the scholarship
  - Applicant must submit a one page resume.
  - Applicant will submit a color photograph to be used only for award purposes at the MAATA Symposium
  - Applicant must follow all application instructions
DISTRICT V POSTGRADUATE SCHOLARSHIP

- **$500,000 Award**
- Applications Accepted October 1st – January 15th
- Applications available at www.maata.net

- **Criterion:**
  - The applicant shall signify their intention to continue academic work beyond the baccalaureate degree as a full time graduate student and shall be judged capable of graduate study by their major advisor or major department head. Otherwise, the applicant must be enrolled in a graduate degree program with one or more years remaining.
  - The applicant must have a GPA of "B" (3.0 on a 4.0 scale) or above in their major field. This is to be verified by the department head in the major field or their designate.
  - The applicant must have accumulated clinical experience hours as a student trainer for a continuous period of at least one academic year prior to the date of application.
  - The applicant must be nominated by a Certified Athletic Trainer who is a current member in good standing of the Mid-America Athletic Trainers Association and the National Athletic Trainers Association. No more than one candidate may be nominated by each Certified Athletic Trainer.
  - The applicant must have been a member of the National Athletic Trainers Association for at least one year prior to their date of application and enrolled in an educational institution in District V.
  - It must be the intent of the applicant to pursue the profession of athletic training or related field as a means of livelihood.

IOWA ATHLETIC TRAINERS’ SOCIETY UNDERGRADUATE SCHOLARSHIP

- Application deadline: March 15th
- Applications available: www.iowaats.com

- **Criterion:**
  - Applicant must be a member of the National Athletic Trainers’ Association (NATA) at the time of application.
  - Applicant must be a full-time student of at least junior standing in a CAATE-accredited undergraduate athletic training education program in Iowa in the year of application.
  - Applicant must have a cumulative GPA of at least 3.2 (based on 4.0 scale) for ALL undergraduate courses to date including the Fall term of the year of application.
  - Applicant must the intention of pursuing athletic training certification by the Board of Certification (BOC).

IOWA ATHLETIC TRAINERS’ SOCIETY GRADUATE SCHOLARSHIP

- Application deadline: March 15th
- Applications available: www.iowaats.com

- **Criterion:**
  - Applicant must be a member of the National Athletic Trainers’ Association (NATA) at the time of application and hold the ATC credential or be eligible to sit for the BOC exam.
Applicant must be a graduate student of a graduate program in Iowa, in the year of this application.

Applicant must have a cumulative GPA of at least 3.2 (based on 4.0 scale) for ALL graduate courses to date including the Fall term of the year of application.

Applicant must the intention of pursuing athletic training as a career.

SCHOOL OF HPELS/COE SCHOLARSHIPS:
A detailed list of several scholarships available to undergraduate students is available at www.uni.edu/coe/undergraduate. This list changes yearly, so it is important to check it regularly for newly available scholarships.

Internal Funding for Student Research and Travel

Purpose:
The Intercollegiate Academics Fund (IAF) is a yearly allocation of Student Activity Fee monies that exists to promote and support intercollegiate academic experiences for University of Northern Iowa students. The fund is designed in particular to encourage individual students and student groups with direct links to academic programs and departments to participate in academic competitions and conference presentations at state, regional, national, and international levels. The IAF supports the educational and professional development of students in their academic areas as well as leadership development for various student groups. Priority for funding is given to students participating in intercollegiate academic competitions and presentations at professional conferences. Funding is also available to assist in conducting research.

Policy and Procedure Changes
Policy and Procedures of the UNI Athletic Training Education Program will change on occasion. In the event of a change each student will receive a copy of the change. Each student is required to place that copy within their student handbook.
University of Northern Iowa
Athletic Training Education Program

Student Handbook Appendices

© 2012
UNI Athletic Training Education Program
UNI Sports Medicine Department
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## Application Checklist

*This form must be the first page on the top of your application packet.

### Name:

<table>
<thead>
<tr>
<th>Complete</th>
<th>Requirements</th>
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<td>Application Checklist included</td>
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<td>Application is signed</td>
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<td>Completed or be enrolled in AT 1010 (Introduction to Athletic Training), or the equivalent.</td>
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<td>Completed 30 hours of observation with a certified athletic trainer.</td>
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<td>Minimum cumulative GPA of 2.5 or submitted a current grade report.</td>
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<td>Verified that you meet Technical Standards of UNI Athletic Training Education Program</td>
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<td>UNI Degree Audit or an official transcript if a transfer student.</td>
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<td>Three “Recommendation for Admission” forms completed by three different references.</td>
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<tr>
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<td>Essay</td>
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<td>Verification of observation experience</td>
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<td>CPR card</td>
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<td>First aid card</td>
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<td>Blood born pathogen training certificate</td>
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<td></td>
<td>Student learning objectives <em>(optional)</em></td>
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</tbody>
</table>
2013 UNI Athletic Training Program Application

*Must be Typed and SIGNED*

Full Name ____________________________

Last  First  MI  Date of birth

I am applying as a _____ freshman _____ transfer _____ continuing UNI student, beginning Fall 20________

Student I.D. ___________ Permanent Address __________________________

Street or P.O. Box

City State Zip

Mailing Address ____________________________

Street or P.O. Box

City State Zip

Phone ____________________________

Permanent Present

UNI Email Address: ____________________________

Parent(s) or Guardian ____________________________

High School ____________________________ Year of Graduation

College(s) attended ____________________________ College Credit Hours accumulated ______

High school or college honors ____________________________

Other than your observation hours, do you have additional Athletic Training Student experience? ___Yes ___No

If yes, please explain ____________________________

Have you taken Introduction to Athletic Training? ___Yes ___No ___Presently Taking ___Grade

Are you CPR certified? ___Yes ___No  Are you First Aid certified? ___Yes ___No

Have you had a Hepatitis B Vaccination? ___Yes ___No  If yes, date of vaccination

Have you attended the OSHA/Blood Borne Pathogen Training? ___Yes ___No  If yes, date __________________

Please request three letters of recommendation from references who can speak to your potential as an athletic training student. (i.e. coach, athletic trainer, physician, professor, counselor, etc) List the references below.

1. ____________________________

Name ____________________________ Position ____________________________

Address ____________________________ Phone ____________________________

2. ____________________________

Name ____________________________ Position ____________________________

Address ____________________________ Phone ____________________________

3. ____________________________

Name ____________________________ Position ____________________________

Address ____________________________ Phone ____________________________

Signature________________________________________ Date ____________________________

By signing above you are indicating that all of the information on this application is true. If any of the above information is found to be false, your application will be denied without further consideration.
Admission to the UNI Undergraduate Athletic Training Education Program is competitive; not all applicants will be accepted due to limited seats. Failure to complete any of the application requirements can disqualify a student from admission consideration. Students will not be offered an interview with an incomplete application. Following the interview, candidates will be ranked according to the scoring system, as described on page 4. Notification of admission status will be sent no later than the fourth week in April. Late applications will be returned.

APPLICATION REQUIREMENTS:

- You must have completed or be enrolled in AT 1010 (Introduction to Athletic Training), or the equivalent, before applying into the program.
- You must have completed 30 hours of observation with a certified athletic trainer.
- You must have a minimum cumulative grade point average of 2.5 or submit a current grade report from each class in which you are currently enrolled. If you are not currently enrolled in any university or college classes, then a current grade report is not required.
- You must verify that you meet the Technical Standards of the UNI Athletic Training Education Program by submitting the signed Technical Standards form with your application materials. The standards are detailed in this form found on page 9.
- You must verify completion of the following training:
  - Bloodborne pathogens
  - CPR
  - First Aid
- You must complete the application and include the following items:
  1. One transcript from each college and/or university attended.
     - UNI students can submit an advisement report available “My Universe”.
     - Transfer students must submit an official transcript.
  2. Three recommendations submitted by three different references. The “Recommendation for Admission” form must be included in each recommendation. These are found on page 12.
  3. An essay stating why you want to be an athletic trainer, your career goals, and the attributes you possess that will make you a successful student and athletic trainer.
  4. Verification of your observation hours.
     - If you observed an ATC who is an approved clinical instructor for the UNI Athletic Training Education Program, then use the “Prospective Student” log sheet.
     - If you observed an ATC who is not an approved clinical instructor of the UNI Athletic Training Education Program, then use the “Verification of Supervision Form”.

This packet contains information and an application for those students applying for admittance into the University of Northern Iowa Athletic Training Program. Additional information may be obtained by contacting Kelli Snyder at the University of Northern Iowa: kelli.snyder@uni.edu; 319-273-7401.
Instructions & Scoring System

WRITTEN ESSAY

Format
a. Title page should include: title of essay, name, student identification number
b. Second page should be the beginning of your essay
c. Type-written, 8 1/2” X 11”, with 1” margins
d. Maximum of two double spaced pages
e. The essay should include the following: statement of why you want to be an athletic trainer, career goals, and the attributes you possess that will make you successful as a student and in the field of athletic training.
f. Essay should be stapled together

INTERVIEW

Applicants with completed applications will be offered an interview. Candidates will be contacted during the month of March. A committee of 3-5 faculty, staff, and students will interview each candidate. The interview will last approximately ten minutes and will include:

- Introductions
- Essay discussions
- Questions from interviewers
- Questions from the applicant

SCORING SYSTEM

Each applicant will be given a score for the following items:
1. Introduction to Athletic Training grade at the time of the interview.
   - A=4, B=3, C=2, D=1, F=0 (+.5 for “+” grades; B+ = 3.5)
2. Cumulative GPA
   - Points of GPA given x 2 (example: 3.3 GPA gets 6.6 points)
3. Letters of Reference
   - Average of three committee members scores, (0-5 points)
4. Content of Essay
   - Average of three committee members (0-5 points)
5. Interview Impressions
   - Average of five interviewers (0-5 points)
6. *Student learning objectives
   - One point if all objectives are completed (0-1 point)

*These items are not required.
Transfer Student Policies and Procedures

All students wishing to transfer to the University of Northern Iowa Athletic Training Education Program must first meet all of the pre-admission requirements. Upon admission to the UNI ATEP the student may petition that prior course work and/or clinical experiences be considered as equivalents of courses and or clinical experiences within the UNI Athletic Training Education Program. The following are policies and procedures which must followed in order to consider transfer students prior work.

**Petition Procedures:**

1. The transfer student must submit in writing their request for accepting previous coursework and/or clinical/field experiences. Included in this document should be the following:
   a. Indicate if the current institution from which the student is transferring offers an accredited athletic training program.
      i. If the student’s current institution offers an accredited program, the student should indicate their status in that program.
      ii. If the current institution offers an accredited program, indicate the name and contact information of the program director.
   b. Name of course, credit hours, professor, institution offered, and name of the UNI course it will be substituting.
   c. A notarized copy of the BOC Verification of Supervision form for all previous clinical experiences.
   d. A copy of published course descriptions of all courses.
   e. A detailed copy of a course syllabus, for all courses, or a letter from the instructor describing in complete detail what the course taught.

**Course Acceptance Procedures:**

1. The committee will review each of the course descriptions and syllabi.
2. The committee will then compare the said course to the UNI course and determine if they are comparable. The following criteria will be evaluated:
   a. Credit hours
   b. Content
   c. Laboratory experiences
3. If the course does not have comparable credit hours, content, and/or laboratory experiences the course will not be substituted for the UNI course and the student will follow the normal athletic training curricular plan.
4. If the course has comparable criterion to the UNI course the student will then be placed within the curricular plan where appropriate.

**Clinical Experience Acceptance Procedures:**

1. The committee will review each of the BOC Verification of Supervision forms.
2. The committee will then compare the said clinical experience to the UNI clinical experience and determine if they are comparable. The following criteria will be evaluated:
   a. Assignment
   b. Responsibilities
   c. Clinical setting
d. Type of supervision

3. If the clinical experience/course does not have comparable assignments, responsibilities, clinical settings or supervision, the clinical experience will not be substituted for the UNI clinical experience and the student will follow the normal athletic training field experience rotation plan.

If the clinical experience has comparable criterion to the UNI clinical experience the student will then be placed within the curricular plan where appropriate.

Note: The UNI Athletic Training Admission Committee has the right to accept or reject any prior coursework or clinical experience in accordance to the above procedures.
Acceptance Procedures:

Notification of admission status: Applicants will receive a letter indicating their status no later than the fourth week in April.

- Each student must send a letter of acceptance to the athletic training program director accepting a position within the program.

- Each student must have a hepatitis B vaccination before entering the program or sign the hepatitis B waiver form.

- Each student must turn in a physical examination form, to be completed by their physician.

- Each student must declare Athletic Training as their major.
Once accepted into the Athletic Training Education Program, students must achieve each of the following in order to maintain his/her status as an athletic training student. Any student who fails to meet any of the following requirements is subject to disciplinary action and potential expulsion from the UNI Athletic Training Education Program.

- Each student must be enrolled in the athletic training program at least four semesters.
- Each student must maintain current CPR and AED certifications.
- Each student must pass an annual physical examination.
- Each student must attend the College of Education OSHA training once each year.
- Each student must attend Mandatory Child Abuse Reporter Training during the fall of the first year in the program, unless the student has documentation of previous training.
- Each student must maintain a 2.5 cumulative GPA and a 2.75 GPA for athletic training courses.
- Each student must earn a minimum grade of C+ in all athletic training core courses.
- Each first year student must complete an average of 10 hours of supervised athletic training clinical experience each week.
- Each second year student must complete an average of 15 hours of supervised athletic training clinical experience each week.
- Each third year student must complete an average of 20 hours of supervised athletic training experience clinical each week.
- Each student must pass all proficiencies with 95% proficiency.
- Each student must pass all Clinical Integration Proficiencies.
- Each student must receive passing clinical experience evaluations.
- Each student must complete a general medical experience.
- Each student must observe at least one surgical procedure.
- Each student must complete the athletic training major.
- Each student must complete the exit interview.
University of Northern Iowa
Athletic Training Education Program
Technical Standards for Admission

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

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

Candidates for selection to the Athletic Training Educational Program must demonstrate:

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

Candidates for selection to the athletic training educational 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 University of Northern Iowa Office of Student Disability Services (SDS) will evaluate a student who states he/she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the University of Northern Iowa Office of Student Disability Services (SDS) to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

__________________________________________  ______________
Signature of Applicant                      Date

__________________________________________  ______________
Signature of Witness                        Date
University of Northern Iowa
Athletic Training Education Program
Verification of Supervision Form

________________________________ has fulfilled the University of Northern Iowa Athletic Training admission prerequisite by observing a BOC certified athletic trainer for ________ hours. These hours were accumulated at a _________________________ setting (hospital, high school, collegiate, clinical, professional, industrial). During these hours the student was involved in the following activities:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

The beginning and ending date of the above hours were approximately: _______________ to _______________. (Please include month and year)

__________________________________________  ____________________________
Name of ATC (please print)  Institution

__________________________________________  ____________________________
Address (City, State, Zip)  Telephone Number

__________________________________________  ____________________________
ATC Signature  Certification Number
University of Northern Iowa Athletic Training Education Program

Recommendation for Admission

To be completed by Applicant:

Name of Applicant: ________________________________________________________________

Name of the Person Writing the Recommendation: ________________________________________

The Family Educational Rights and Privacy Act (PL 93-800) allows a candidate to waive her/his rights of access to recommendations written on her/his behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign:

☐ I waive my right of access to this recommendation.

☐ I do not waive my right of access to this recommendation.

Applicants Signature: _______________________________________ Date: ______________

To be completed by the Reference:

Please Check:

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<tr>
<th>Oral Expression</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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<td>Cooperation with others</td>
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<td>Integrity</td>
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How long have you known this applicant? _________ Years or ________ Months

Relationship to the applicant? ______________________________________________________

Your opinion of this candidate:

☐ Recommend very highly

☐ Recommend

☐ Recommend with reservation

☐ Do not recommend

Please use the reverse side of this form to elaborate on any of the above items or to make additional comments.

__________________________________  _____________
Signature                        Title

Return completed form by March 1st to:
(More forms can also be returned to the applicant in a sealed envelope with your signature across the seal)
Machelle Stickler
Athletic Training Education Program, University of Northern Iowa
Human Performance Center
2351 Hudson Road -
Cedar Falls, IA 50614-0244

12
**UNIVERSITY OF NORTHERN IOWA**
**ATHLETIC TRAINING EDUCATION PROGRAM**
**MIDSEMESTER GRADE REPORT**

Name: _____________________________

<table>
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*Please note, the mid-semester grade report is *only required if your current GPA is below or near 2.5*. You DO NOT need to submit mid-semester reports if you GPA is well above 2.5.

*Because it often takes a few days to receive these completed reports back from your professors/instructors, the form above can be cut into two reports to give to multiple professors/instructors. Please cut away on the dotted lines.*

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<th>DATE</th>
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<th>TIME OUT</th>
<th>HOURS</th>
<th>SPORT/LOCATION</th>
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TOTAL HR.

Please list your student peer mentor(s) if applicable: ____________________________________________
University of Northern Iowa
Athletic Training Education Program

Peer Mentoring Learning Objective

Purpose: The following objectives are designed to assist students completing their athletic training observation experience, in becoming familiar with athletic training rooms, athletic training room procedures, and the basic skills athletic trainers perform during clinical practice.

*Directions: These objectives are to be assessed and verified with a signature by athletic training students already accepted into the UNI undergraduate athletic training program. (there are 2 sides)

Become familiar with the layout of the Athletic Training Room and locate specific supplies:

- Tape
- Ice bags
- Water bottles
- Towels
- Crutches
- Tape
- Splint kits
- Compression wraps
- Sani-wipes
- Rubber gloves
- Water coolers

Become proficient in basic first aid and immediate injury techniques:

- Open wound care
- Ice bag preparation
- Closed wound care
- Crutch fitting, training
- Assess vital signs (blood pressure and pulse)

Learn the basic components of taping:

- Ankle tape
- Wrist tape
- Ankle compression wrap

Become proficient in basic stretching techniques for the following muscle groups:

- Hamstrings
- Quadriceps
- Hip Flexors

Basic palpations:

- Tibial tuberosity
- Joint line
- Iliac crest
- Greater trochanter
- Hamstring tendons

Radial head
- Olecranon process
- Acromian Clavicular (AC) joint
- Spine of scapula
- Scaphoid/Navicular bone
- Occipital protuberance
- Talar dome
- Cuneiforms

*Pick/list 6 additional landmarks
Introduce yourself to ten third year athletic training students and have them write down their names:

1.  6.  
2.  7.  
3.  8.  
4.  9.  
5.  10.  

Introduce yourself to ten first or second year athletic training students and have them write down their names:

1.  6.  
2.  7.  
3.  8.  
4.  9.  
5.  10.  

Introduce yourself to four Athletic Training staff/faculty members (Dr. Evans and Kelli do not count):

1.  
2.  
3.  
4.  
NATA CODE OF ETHICS
September 28, 2005

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

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

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

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

PRINCIPLE 3:
Members shall maintain and promote high standards in their provision of services.
3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.

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

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

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

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

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

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

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

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

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
University of Northern Iowa
Athletic Training Education Program
Academic Honesty Statement

I, ____________________________, on this date ____________________, have read the University of Northern Iowa, Policies and Procedures manual, section 3.01 Academic Ethics/Discipline; and the UNI Athletic Training Student Handbook section titled Disciplinary Actions.

I understand that cheating in this, or any other Athletic Training course, is a violation of the University’s and the UNI-AТЕР’s ethical standards which will lead to the following:
  1. Written notification
  2. Immediate withdrawal from the course
  3. An assigned grade of “F”
  4. Notice sent to the HPELS Department Head

I understand that, depending on the severity of the infraction(s), cheating could ultimately lead to:
  1. Expulsion from the Athletic Training Program
  2. Appearance before the University’s Provost to determine if actions are necessary at the University level (e.g. suspension, expulsion, etc.)

I understand that there is a grievance process that I can pursue of I am accused of cheating, and that details of those processes are located in the UNI Athletic Training Student handbook and the UNI Policies and Procedures manual.

I have been given adequate time in class to read these documents and ask questions during class time about the above statements.

____________________________________  ______________________
Students Signature                  Date

____________________________________  ______________________
Instructor-Witness Signature        Date
Professionalism as an ATS

This is an informational meeting about the proper policies and procedures regarding professional conduct. All student athletic trainers and staff athletic trainers should follow the following procedures. If violation of any of these policies is committed, the person in violation will be documented on their actions and there will be repercussions, up to and including removal from the athletic training program.

Professional attire:
Attached is the dress code policy that can be found in the UNI Athletic Training Student Handbook, but the following need to be addressed because of lack of knowledge or lack of compliance.

- appropriate athletic training shirt
- shirts tucked in
- nametags
- no belly/midriff shirts
- no short shorts
- no open-toed shoes of any kind, even dress shoes
- low neck lines on shirts
- low rise jeans/pants that don’t properly cover the body when active
- excessively flared khaki pants
- see-through / transparent shirts
- excessive jewelry

Miscellaneous point:
- Athletic Training Students should not show up to the athletic training room with remnants of partying the night before such as hangovers, “bar smell”, or hickeys.

Your conduct should be professional in and out of the athletic training room. Students should act accordingly in the athletic training room, out in a social environment, and at sporting events. No matter how hard you may try to keep your conduct a secret, people almost always find out. Conduct unbecoming of an athletic trainer can be grounds for removal from the program and removal from the profession. Refer to the NATA Code of Ethics, which is enforced at UNI and any athletic training environment you may come upon.

When students or staff act unprofessional, it reflects poorly on the entire athletic training program. If you violate these codes, not only is the staff upset, but your peers will be affected by your actions even more. Sometimes, violators find themselves in a position where the group will no longer accept the individual due to their unprofessional actions. Whether you are in the athletic training room or out on your own, you need to decide what is more important, your reputation or having a nights worth of fun.

A point for female students: As a female athletic trainer, you are judged differently than male athletic trainers because there is a stigma surrounding you, so you must act accordingly. This may be unfair, but it is a fact.

If and when you are in a social situation and you do encounter athletes, you still need to act professional. We are not saying you can’t talk to them, just don’t do anything that you think would compromise your professionalism. It just comes down to USING YOUR COMMON SENSE.

Student Athletic Trainer Signature ______________________________________ Date _____________

Student Athletic Trainer Printed Name: _____________________________________

Witness _____________________________________     Date _____________

8/12/2011
AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned athletic training student, for good and valuable consideration, the receipt of which is hereby acknowledged, hereby authorize and request the University of Northern Iowa and the Division of Athletic Training of the University of Northern Iowa and all of the officers, servants, employees, and duly authorized agents of the University of Northern Iowa and of said Athletic Training Division, to furnish to the field experience sites for the time period and their representatives, agents, servants, and employees, any and all information within their knowledge and/or contained in any records under their supervision or control concerning, or having bearing upon, my participation in athletic training education program at the University of Northern Iowa. Said authorization shall include, but is not limited to, any and all information within their knowledge and/or contained in any records under their supervision or control concerning any treatment, hospitalization, examination, x-rays, and otherwise, and to make such reports to such persons and organizations concerning myself, as they may request; and I hereby fully release and discharge forever the University of Northern Iowa and all its successors, assigns, trustees, officers, agents, and employees from any and all claims demands, and causes of action whatsoever in connection with or in any way related to or arising out of the disclosure of information included in the authorization including the privilege of nondisclosure of communications between dentists, doctors, psychiatrists, psychologists, and/or other medical and allied medical personnel and patients afforded by all applicable law, including, but not limited to the State of Iowa and Federal statutes, if any.

____________________  ____________________
Athletic training student Signature  Date

____________________
Athletic training student Print Name

____________________  ____________________
Witness  Date

8/12/2011

21
First Responder Policy

In any situation where an undergraduate athletic training student is not supervised by a qualified ACI/CI, and is in a position to provide any type of health care intervention, then the student is no longer functioning as an athletic training student. In these circumstances the student is often referred to as a first responder. The UNI ATEP definition of a first responder is an individual who only performs interventions (e.g., skills, treatments, emergency care techniques, etc.) for which they are certified through the American Red Cross or other certifying agency. First responder situations cannot and will not be mandated through the UNI ATEP. Students must not refer to themselves as athletic training students while functioning as a first responder. Experiences gained while unsupervised cannot be included as field experience.

Activities which are unacceptable while functioning as a first responder include:
1. Initiating, changing, or progressing a rehabilitation protocol
2. Applying any modality other than ice
3. Evaluating any injury, unless needed for emergency referral
4. Making decisions regarding return-to-play

Activities which are acceptable while functioning as a first responder include:
1. First aid
2. CPR
3. Use of AED
4. Rescue breathing
5. Assistance with clearing an obstructed airway
6. Open wound care
7. Treatment of shock
8. Emergency treatment of and referral for sudden, life-threatening illness
9. Activating EMS

I, ________________________________, have read and fully understand the UNI Athletic Training Student Handbook section titled First Responder Definition.

I understand that by performing activities outside of the duties deemed acceptable while functioning as a first responder I am subjecting myself to disciplinary action and probation.
I understand that there is a grievance process that I can pursue if I am accused of performing duties beyond those allowed by first responders while not supervised by a qualified ACI/CI, and that details of those processes are located in the UNI Athletic Training Student Handbook.

I have been given adequate time to read these documents and ask questions about the above statements.

________________________________________          ________________________________
Student Signature First Year                  Date

________________________________________          ________________________________
Instructor-Witness Signature                  Date

________________________________________          ________________________________
Student Signature Second Year                Date

________________________________________          ________________________________
Instructor-Witness Signature                  Date

________________________________________          ________________________________
Student Signature Third Year                 Date

________________________________________          ________________________________
Instructor-Witness Signature                  Date
University of Northern Iowa
Athletic Training Education Program

Direct Supervision Policy

The policy of the University of Northern Iowa Athletic Training Education Program with regards to
direct supervision of athletic training students is-

“Direct supervision of athletic training students involved in the clinical experience portion of the
Athletic Training Education Program means that the ACI will be physically present and have the
ability to intervene on behalf of the athletic training student and the patient.”

(CAATE Standards Clinical Education Terminology)

Athletic training students are to be directly supervised by their Approved Clinical Instructor/Clinical
Instructor at all times. If it becomes impossible for the ACI/CI to directly supervise his/her students,
students will no longer be assigned to that particular ACI/CI.

Any incidences in which students are not directly supervised must be reported to the ATEP Director or
Clinical Education Coordinator immediately by the involved student(s) or ACI/CI. Students who do
not report violations of the Direct Supervision Policy will receive disciplinary action as per the UNI
Athletic Training Student Handbook. ACI/CIs who fail to provide direct supervision at all times will
no longer be assigned athletic training students.

I, ______________________________, have read and fully understand the UNI Athletic Training
Student Handbook section titled “Direct Supervision.”

I understand that by not reporting violations of the Direct Supervision Policy I am subjecting myself to
disciplinary action and probation.

I understand that there is a grievance process that I can pursue if I am not directly supervised by my
assigned ACI/CI, and the details of that process is located in the UNI Athletic Training Student
Handbook.

I have been given adequate time to read these documents and ask questions about the above
statements.
University of Northern Iowa
Athletic Training Education Program

Direct Supervision Policy

_______________________  _______________________
Student Signature  First Year                      Date

_______________________  _______________________
Instructor/Witness Signature                      Date

_______________________  _______________________
Student Signature  Second Year                    Date

_______________________  _______________________
Instructor/Witness Signature                      Date

_______________________  _______________________
Student Signature  Third Year                     Date

_______________________  _______________________
Instructor/Witness Signature                      Date
The University of Northern Iowa (UNI), its Athletic Department, and its Athletic Training Services Department are committed to providing a safe and healthful work environment. In pursuit of this endeavor, the Exposure Control Plan (“ECP” or “Plan”) set forth below is aimed at eliminating or minimizing the risk of those employees, athletic training students, and student managers, among others (“employees”), of the University of Northern Iowa Athletic Department (“Department”) whose job-related exposure to blood and other potentially infectious materials presents a measurable danger of exposure to bloodborne pathogens, such as hepatitis B virus (HBV), which causes hepatitis B, human immunodeficiency virus (HIV), which causes Acquired Immunodeficiency Syndrome (AIDS), and hepatitis C virus (HCV), which causes hepatitis C.

The plan is based on provisions in the Occupational Safety and Health Association’s (OSHA) Occupational Exposure to Bloodborne Pathogens Standard, 29 C.F.R. § 1910.1030, and requires the Department to institute or provide universal precautions, engineering and work practice controls, personal protective equipment, sanitary housekeeping, employee training, hepatitis B vaccinations, post-exposure evaluations and follow-up, and certain recordkeeping practices. The Department has identified those employees whose job-related responsibilities fall within the scope of the OSHA standard. Those employees are covered by and must comply with the Plan.

The University of Northern Iowa Athletic Training Services Department’s Exposure Control Plan is not intended to be comprehensive, nor all-inclusive.

*Although athletic training students are not employees of the University, they are expected to abide by the following guidelines:

**Program Administration**

- The University of Northern Iowa Athletic Training / Sports Medicine Department’s Exposure Control Plan has been in place since July 1, 2000.

- The Director of Athletic Training Services and/or his/her designee is responsible for the implementation of the Exposure Control Plan.

- The Director of Athletic Training Services and/or his/her designee will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

- Those students who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

- The Director of Athletic Training Services and/or his/her designee will maintain and provide all necessary personal protective equipment, engineering / work practice controls, labels, and/or red bags as required by the standard.

- The Director of Athletic Training Services and/or his/her designee will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
The Director of Athletic Training Services and/or his/her designee will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Director of Athletic Training Services and/or his/her designee will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Students covered by the bloodborne pathogens standard will receive an explanation of the Exposure Control Plan during their initial training and orientation session. It will also be reviewed in the annual “refresher” training session.

All students have an opportunity to review this plan at any time by contacting the Director of Athletic Training Services and/or his/her designee.

If requested, the Director of Athletic Training Services and/or his/her designee will provide a copy of the Exposure Control Plan free of charge and within 15 business days of the request.

**Employee Exposure Determination**

- All students who, as a result of performing their clinical experiences, must engage in activities where exposure to blood and/or other potentially infectious materials is reasonably anticipated are considered to have occupational exposure.

- Certain groups of tasks have been identified as those where occupational exposure could be reasonably anticipated. These include, but are not limited to:
  - Direct contact with body fluids;
  - Direct contact with needles, scalpels, and/or other instruments, equipment, or surfaces that are contaminated with blood or other potentially infectious materials.
  - Handling of contaminated laundry;
  - Handling of regulated waste products;
  - Performance of emergency Basic Life Support and/or First Aid procedures;
  - Other duties as determined.

All students shall take necessary precautions to avoid direct contact with body fluids and shall, except when absolutely necessary for the performance of duties, not participate in activities that will require them to come into contact with body fluids, needles, or other instruments, equipment, and/or surfaces that are contaminated with blood or other potentially infectious materials.

- In cases of occupational exposure, students are to exercise extreme caution and utilize universal precautions and personal protective equipment at all times.

**Category-Specific Isolation System**

**A. Strict Isolation**

- Designed to prevent the transmission of highly contagious or virulent infections that may be spread by both air and contact.

  **1. Specifications for Strict Isolation**
  
  a. Private room is indicated; door should be kept closed;
  b. Gloves, gowns, and masks are indicated for all persons entering the room;
c. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient;
d. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

2. Diseases Requiring Strict Isolation-
   a. Diphtheria, pharyngeal
   b. Lassa fever and other viral hemorrhagic fevers, such as Marburg virus disease
   c. Plague, pneumonic
   d. Smallpox
   e. Chickenpox (varicella)
f. Zoster, localized in immunocompromised patient or disseminated

B. Contact Isolation-
   - Designed to prevent the transmission of highly transmissible or epidemiologically important infections (or colonization) that do not warrant Strict Isolation;
   - All diseases or conditions included in this category are spread primarily by close or direct contact.

1. Specifications for Contact Isolation-
   a. Private room is indicated;
b. Masks are indicated for those who come close to patient;
c. Gowns are indicated if soiling is likely;
d. Gloves are indicated for touching infective material;
e. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient;
f. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

2. Diseases Requiring Contact Isolation-
   a. Acute respiratory infections including croup, colds, bronchitis, bronchiolitis caused by respiratory syncytial virus, adenovirus, coronavirus, influenza viruses, parainfluenza viruses, and rhinovirus;
b. Conjunctivitis;
c. Diphtheria, cutaneous;
d. Endometritis, group A Streptococcus;
e. Furunculosis;
f. Herpes simplex, disseminated, severe primary or neonatal;
g. Impetigo;
h. Influenza;
i. Multiply-resistant bacteria, infection, or colonization with any of the following:
   1. Gram-negative bacilli resistant to all aminoglycosides that are tested;
   2. Staphylococcus aureus resistant to methicillin, nafcillin, or oxacillin;
   3. Pneumococcus resistant to penicillin;
   4. Haemophilus influenzae resistant to ampicillin and chloramphenicol;
   5. Other resistant bacteria may be included if they are judged by the infection control team to be of special clinical and epidemiologic significance;
j. Pediculosis;
k. Pharyngitis, infectious
l. Pneumonia, viral, Staphylococcus aureus or Group A Streptococcus
m. Rabies;
n. Rubella, congenital or other;
o. Scabies;
p. Scalded skin syndrome, staphylococcal (Ritter’s disease)
q. Skin wound or burn infection, major (draining and not covered by dressing or dressing does not adequately contain the purulent material) including those infected with *Staphylococcus aureus* or Group A *Streptococcus*
r. Vaccinia (generalized and progressive eczema vaccinatum)

If an athletic training student believes he/she may have contracted any of the communicable diseases mentioned above, becomes ill, or believes he/she may have been exposed to any of the aforementioned diseases, he/she must **immediately** report this to the supervising preceptor and seek **immediate** medical attention from a medical practitioner. The medical practitioner will determine the appropriate course of action. The athletic training student may not return to clinical experience or classes until the medical practitioner provides written authorization that he/she may do so.

I confirm that I have read, understand, and will abide by the Exposure Control Plan/Communicable Disease Policy and Universal Precautions Standards in the University of Northern Iowa ATS Policy and Procedure Handbook. I understand that any breach of these policies will result in disciplinary action determined by the UNI ATEP Director.

---------------------------------------------
Student’s Name (printed)

---------------------------------------------
Student Signature First Year  Date

---------------------------------------------
Student Signature Second Year  Date

---------------------------------------------
Student Signature Third Year  Date
### UNI Athletic Training Student Liberal Arts Core and Elective Course Comprehensive Record

**Name:** ____________________

<table>
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<td>Spring prior to: 3rd Year</td>
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*Credits needed for graduation depend on credits already earned (minors, double majors, etc.).

### Liberal Arts Category

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<th>Category</th>
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<th>F1</th>
<th>S1</th>
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<th>S2</th>
<th>F3</th>
<th>S3</th>
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</table>

*Credits needed for graduation will depend on credits already completed (minors, double majors, etc.).

I understand that I must be eligible for May/Summer graduation to register for the BOC exam in March/April/June. This includes completing the Liberal Arts Core and elective course requirements.

_________________________      _______________
ATS Signature (Pre-Year 1)      Date

_________________________      _______________
ATS Signature (Pre-Year 2)      Date

_________________________      _______________
ATS Signature (Pre-Year 3)      Date

8/12/2011

26
Personal Information:

Name: ____________________________  Student Number ________________

Double Major/Minor:_________________________

CPR/First Aid Certification:  Yr._________ Yr._________ Yr________Yr._________

NATA Membership Number: ________________________

Date of NATA membership initiation:_______________

Course Work:

Pre-Professional Core:
42T:023  Introduction to Athletic Training Semester/Yr._____ Grade_____ 

Professional Core:
42T:024  Introduction Clinical Experience Semester/Yr._____ Grade_____ 
42T:028  Clinical Anatomy Semester/Yr._____ Grade_____ 
42T:033  Emergency Care of Ath. Training Semester/Yr._____ Grade_____ 
42T:034  Emergency Care of AT Clin. Exp. Semester/Yr._____ Grade_____ 
42T:110  Athletic Training Administration Semester/Yr._____ Grade_____ 
42T:133  Upper Body Injury Assessment Semester/Yr._____ Grade_____ 
42T:134  Upper Body Clinical Experience Semester/Yr._____ Grade_____ 
42T:137  Lower Body Injury Assessment Semester/Yr._____ Grade_____ 
42T:138  Lower Body Clinical Experience Semester/Yr._____ Grade_____ 
42T:143  Therapeutic Modalities Semester/Yr._____ Grade_____ 
42T:144  Ther. Mod. Clinical Experience Semester/Yr._____ Grade_____ 
42T:157  Therapeutic Exercise Semester/Yr._____ Grade_____ 
42T:158  Therp. Exercise Clinical Experience Semester/Yr._____ Grade_____ 
42T:162  Athletic Training Pharmacology Semester/Yr._____ Grade_____ 
42T:170  Athletic Training Pathology Semester/Yr._____ Grade_____ 
42T:175  General Medical Conditions Semester/Yr._____ Grade_____ 
42T:178  Current Trends in Athletic Training Semester/Yr._____ Grade_____ 
42T:180  Athletic Training Seminar Semester/Yr._____ Grade_____ 
420:153(g)  Exercise Physiology Semester/Yr._____ Grade_____ 
420:151  Kinesiology Semester/Yr._____ Grade_____ 
420:186  Sport Nutrition Semester/Yr._____ Grade_____ 
420:154  Psych. Skill for Sport participants Semester/Yr._____ Grade_____ 
440:010  Personal Wellness Semester/Yr._____ Grade_____ 
840:101  Human Anatomy & Physiology I Semester/Yr._____ Grade_____ 
840:102  Human Anatomy & Physiology II Semester/Yr._____ Grade_____
Liberal Arts Core
Make an ‘X’ next to the course(s) which was/were taken and indicate the semester, year, and grade where appropriate.

Category 1. Core Competencies 12 hours

A. Reading and Writing (3 hours required)  
   Semester/Year _____  Grade ____
   ________620:005 College Reading and Writing, 3 hours
   ________620:015 Exposition and Report Writing, 3 hours
   ________620:034 Critical Writing About Literature, 3 hours

B. Speaking and Listening (3 hours required)  
   Semester/Year _____  Grade ____
   ________48C:001 Oral Communication, 3 hours

C. Quantitative Techniques and Understanding (3 hours required)  
   Semester/Year _____  Grade ____
   ________800:023 Mathematics in Decision Making, 3 hours
   ________800:060 Calculus I, 4 hours
   ________800:064 Elementary Probability and Statistics for Bioinformatics, 3 hours
   ________800:072 Introduction to Statistical Methods, 3 hours
   ________800:092 Introduction to Mathematical Modeling, 3 hours

D. Personal Wellness (3 hours required)  
   Semester/Year _____  Grade ____
   ________440:010 Personal Wellness, 3 hours

Category 2. Civilizations and Cultures 9 hours

A. Humanities (6 hours required)  
   ________680:021 Humanities I: The Ancient, Classical, and Medieval Worlds, 3 hours
   Semester/Year _____  Grade ____
   ________680:022 Humanities II: The Renaissance, Reformation, and Enlightenment, 3 hours
   Semester/Year _____  Grade ____
   ________680:023 Humanities III: The Age of Revolution to the Present, 3 hours
   Semester/Year _____  Grade ____

B. Non-Western Cultures (3 hours required)  
   ________680:121 Russia/Soviet Union, 3 hours
   ________680:122 Japan, 3 hours
   ________680:123 Latin America, 3 hours
   ________680:124 China, 3 hours
   ________680:125 India, 3 hours
   ________680:127 Middle East, 3 hours
   ________680:128 Africa, 3 hours
   ________680:132/990:132 Native North America, 3 hours
   ________680:137/990:137 Native Central and South America, 3 hours
   *780:120 may substitute for the non-Western Cultures requirement, 3 hours
Category 3. Fine Arts, Literature, Philosophy and Religion 6 hours

A. Fine Arts (3 hours required)*

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>420:034</td>
<td>Survey of Dance History</td>
<td>3</td>
</tr>
<tr>
<td>490:002</td>
<td>The Theatrical Arts and Society</td>
<td>3</td>
</tr>
<tr>
<td>520:020</td>
<td>Our Musical Heritage</td>
<td>3</td>
</tr>
<tr>
<td>520:030</td>
<td>Music of Our Time</td>
<td>3</td>
</tr>
<tr>
<td>600:002</td>
<td>Visual Inventions</td>
<td>3</td>
</tr>
<tr>
<td>600:004</td>
<td>Visual Perceptions</td>
<td>3</td>
</tr>
</tbody>
</table>

*590:011 may substitute for the Fine Arts requirement for all music majors, 3 hours

B. Literature, Philosophy, or Religion (3 hours required)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>620:031</td>
<td>Introduction to Literature</td>
<td>3</td>
</tr>
<tr>
<td>640:024</td>
<td>Religions of the World</td>
<td>3</td>
</tr>
<tr>
<td>650:021</td>
<td>Philosophy: Basic Questions</td>
<td>3</td>
</tr>
<tr>
<td>720:031</td>
<td>Introduction to Francophone Literature in Translation</td>
<td>3</td>
</tr>
<tr>
<td>740:031</td>
<td>Introduction to German Literature in Translation</td>
<td>3</td>
</tr>
<tr>
<td>770:031</td>
<td>Introduction to Russian Literature in Translation</td>
<td>3</td>
</tr>
<tr>
<td>790:031</td>
<td>Introduction to Portuguese and Hispanic Literatures in Translation</td>
<td>3</td>
</tr>
</tbody>
</table>

Category 4. Natural Science and Technology 7 hours

Students are required to take a course with a scheduled laboratory from either Life Sciences or Physical Sciences or another laboratory course offered by the College of Natural Sciences. (Only 6 hours are required for students who meet the liberal arts core laboratory requirement with a course other than one listed in Life or Physical Sciences.)

A. Life Sciences (3 or 4 hours required)

For all courses listed under Life Sciences and Physical Sciences, with the exception of 990:010, a student must have satisfied University entrance requirements in English and Mathematics. (College of Natural Science majors and Health Promotion Major/Environmental Health Option students may meet the Life Sciences requirement by completing 840:051 or 840:052.)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td>820:032*</td>
<td>Inquiry into Life Science</td>
<td>4</td>
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<tr>
<td>840:012</td>
<td>Life: The Natural World</td>
<td>3</td>
</tr>
<tr>
<td>840:013*</td>
<td>Life: The Natural World - Lab</td>
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<tr>
<td>840:014</td>
<td>Life: Continuity and Change</td>
<td>3</td>
</tr>
<tr>
<td>840:015*</td>
<td>Life: Continuing and Change - Lab</td>
<td>1</td>
</tr>
<tr>
<td>990:010</td>
<td>Human Origins</td>
<td>3</td>
</tr>
</tbody>
</table>

*Lab course

B. Physical Sciences (3 or 4 hours required)

For all courses listed under Life Sciences and Physical Sciences, with the exception of 990:010, a student must have satisfied University entrance requirements in English and Mathematics. (College of Natural Sciences majors may meet the Physical Sciences requirement by completing 860:044, 860:070, 880:054, or 880:130. Design, Textiles, Gerontology & Family Studies majors may meet the Physical Sciences requirement by completing 860:044 or 860:061. Health Promotion Major/Environmental Health Option students may meet the Physical Sciences requirement by completing 860:044, 860:048, or 860:070.)
820:031* Inquiry into Physical Science, 4 hours
860:010** Principles of Chemistry, 3-4 hours
860:011 Molecules and Life, 3 hours
870:010** Astronomy, 3-4 hours
870:021 Elements of Weather, 3 hours
870:031* Physical Geology, 4 hours
880:011* Conceptual Physics, 4 hours
880:012 Physics in Everyday Life, 3 hours
970:026** Physical Geography, 3-4 hours

* Lab Course
** Lab Course if 4-hour option elected

Category 5. Social Science 9 hours
Required: one course from group A, one course from group B, and one course from group A, B, or C. (Students cannot count both 970:010 and 970:040 toward the liberal arts core.)

A. Group A Sociocultural and Historical Perspectives  
Semester/Year _____  Grade _____
900:023 American Civilization, 3 hours
970:010 Human Geography, 3 hours
970:040 World Geography, 3 hours
980:001 Introduction to Sociology, 3 hours
990:011 Culture, Nature, and Society, 3 hours

B. Group B Individual and Institutional Perspectives  
Semester/Year _____  Grade _____
31F:010 Human Identity and Relationships, 3 hours
400:001 Introduction to Psychology, 3 hours
920:024* Introduction to Economics, 3 hours
942:014 Introduction to American Politics, 3 hours
943:024 International Relations, 3 hours
*Satisfactory completion of both 920:053 and 920:054 by all non-business majors and Business Teaching majors, through UNI or transfer, may substitute for 920:024.)

C. Group C Topical Perspectives  
Semester/Year _____  Grade _____
450:041/900:041 Social Welfare: A World View, 3 hours
450:045/900:045/980:045 American Racial & Ethnic Minorities, 3 hours
900:020 Women, Men, and Society, 3 hours
900:080 Conflict and Social Reconstruction, 3 hours
900:090 Children and Youth: Issues and Controversies, 3 hours
940:020 Contemporary Political Problems, 3 hours
980:060 Social Problems, 3 hours

Category 6. Capstone Experience 2 hours  
Semester/Year _____  Grade _____
010:159 Analysis of Contemporary Social Issues, 3 hours
010:159 Back in the Valley: Martin Luther King Jr. and the 21st Century, 3 hours
010:159 Being National: National Identity in Europe, America, and Beyond, 3 hours
010:159 Blues and Jazz in African American Literature and Film, 3 hours
010:159 Building Communities: Developing Intentional Family Spaces, 3 hours

8/12/2011
010:159 Communication Disorders and Society, 3 hours
010:159 Creativity and the Transformation of Culture, 3 hours
010:159 Democracies, 3 hours
010:159 Globalization, Cultural Pluralism, and International Security, 3 hours
010:159 Greece: From the Cradle of Democracy to Today, 3 hours
010:159 Leadership and Professional and Civic Competencies, 2 hours
010:159 Lies and Lying in Personal and Public Life, 2 hours
010:159 Living in our Techno-social World, 3 hours
010:159 Local Issues: Advocacy and Civil Engagement, 3 hours
010:159 Medicine, Morality, and Society: the Social Construction of Health and Illness, 3 hours
010:159 Minority-Majority Group Relations in the U.S., 3 hours
010:159 Obesity and Diabetes: Science, Sociology and Economics, 2 hours
010:159 Prehistory of Environmental Impact, 3 hours
010:159 Sacred Space, 3 hours
010:159 Science and Pseudoscience: Critiquing the World Around You, 3 hours
010:159 Socio-Economic Reality of Central America, 2 hours
010:159 The Washington Center Internship Program, 3 hours
010:159 The Water Planet, 3 hours
230:186g Studies in Cultures and Languages of Kazakhstan, 3 hours
410:152g Alternative Health and Complementary Medicine - 3 hrs
410:160g Community and Public Health, 3 hours
48C:128g Ethics in Communication, 3 hours
490:106 Theatre in Education, 3 hours
640:173/650:173 Bio-Medical Ethics, 3 hours
640:194g/650:194g Perspectives on Death and Dying, 3 hours 740:148g
820:140 Environment, Technology, and Society, 2 hours
820:150 Science, Mathematics, and Technology in the Americas, 3 hours

University Electives: (17 hours)

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<thead>
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<th>Title/Credits</th>
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8/12/2011
Clinical Rotations:

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<th>Year</th>
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<th>Site</th>
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<th>UE; LE;GM; EI</th>
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Discipline/Probations:

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Advising:

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8/12/2011
NATA Certification Exam: □ Pass □ Fail Number of Attempts to Pass __________

Passing Score: __________

Graduation Date: ______________________

After graduation: □ Employed As ATC □ Graduate School □ Other
Details: ___________________________________________________________

Permanent contact information:
__________________________________________________________________
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Hepatitis B Vaccine Information Sheet

The Disease:

Hepatitis B is a viral infection caused by hepatitis B virus (HBV), which causes death in 1-2% of patients. Most people with hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against hepatitis B can prevent acute hepatitis and also reduce sickness and death from chronic active hepatitis, cirrhosis, and liver cancer.

The Vaccine:

RECOMBIVAX® HB (Hepatitis B Vaccine Recombinant) is a non-infectious subunit viral vaccine derived from hepatitis B surface antigen (HBsAG) produced in yeast cells. A portion of the hepatitis B virus gene, coding for HBsAG, is cloned into yeast, and the vaccine for hepatitis B is produced from cultures of this recombinant yeast strain according to methods developed in the Merck, Sharp, & Dohme Research Laboratories. The vaccine against hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products. Each lot of hepatitis B vaccine is tested for safety, in mice and guinea pigs and for sterility.

A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HBs) and protection against hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. Full immunization requires three (3) doses of vaccine over a six month period although some persons may not develop immunity even after three (3) doses. There is no evidence that the vaccine has ever caused hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Vaccine Side Effects:

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons experience tenderness and redness at the site of injection. Low grade fever may also occur. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified with more extensive use.

Due to the inherent nature and danger of the job, Morgan State University Sports Medicine Department recommends that all staff athletic trainers and student athletic trainers receive this vaccine.
Hepatitis B Vaccine Declaration / Declination

COMPLETE AND SIGN SECTION A, B, or C BELOW:

Section A
I have been informed about Hepatitis B Vaccination by reading the information provided with this waiver. I understand its role in providing protection for persons (i.e. healthcare personnel, etc.) who are at increased risk for Hepatitis B through clinical exposure. I understand the risks and benefits of being vaccinated and not being vaccinated. In addition, I understand that it is my responsibility to immediately report any adverse reaction to the vaccination.

☐ YES, I choose to receive the Hepatitis B Vaccine (Recombivax®).

_________________________ __________________________
Signature                          Date

_________________________ __________________________
Witness Signature                  Date

Section B
I understand that due to my potential occupational exposure to blood or other infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

☐ NO, I do not choose to receive the Hepatitis B Vaccine (Recombivax®) at this time.

_________________________ __________________________
Signature                          Date

_________________________ __________________________
Witness Signature                  Date

Section C
I have already received the Hepatitis B immunization series.

_________________________ __________________________
Date of dose 1                   Date of dose 2                   Date of dose 3

_________________________ __________________________
Signature                          Date

_________________________ __________________________
Witness Signature                  Date
UNI ATHLETIC TRAINING EDUCATION PROGRAM
Athletic Training Student Physical Examination History Form

Name ____________________________
Date of Birth _____________________ Year in program ____________________________

Since your last physical examination on ________________________, have you?

☐ Yes ☐ No 1. Had a serious injury?

☐ Yes ☐ No 2. Had a fracture?

☐ Yes ☐ No 3. Had a concussion and/or head injury?

☐ Yes ☐ No 4. Been unconscious for any other reason other than anesthesia?

☐ Yes ☐ No 5. Had a neck injury?

☐ Yes ☐ No 6. Had a back injury or back pain?

☐ Yes ☐ No 7. Had a history of burners, stingers, numbness in neck, shoulder, and/or hand?

☐ Yes ☐ No 8. Had a shoulder, elbow, and/or hand/wrist injury?

☐ Yes ☐ No 9. Had a hip and/or knee injury?

☐ Yes ☐ No 10. Had a lower leg, ankle, and/or foot injury?

☐ Yes ☐ No 11. Had an operation?

☐ Yes ☐ No 12. Are you currently undergoing physical therapy or rehabilitation for an injury?

☐ Yes ☐ No 13. Do you have any medical problems about which we should be aware?

☐ Yes ☐ No 14. Do you wear contact lenses, glasses, and/or safety glasses?

☐ Yes ☐ No 15. Had frequent headaches?

☐ Yes ☐ No 16. Had a heat related illness (heat cramps, heat exhaustion, and/or heat stroke)?

☐ Yes ☐ No 17. While exercising, have your heart ever "skipped" a beat, have you suffered from a "racing heart", severe chest pain, lightheadedness, or fainted?

☐ Yes ☐ No 18. Had a dental injury?

☐ Yes ☐ No 19. Do you wear a removable dental appliance?

☐ Yes ☐ No 20. Been recently diagnosed with infectious mononucleosis ("mono"), hepatitis B or C, and/or HIV/AIDS?

☐ Yes ☐ No 21. Had an unfavorable / allergic reaction to a drug, antibiotic, and/or medicine?

☐ Yes ☐ No 22. Do you have only one of two paired, functioning organs (eye, kidney, ovary, etc.)?

☐ Yes ☐ No 23. Do you have any allergies?

☐ Yes ☐ No 24. Do you require daily medications?

☐ Yes ☐ No 25. Been diagnosed with asthma?

☐ Yes ☐ No 26. Experienced wheezing?

☐ Yes ☐ No 27. Been diagnosed with diabetes?

☐ Yes ☐ No 28. Been diagnosed with kidney disease?

☐ Yes ☐ No 29. Been diagnosed with a hernia?

☐ Yes ☐ No 30. Experienced seizures or convulsions, and/or been diagnosed with epilepsy?

☐ Yes ☐ No 31. Been diagnosed with high blood pressure?

☐ Yes ☐ No 32. Do you require any special equipment to participate in athletics?

☐ Yes ☐ No 33. Have you been hospitalized OR had a major illness?

☐ Yes ☐ No 34. Are you currently taking any short course medication for any illnesses?

☐ Yes ☐ No 35. Do you have any concerns regarding drugs, tobacco, and/or alcohol?

☐ Yes ☐ No 36. Have you had a history of anorexia, bulimia (forced vomiting), and/or any other eating disorder?

☐ Yes ☐ No 37. Do you take vitamins, amino acids, creatine, and/or any other dietary supplement?

☐ Yes ☐ No 38. Do you know of, or do you believe there is any health reason why you should not participate in the athletic training education program at the University of Northern Iowa?

☐ Yes ☐ No 39. Had trouble with coughing, wheezing, or breathing during or after exercise?

☐ Yes ☐ No 40. Have you ever felt dizzy or passed out during or after exercise

FEMALES ONLY!

When did your last menstrual period begin? ____________________________
How long does your menstrual period usually last? ____________________________
How many menstrual periods have you had in the last 12 months? ____________________________
Do you take birth control pills? If so, which one(s)? ____________________________
Do you take pain medication? If so, which one(s)? ____________________________

If you answered “YES” to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail—

I hereby affirm that all of the above statements are true and correct to the best of my knowledge; and that no answers or information has been withheld pertaining to my past and present physical, mental, and injury status since my last physical examination. If any information is false or omitted in reference to my medical and orthopedic history, I fully understand that the University of Northern Iowa is not responsible for any unknown injury.

__________________________________________  ____________________________
Athletic Training Student Signature  Date
Vital Information:
Height ___________________________  Weight ___________________________
Blood Pressure ___________ / ___________  Pulse ___________________________
Vision: right- 20 / ___________  left- 20 / ___________  Corrected- □ YES □ NO

Marfan’s Screen:
Positive History  □ YES □ NO  Arm Span ___________________________
Thumb Opposition Test  □ YES □ NO  Wrist Circumference Test □ YES □ NO
Palate ___________________________

Physical Exam:

<table>
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<tr>
<th>Skin</th>
<th>Eyes</th>
<th>Ears</th>
<th>Nose</th>
<th>Mouth / Throat</th>
<th>Lymph Nodes</th>
<th>Heart / Cardiovascular</th>
<th>Pulmonary / Lungs</th>
<th>Abdomen / Gastrointestinal</th>
<th>Genitalia (Hernia/Testicles)</th>
<th>Genitourinary</th>
<th>Neurological</th>
<th>Orthopedic (spine)</th>
<th>Orthopedic (upper extremity)</th>
<th>Orthopedic (lower extremity)</th>
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Recommendations / Comments: ________________________________________________

Status:
□ Pass without restrictions  □ Pass with restrictions ___________________________
□ Further Evaluation Needed- Appt. with ___________________________  Appt. Date ___________

Examiner’s Signature ___________________________ Date ___________________________ 
Examiner Print Name ___________________________
**UNI ATHLETIC TRAINING EDUCATION PROGRAM**

**Health Insurance Information / Authorization**

*(PLEASE TYPE OR PRINT IN INK)*

Student's Name ____________________________ Social Security No. __________________________

Sex □ Male □ Female Date of Birth ____________________________ Year in School: __________________________

Home Address ____________________________________________________________

City ____________________________ State ________ Zip __________

Phone # ____________________________

Medications currently taking? ____________________________________________________________

Allergies/Asthma? ____________________________________________________________

<table>
<thead>
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<th>FATHER'S INFORMATION</th>
<th>MOTHER'S INFORMATION</th>
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<tbody>
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<tr>
<td>Insurance Company Phone # ____________________________</td>
<td>Insurance Company Phone # ____________________________</td>
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<tr>
<td>Type of Insurance: □ HMO □ PPO □ Indemnity</td>
<td>Type of Insurance: □ HMO □ PPO □ Indemnity</td>
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<td>□ Other</td>
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<tr>
<td>Primary Care Physician ____________________________</td>
<td>Primary Care Physician ____________________________</td>
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<td>Physician Phone # ____________________________</td>
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<tr>
<td>Is preauthorization necessary for medical/diagnostic services? □ Yes □ No Phone # __________</td>
<td>Is preauthorization necessary for medical/diagnostic services? □ Yes □ No Phone # __________</td>
</tr>
<tr>
<td>Is your son/daughter covered under this policy? □ Yes □ No</td>
<td>Is your son/daughter covered under this policy? □ Yes □ No</td>
</tr>
</tbody>
</table>

**PLEASE READ CAREFULLY!**

- University of Northern Iowa's (UNI) Department of Athletics' accident policy provides insurance for student-athletes with *injuries occurring only when participating in the play or practice of intercollegiate athletics*. UNI's accident policy is considered "EXCESS" or "SECONDARY" to any other collectible group insurance benefits. Therefore, any claims for benefits must first be filed with the group insurance company providing coverage. Only after all available benefits have been exhausted will the University of Northern Iowa's insurance carrier consider payment for any remaining balances.

- I hereby authorize UNI, hospitals, & physicians connected with or provided, to furnish information to insurance carriers concerning any illness, injury, & treatments & I hereby assign to the party all payments for medical services rendered to the student-athlete.

- I agree to supply any & all information requested by my primary insurance, UNI & their excess insurance company in a timely manner.

- I hereby authorize UNI and their excess insurance company to secure & inspect copies of case history records, lab reports, diagnoses, x-rays, & any other data pertaining to the injury/illness I am receiving care or previous confinements of disabilities relevant to the care of the injury/illness.

- I hereby authorize the UNI Sports Medicine Staff and/or my coach to hospitalize & secure treatment for me for any athletic injury/illness. *(must be cosigned by parent/guardian if student-athlete is under 18 years of age)*

- A photostatic copy of this authorization shall be deemed as effective & valid as the original.

- I will notify the UNI Sports Medicine Staff immediately upon any change in the above health insurance information.

- I hereby certify that I have read & understand the above statements, that any & all questions have been answered to my satisfaction, & that the answers provided are true, complete, & correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Policy Holder's Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Student-Signature</td>
<td>Date</td>
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</table>

UNI ATEP

8/12/2011 38
CONFIDENTIALITY POLICY

It is the responsibility of all University of Northern Iowa Athletic Training students to ensure that all patient information, personal, medical, or education related, remain confidential. Due to the varied number of staff personnel that may be involved with a student-athlete’s / patient’s case, it is essential that this policy be observed in order to maintain an atmosphere of mutual trust that must exist between the student-athlete / patient and representatives of the University of Northern Iowa Athletic Training Education Program. Gossip, careless remarks, or idle chatter concerning patients, made inside or outside of the athletic training room, is inappropriate, unprofessional, and will not be tolerated.

It is illegal for any certified athletic trainer and/or athletic training student to gain access to patient information, through any and all means, unless the information is needed in order to treat the patient, or because their job would require such access. The protection of patient information, records, and reports is the responsibility of all athletic training personnel involved.

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

STATEMENT OF CONFIDENTIALITY

I have read the University of Northern Iowa Athletic Training Education Programs Confidentiality Policy. My signature below signifies that I understand and agree to the conditions concerning its content and adhere to the policy. I understand that a violation of this policy is grounds for dismissal from the University of Northern Iowa Athletic Training Education Program.

_________________________  __________________________
Signature                        Date

_________________________
Print Name

_________________________
Witness  __________________________

_________________________
Print Name
Graduation Consultation

I, _____________________ met with Rosann Good on this day, __________________.

☐ The above listed student is on schedule to graduate in May.

☐ No further meeting is necessary.

☐ The above listed student must meet with Rosann Good again at the beginning of the spring semester.

Comments:____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

__________________________________     __________________
Athletic Training Student      Date

__________________________________     __________________
Rosann Good       Date
To be completed by ATS:
Athletic Training Student: ____________________________________________________

Level & Semester in Program: □ 2nd Year □ Fall
                          □ 3rd Year □ Spring

Approved Clinical Instructor: ____________________________________________________

Clinical Experience Location: ____________________________________________________

Clinical Integration Proficiency to be assessed:
☐ CIP 1  ☐ CIP 6
☐ CIP 2  ☐ CIP 7
☐ CIP 3  ☐ CIP 8
☐ CIP 4  ☐ CIP 9
☐ CIP 5

Was this CIP assessed in real-time or was it simulated?
☐ Real-time
☐ Simulated

To be completed by ACI:
Please provide a synopsis of the situation in which the CIP was assessed:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

☐ Pass
☐ Fail

Please provide comments or suggestions for improvement:
______________________________________________________________________________
______________________________________________________________________________

ACI Signature: ___________________________ Date: _______________

ATS Signature: ___________________________ Date: _______________
Name of Student: _________________________       Semester/Year (i.e. Fall 2011): _______________

Year in Program (Circle One):  1st Year         2nd Year         3rd Year

Rotation (Circle One):  1st Rotation         2nd Rotation         3rd Rotation         4th Rotation

ACI/CI: _________________________    Clinical Experience Location: _________________________

My strengths as an ATS are:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

My weaknesses as an ATS are:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

My expectations for this rotation and of my ACI are:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

The expectations that my ACI/CI has for me are:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

By the end of this rotation, I aspire to achieve the following goals:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

My ACI/CI and I have established a schedule for my clinical experience hours:    ___Yes    ___No

ATS Signature: __________________________ Date: ________________________

ACI/CI Signature: ________________________ Date: ________________________
## UNI Athletic Training Student
### Clinical Experience Performance Criteria

Please use the following descriptions when completing your clinical experience evaluations.

<table>
<thead>
<tr>
<th>Personal Attributes</th>
<th>Sample Behaviors</th>
</tr>
</thead>
</table>
| **Attitude/Demeanor** refers to the manner in which the student approaches their clinical assignment | a) Comes willing to work  
b) Performs duties with a smile  
c) Learns from every experience  
d) Tries new things & open to new opinions |
| **Enthusiasm** is demonstrating excitement and willingness to learn | a) Excited to learn new things  
b) Comes early and stays late  
c) Investigates new knowledge on cases  
d) Volunteers for extra tasks |
| **Preparation** is comes prepared with the necessary components to perform at the site | a) Comes appropriately dressed  
b) Brings fanny pack and other equipment  
c) Looks up material assigned by clinical instructor |
| **Reliability** refers to coming on time and doing the things he/she is told to do | a) Does everything that is asked of him/her  
b) Is on time to all events  
c) Performs tasks as instructed |
| **Emotional maturity** refers to those behaviors exhibited by the student which should demonstrate a noticeable level of adult development | a) Accepts role of being an athletic training student (ATS)  
b) Able to handle the stress of this role  
c) Does not complain  
d) Is not obnoxious or annoying |
| **Initiative** is doing things that need to be done without being told as well as learning on their own | a) Finds what needs to be done and does it.  
b) Starts working immediately  
c) Studies on their own  
d) Volunteers to do other tasks |
| **Cooperation** refers to fulfilling all duties and responsibilities of the clinical experience | a) Does not avoid performing duties.  
b) Follows supervisors guidelines  
c) Willing to do the monotonous tasks  
d) Does not complain. |
| **Judgment/Attention to Risk** refers to maintaining a safe and ethical environment for the well being of the physically active | a) Thinks of the well being of the athlete/patient  
b) Maintains safe working conditions  
c) Is ethical in action and word  
d) Acts to prevent any harm to the athlete |
<table>
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<tr>
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| **Personal Appearance** refers to dressing professionally at all times and in accordance to the ATEP policies and procedures | a) Well groomed  
  b) Practices proper hygiene  
  c) Dresses professionally at all times  
  d) Wears appropriate jewelry/apparel |
| **Punctuality** refers to being on time to all events, practices and other activities | a) Always early to events  
  b) Never late to practices or events  
  c) Performs all duties in proper time frame |
| **Professionalism** refers to acting in a generally dignified and respectable manner | a) Is honest in all dealings  
  b) Treats others with respect and dignity  
  c) Refrains from gossiping or belittling |
| **Professional relationship with athletes/patients** refers to refraining from flirting or other unprofessional behavior | a) Respects the confidentiality of the athlete/patient  
  b) Does not flirt or court with the athlete/patient  
  c) Does not abuse or inflict pain on the athlete/patient  
  d) Treats the athlete/patient in a caring manner |
| **Professional relationship with coaches** refers to treating coaches with respect and loyalty, always in a professional manner | a) Respects coaches role  
  b) Loyalty to the team and the coach  
  c) Talks to coach in respectful manner |
| **Professional relationship with clinical instructor** refers to understanding the approved clinical instructor’s role and respecting their decisions | a) Does everything he/she asks them to do  
  b) Accepts him/her as a teacher  
  c) Respects their decisions and actions  
  d) Demonstrates respect for the clinical instructor |
| **Professional relationship with peers** refers to respecting the other students in a positive manner | a) Does not annoy or distract other students  
  b) Encourages other students to do better  
  c) Helps others with tasks  
  d) Treats other students with respect |
| **Professional relationship with health care professionals** refers to acknowledging and respecting the role of the team physician, and respecting the role of staff athletic trainers and other health care professionals | a) Respects the physicians opinion  
  b) Addresses physician as Dr.  
  c) Show gratitude when necessary  
  d) Asks physicians opinion when appropriate |
| **Professional relationship with administration** refers to respecting all of the administrators related to the athletic programs | a) Respects athletic directors, principals, secretaries, etc.  
  b) Addresses officials with proper titles  
  c) Does not gossip about administration  
  d) Demonstrates respect for administration |
| **Ability to accept constructive criticism** refers to accepting advice on how to better ones skills and professionalism | a) Tries new techniques when shown  
  b) Is not offended when corrected  
  c) Takes criticism well and learns from it |
<table>
<thead>
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<th>Personal Attributes</th>
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</table>
| **Leadership qualities** refer to the ability of the student to take charge when necessary and to assume proper leadership roles | a) Leads others to do better  
b) Takes charge of getting tasks done  
c) Looks for ways to improve |
| **Awareness** refers to being alert to responsibilities and taking initiative without being told | a) Finds things that need to be done  
b) Takes initiative in being creative & completing duties  
c) Handles uncomfortable situations |
| **Dependability** refers to being on time and responsible to duties | a) Does everything that is asked of him/her  
b) Performs duties and tasks properly  
c) Does not consistently make the same mistakes |
| **Work ethic** refers to how hard the student works while on site | a) Completes tasks at 100%  
b) Does not take short cuts |

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<th>Professional Attributes</th>
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</table>
| **Demonstrates confidence when practicing athletic training** refers to not being hesitant or unsure of using knowledge & skills | a) Performs a special test without hesitation  
b) Tapes and extremity without hesitation  
c) Does not have to stop and think |
| **Makes proper conclusions and decisions** refers to being able to effectively bring together all of their knowledge | a) Associates injury assessment findings with related pathology  
b) Identifies and determines correct return-to-play procedures  
c) Determines appropriate treatment plans |
| **Able to effectively communicate** refers to being able to explain what they are doing to the patient, and to properly communicate with their approved clinical instructor | a) Explains what they are doing to the patient/athlete, coach, clinical instructor, etc.  
b) Effectively discusses & supports rationale  
c) Maintains proper communication with clinical instructor and other staff |
| **Shows creativity with competency level** refers to understanding many different ways to reach a goal | a) Changes rehabilitation techniques daily  
b) Modifies taping for more effectiveness  
c) Creates new equipment or exercises |
| **Demonstrates critical thinking** refers to being able to analyze and comprehend a situation | a) Comprehends mechanism of injury  
b) Understands most effective rehab  
c) Can construct most effective protection |
| **Demonstrates problem solving skills** refers to being able to solve problems | a) Figures out why rehab is not progressing  
b) Understands mechanism of overuse  
c) Correctly evaluates an individual |
| **Recognition of strengths and limitations** refers to the student’s ability to recognize his/her abilities (i.e., competency level) | a) Capitalizes on maintaining strengths and developing weaknesses  
b) Expresses concerns to the clinical instructor  
c) Does not perform tasks of a higher level |
<table>
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<tr>
<th>Professional Attributes</th>
<th>Sample Behaviors</th>
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</table>
| Uses equipment and resources **appropriately** refers to being able to use equipment properly and to utilize equipment available | a) Uses muscle stimulation or other modalities correctly  
b) Knows how to fill and clean a hydrocollator  
c) Knows how to fit specific braces |
| **Seeks advice for improvement** refers to asking questions when unsure of oneself | a) Asks for help when needed  
b) Asks for assistance in performing a skill  
c) Asks questions helpful to his/her development |

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<thead>
<tr>
<th>Athletic Training Competency</th>
<th>Sample Clinical Proficiencies</th>
</tr>
</thead>
</table>
| **General athletic training proficiency** refers to the general athletic training knowledge and skills demonstrated by the student, which should be consistent with his/her specific competency level | a) Properly stocks an athletic training kit  
b) Correctly sets up athletic training supplies and equipment for an athletic event  
c) Foresees potential risks and implements prevention procedures |
| **Taping and bandaging** refers to the student’s ability to utilize correct taping and bandaging techniques | a) Recognizes correct taping or bandaging procedures for a specific injury  
b) Proficient taping & bandaging techniques |
| **Wound care** refers to the student’s ability to recognize and treat various superficial wounds that occur from physical activity | a) Properly cleans superficial wounds  
b) Correctly applies steri strips  
c) Protects wound to allow continued participation (e.g., donut pads) |
| **Emergency care** refers to the student’s ability to provide emergency first aid care to the physically active patient/athlete | a) Performs correct spine boarding procedures & techniques  
b) Correctly splints a possible fracture  
c) Properly treats a heat-related illness |
| **General anatomy and physiology proficiency** refers to student’s comprehension and ability to apply human anatomy and physiology knowledge | a) Correctly identifies the location of anatomical structures  
b) Correctly describes physiological responses to exercise |
| **Injury/illness etiology and pathology** refers to the student’s comprehension and ability to relate etiological and pathological knowledge to the prevention and care of injuries and illnesses suffered by the athlete/patient | a) Correctly identifies related etiological factors to a specific injury or illness  
b) Correctly describes pathological changes due to an injury or illness |
<table>
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<th>Athletic Training Competency</th>
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</table>
| **Lower extremity injury assessment** refers to the knowledge and skills demonstrated by the student when performing a lower extremity injury evaluation | a) Asks useful questions when taking a history of the patient/athlete’s injury  
b) Correctly performs a Lachman’s test  
c) Correctly performs a manual muscle test for a lower extremity muscle |
| **Upper extremity injury assessment** refers to the knowledge and skills demonstrated by the student when performing an upper extremity injury evaluation | a) Asks useful questions when taking a history of the patient/athlete’s injury  
b) Correctly performs an apprehension test  
c) Correctly performs a manual muscle test for an upper extremity muscle |
| **Trunk and spine injury assessment** refers to the knowledge and skills demonstrated by the student when performing a trunk and spine injury evaluation | a) Asks useful questions when taking a history of the patient/athlete’s injury  
b) Correctly performs a rib compression test  
c) Correctly performs a manual muscle test for the spinal column |
| **Kinesiological evaluations** refers to the knowledge and skills demonstrated by the student when performing clinical biomechanical evaluation | a) Correctly identifies muscle substitutions for a specific exercise  
b) Properly identifies osteokinematic motions (e.g., knee flexion in a lunge) |
| **General organization and administration proficiency** refers to the student’s comprehension and ability to perform general administrative functions in the clinical athletic training setting | a) Able to write a SOAP note following medically accepted standards  
b) Completes accurate inventory records  
c) Maintains organized medical records on the patient/athlete |
| **General pharmacological proficiency** refers to the student’s comprehension and ability to apply general pharmacological knowledge specifically related to the practice of athletic training | a) Identifies contraindications for NSAID’s when prescribe to the patient/athlete  
b) Identifies the lot number and expiration date on a drug package  
c) Instructs the athlete about potential side effects of anabolic-androgenic steroids |
| **General nutrition proficiency** refers to the student’s comprehension and ability to apply general nutritional knowledge specifically related to the practice of athletic training | a) Instructs the athlete on proper hydration methods  
b) Instructs the athlete on proper methods for meeting nutritional needs |
| **Therapeutic modalities** refers to the student’s ability to properly use therapeutic modalities to treat musculoskeletal injuries suffered by the physically active patient | a) Selects correct treatment parameters for ultrasound when treating a chronic injury  
b) Correctly identifies contraindications before applying electrical stimulation |
| **Rehabilitation and therapeutic exercise** refers to the student’s ability to design rehabilitation programs and progress therapeutic exercises based on the pathology of the patient/athlete’s condition | a) Instructs the patient/athlete on correct exercise techniques  
b) Establishes correct therapeutic exercises based on the injury pathology  
c) Modifies rehab programs accordingly |
Athletic Training Student Clinical Experience Evaluation (UNI ACI's)

Please evaluate each athletic training student assigned to you this past rotation.

1) Your name: *

Answer length: 0 (Max: 2048)

2) Select the student you are evaluating. *

3) During this rotation, has there ever been a situation when you were unable to directly supervise this student? (If Yes, you will be sent to page 2.) *

Please select

4) OVERALL GRADE
Based on the following scale, identify the student's overall grade for this rotation. (Note: This grade will be incorporated into the student's Practicum grade for the semester) *

Identify Grade

A=Performing above the expected level (competence, initiative, interpersonal communications, etc.)

B=Performing at the appropriate level as is expected.

C=Performing adequately, slightly below expected level.

D=Performing well below expected level as a student.

F=Failed to display competence, should repeat experience.

5) Personal Attributes
Based on the following scale, identify the athletic training student's performance for each personal attribute listed.

*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.
*Above average (4): the attribute is effectively demonstrated 60%-80% of the time.
*Average (3): the attribute is effectively demonstrated 40%-60% of the time.
*Below average (2): the attribute is effectively demonstrated 20%-40% of the time.
*Poor (1): the attribute is demonstrated less than 20% of the time. *

Poor Below Average Average Above Average Excellent N/A
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<th>Attitude/Demeanor</th>
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<td>Enthusiasm</td>
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<td>Preparation</td>
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<td>Cooperation</td>
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<td>Professionalism</td>
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<td>Ability to accept constructive criticism</td>
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8/12/2011
Leadership qualities

Awareness

Dependability

Work ethic

6) Comments for Personal Attributes (please comment on any ranking of 1 or 2):

Answer length: [0] (Max: 2048)

7) Professional Attributes
Based on the following scale and on the athletic training student's competency level (1st, 2nd, 3rd year student), identify the student's performance for each professional attribute listed.
*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.
*Above average (4): the attribute is effectively demonstrated 60%-80% of the time.
*Average (3): the attribute is effectively demonstrated 40%-60% of the time.
*Below average (2): the attribute is effectively demonstrated 20%-40% of the time.
*Poor (1): the attribute is demonstrated less than 20% of the time.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

Demonstrates confidence when practicing athletic training

Makes proper conclusions and decisions

Able to effectively communicate

Shows creativity within competency level

Demonstrates critical thinking

Demonstrates problem solving

Recognition of strengths and limitations

Uses equipment and resources appropriately
Seeks advice for improvement

8) Comments for Professional Attributes (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

9) Athletic Training Competency
Based on the following scale and on the athletic training student's competency level (1st, 2nd, 3rd year student), identify the student's performance for each area of clinical proficiency listed.

*Excellent (5): the student demonstrates knowledge and skills consistent for the entry-level athletic training practitioner.
*Above Average (4): the student demonstrates knowledge and skills consistent for the 2nd year athletic training student.
*Average (3): the student demonstrates knowledge and skills consistent for the 1st year athletic training student.
*Below Average (2): the student demonstrates knowledge and skills consistent noticeably below his/her competency level.
*Poor (1): the student completely fails to demonstrate any knowledge or skills in this area.*

<table>
<thead>
<tr>
<th>Poor</th>
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General athletic training proficiency
Taping and bandaging
Wound care
Emergency care
General anatomy and physiology proficiency
Injury/illness etiology and pathology
Lower extremity injury assessment
Upper extremity injury assessment
Trunk and spine injury assessment
Kinesiological evaluations
10) Comments for Athletic Training Competency (please comment on all areas of considerable weakness; all rankings of 1 or 2 require a written comment):

Answer length: 0 (Max: 2048)

11) Given the student's level of competency and the goals/objectives of this clinical experience, identify the strengths of the student. *

Answer length: 0 (Max: 2048)

12) Given the student's level of competency and the goals/objectives of this clinical experience, identify the areas needing improvement for the student. *

Answer length: 0 (Max: 2048)

13) Other comments and/or recommendations:

Answer length: 0 (Max: 2048)

* - Required
Athletic Training Student Clinical Experience Evaluation (AT CI's)

Please evaluate each athletic training student assigned to you this past rotation. Your superving ACI should be present when completing these evaluations.

1) Your name: *

Answer length: 0 (Max: 2048)

2) Select the student you are evaluating. *

3) During this rotation, has there ever been a situation when you were unable to directly supervise this student? (If Yes, you will be sent to page 2.) *

4) OVERALL GRADE

Based on the following scale, identify the student's overall grade for this rotation. (Note: This grade will be incorporated into the student's Practicum grade for the semester) *

Identify Grade

A=Performing above the expected level (competence, initiative, interpersonal communications, etc.)

B=Performing at the appropriate level as is expected.

C=Performing adequately, slightly below expected level.

D=Performing well below expected level as a student.

F=Failed to display competence, should repeat experience.

5) Personal Attributes

Based on the following scale, identify the athletic training student's performance for each personal attribute listed.

*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.
*Above average (4): the attribute is effectively demonstrated 60%-80% of the time.
*Average (3): the attribute is effectively demonstrated 40%-60% of the time.
*Below average (2): the attribute is effectively demonstrated 20%-40% of the time.
*Poor (1): the attribute is demonstrated less than 20% of the time. *
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8/12/2011
### Leadership qualities

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### Awareness

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### Dependability

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### Work ethic

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### 6) Comments for Personal Attributes (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

### 7) Professional Attributes

Based on the following scale and on the athletic training student's competency level (1st, 2nd, 3rd year student), identify the student's performance for each professional attribute listed.

- **Excellent (5):** the attribute is effectively demonstrated 80%-100% of the time.
- **Above average (4):** the attribute is effectively demonstrated 60%-80% of the time.
- **Average (3):** the attribute is effectively demonstrated 40%-60% of the time.
- **Below average (2):** the attribute is effectively demonstrated 20%-40% of the time.
- **Poor (1):** the attribute is demonstrated less than 20% of the time.

<table>
<thead>
<tr>
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<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
<th>N/A</th>
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</thead>
</table>

- Demonstrates confidence when practicing athletic training
- Makes proper conclusions and decisions
- Able to effectively communicate
- Shows creativity within competency level
- Demonstrates critical thinking
- Demonstrates problem solving
- Recognition of strengths and limitations
- Uses equipment and resources appropriately

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8/12/2011
Seeks advice for improvement

8) Comments for Professional Attributes (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

9) Athletic Training Competency
Based on the following scale and on the athletic training student's competency level (1st, 2nd, 3rd year student), identify the student's performance for each area of clinical proficiency listed.
*Excellent (5): the student demonstrates knowledge and skills consistent for the entry-level athletic training practitioner.
*Above Average (4): the student demonstrates knowledge and skills consistent for the 2nd year athletic training student.
*Average (3): the student demonstrates knowledge and skills consistent for the 1st year athletic training student.
*Below Average (2): the student demonstrates knowledge and skills consistent noticeably below his/her competency level.
*Poor (1): the student completely fails to demonstrate any knowledge or skills in this area.*

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8/12/2011
General organization and administration proficiency

General pharmacological proficiency

General nutrition proficiency

Therapeutic modalities

Rehabilitation and therapeutic exercise

10) Comments for Athletic Training Competency (please comment on all areas of considerable weakness; all rankings of 1 or 2 require a written comment):

Answer length: 0 (Max: 2048)

11) Given the student's level of competency and the goals/objectives of this clinical experience, identify the strengths of the student. *

Answer length: 0 (Max: 2048)

12) Given the student's level of competency and the goals/objectives of this clinical experience, identify the areas needing improvement for the student. *

Answer length: 0 (Max: 2048)

13) Other comments and/or recommendations:

Answer length: 0 (Max: 2048)
Athletic Training Student Clinical Experience Evaluation (non-AT CI's)

Please evaluate each athletic training student assigned to you this past rotation.

Page 1

1) Your name: *

Answer length: 0 (Max: 2048)

2) Select the student you are evaluating. *

3) OVERALL GRADE
Based on the following scale, identify the student's overall grade for this rotation. (Note: This grade will be incorporated into the student's Practicum grade for the semester) *

A=Performing above the expected level (competence, initiative, interpersonal communications, etc.)

B=Performing at the appropriate level as is expected.

C=Performing adequately, slightly below expected level.

D=Performing well below expected level as a student.

F=Failed to display competence, should repeat experience.

4) Personal Attributes
Based on the following scale, identify the athletic training student's performance for each personal attribute listed.

*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.
*Above average (4): the attribute is effectively demonstrated 60%-80% of the time.
*Average (3): the attribute is effectively demonstrated 40%-60% of the time.
*Below average (2): the attribute is effectively demonstrated 20%-40% of the time.
*Poor (1): the attribute is demonstrated less than 20% of the time.*

Attitude/Demeanor

Enthusiasm
<table>
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<td>Reliability</td>
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<td>Professionalism</td>
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<td>Professional relationship with athletes/patients</td>
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<td>Professional relationship with CI</td>
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<td>Professional relationship with peers</td>
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<td>Ability to accept constructive criticism</td>
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<td>Leadership qualities</td>
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<td>Awareness</td>
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</table>
5) Comments for Personal Attributes (please comment on any ranking of 1 or 2):

6) Professional Attributes
Based on the following scale, identify the student's performance for each professional attribute listed.
*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.
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<table>
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<tr>
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7) Comments for Professional Attributes (please comment on any ranking of 1 or 2):

8) Given the goals & objectives of this clinical experience, identify the strengths of the student.
9) Given the goals & objectives of this clinical experience, identify the areas needing improvement for the student. *

Answer length: 0 (Max: 2048)

10) Other comments and/or recommendations:

Answer length: 0 (Max: 2048)

* - Required
Athletic Training Student Clinical Experience SELF Evaluation (students with ACI or AT CI)
Please evaluate yourself for the 1st rotation.

**Page 1**

1) Your name: *

Answer length: 0 (Max: 2048)

2) Who was your ACI or CI for this rotation? *

3) OVERALL GRADE
Based on the following scale, identify your overall grade for this rotation. *

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<tr>
<th>Identify Grade</th>
<th>A=Performing above the expected level (competence, initiative, interpersonal communications, etc.)</th>
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4) **Personal Attributes**
Based on the following scale, identify your performance for each personal attribute listed.
*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.*
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Work ethic

5) Comments for Personal Attributes (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

6) Professional Attributes
Based on the following scale and on your competency level (1st, 2nd, 3rd year student), identify your performance for each professional attribute listed.
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Demonstrates problem solving
Recognition of strengths and limitations
Uses equipment and resources appropriately
Seeks advice for improvement

7) Comments for Professional Attributes (please comment on any ranking of 1 or 2):

8/12/2011
8) **Athletic Training Competency**
Based on the following scale and on your competency level (1st, 2nd, 3rd year student), identify your performance for each area of clinical proficiency listed.  
*Excellent (5): demonstrates knowledge and skills consistent for the entry-level athletic training practitioner.*  
*Above Average (4): demonstrates knowledge and skills consistent for the 2nd year athletic training student.*  
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</table>
Rehabilitation and therapeutic exercise

9) Comments for Athletic Training Competency (please comment on all areas of considerable weakness; all rankings of 1 or 2 require a written comment):

Answer length: 0 (Max: 2048)

10) Given the student's level of competency and the goals/objectives of this clinical experience, identify the strengths of the student. *

Answer length: 0 (Max: 2048)

11) Given the student's level of competency and the goals/objectives of this clinical experience, identify the areas needing improvement for the student. *

Answer length: 0 (Max: 2048)

12) Other comments and/or recommendations:

Answer length: 0 (Max: 2048)

* - Required
Athletic Training Student Clinical Experience SELF Evaluation (students with non-AT CI)

Please evaluate yourself for the 1st rotation.

1) Your name: *

Answer length: 0 (Max: 2048)

2) Who was your CI for this rotation? *

3) OVERALL GRADE
Based on the following scale, identify your overall grade for this rotation. *

Identify Grade

A=Performing above the expected level (competence, initiative, interpersonal communications, etc.)

B=Performing at the appropriate level as is expected.

C=Performing adequately, slightly below expected level.

D=Performing well below expected level as a student.

F=Failed to display competence, should repeat experience.

4) Personal Attributes
Based on the following scale, identify your performance for each personal attribute listed.

*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.

*Above average (4): the attribute is effectively demonstrated 60%-80% of the time.

*Average (3): the attribute is effectively demonstrated 40%-60% of the time.

*Below average (2): the attribute is effectively demonstrated 20%-40% of the time.

*Poor (1): the attribute is demonstrated less than 20% of the time.

Attitude/Demeanor

Enthusiasm

8/12/2011

https://access.uni.edu/cgi-bin/surveys/viewSurvey.cgi?vs=6736&admin=1

8/11/2011
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<td>Professional relationship with peers</td>
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<td>Professional relationship with other health care professionals</td>
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<td>Professional relationship with administration</td>
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<td>Ability to accept constructive criticism</td>
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8/12/2011
Work ethic

5) Comments for Personal Attributes (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

6) Professional Attributes
Based on the following scale, identify your performance for each professional attribute listed.
*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.
*Above average (4): the attribute is effectively demonstrated 60%-80% of the time.
*Average (3): the attribute is effectively demonstrated 40%-60% of the time.
*Below average (2): the attribute is effectively demonstrated 20%-40% of the time.
*Poor (1): the attribute is demonstrated less than 20% of the time. *

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<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
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<td>Able to effectively communicate</td>
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<td>Demonstrates critical thinking</td>
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<td>Demonstrates problem solving</td>
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<td>Uses equipment and resources appropriately</td>
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<td>Seeks advice for improvement</td>
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</table>

7) Comments for Professional Attributes (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

8) Given the goals & objectives of this clinical experience, identify your strengths. *

8/12/2011
9) Given the goals & objectives of this clinical experience, identify your areas needing improvement. *

Answer length: 0 (Max: 2048)

10) Other comments and/or recommendations:

Answer length: 0 (Max: 2048)

* - Required
Clinical Experience Approved Clinical Instructor Evaluation

Please evaluate your ACI for the 1st rotation.

1) Your name: *

Answer length: [ ] (Max: 2048)

2) Who was your ACI for this rotation? *

Please select

3) During this rotation, has there ever been a situation when you were not directly supervised? (If Yes, you will be sent to page 2.) *

Please select

4) Approved Clinical Instructor Attributes

Based on the following scale, identify the approved clinical instructor's performance for each attribute listed. *Excellent (5): the attribute is effectively demonstrated 80%-100% of the time. *Above average (4): the attribute is effectively demonstrated 60%-80% of the time. *Average (3): the attribute is effectively demonstrated 40%-60% of the time. *Below average (2): the attribute is effectively demonstrated 20%-40% of the time. *Poor (1): the attribute is demonstrated less than 20% of the time.*

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<thead>
<tr>
<th>Attribute</th>
<th>Poor</th>
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<th>Average</th>
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<td>Professional skills and knowledge</td>
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<td>Professional (personal) appearance</td>
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<td>Emotional stability and maturity</td>
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<td>Professional relationship with athletes/patients</td>
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<td>Professional relationship with coaches</td>
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<td>Professional relationship with other health care professionals</td>
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<td>Professional relationship with athletic training students</td>
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<td>Equality of treatment to multiple ATS's</td>
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<tr>
<td>Enthusiasm &amp; willingness to instruct ATS's</td>
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<tr>
<td>Effectively teaches skills and communicates knowledge</td>
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<tr>
<td>Gives constructive feedback</td>
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<td>Interest in being an approved clinical instructor for the UNI ATEP</td>
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<tr>
<td>Summary: overall learning experience with this ACI</td>
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</table>

5) Comments for ACI Attributes (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

6) Clinical Experience Location
Please rate the quality of the clinical experience location for each of the following items.*

<table>
<thead>
<tr>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Site proximity and accessibility from UNI</td>
<td></td>
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<tr>
<td>Personal security at this location</td>
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8/12/2011
<table>
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<tr>
<th>Question</th>
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<tr>
<td>Athletic training facilities</td>
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<tr>
<td>Athletic training equipment</td>
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<tr>
<td>General learning environment</td>
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<tr>
<td>Provides an adequate number of learning experiences</td>
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<tr>
<td>Acceptance from students</td>
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<td>Acceptance from coaches</td>
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<tr>
<td>Acceptance from administration</td>
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<tr>
<td>Summary: Overall quality of this clinical experience location</td>
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</tbody>
</table>

7) Comments for Clinical Experience Location (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

8) What did you like best about this approved clinical instructor &/or clinical experience site? *

Answer length: 0 (Max: 2048)

9) What did you enjoy least about this approved clinical instructor &/or clinical experience site? *

Answer length: 0 (Max: 2048)

10) What recommendations, if any, do you have for improving your learning experience with this approved clinical...
instructor or for this clinical experience site?

Answer length: 0 (Max: 2048)

11) Please list any additional comments you may have regarding this athletic training clinical experience.

Answer length: 0 (Max: 2048)

* - Required
Clinical Experience AT Clinical Instructor Evaluation

Please evaluate your CI for the 1st rotation.

1) Your name: *

Answer length: 0 (Max: 2048)

2) Who was your CI for this rotation? *

3) During this rotation, has there ever been a situation when you were not directly supervised? *(If Yes, you will be sent to page 2.)*

Please select

4) Clinical Instructor Attributes

Based on the following scale, identify the clinical instructor's performance for each attribute listed.

*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.
*Above average (4): the attribute is effectively demonstrated 60%-80% of the time.
*Average (3): the attribute is effectively demonstrated 40%-60% of the time.
*Below average (2): the attribute is effectively demonstrated 20%-40% of the time.
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<table>
<thead>
<tr>
<th>Positive attitude/Demeanor</th>
<th>Poor</th>
<th>Below Average</th>
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<tr>
<td>Enthusiasm as a health care provider</td>
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<tr>
<td>Professional skills and knowledge</td>
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<td>Professional relationship with athletes/patients</td>
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Professional relationship with coaches
5) Comments for CI Attributes (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

6) Clinical Experience Location
Please rate the quality of the clinical experience location for each of the following items. *

<table>
<thead>
<tr>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>Site proximity and accessibility from UNI</td>
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<td>Personal security at this location</td>
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</tbody>
</table>
Athletic facilities
Athletic training facilities
Athletic training equipment
General learning environment
Provides an adequate number of learning experiences
Acceptance from students
Acceptance from coaches
Acceptance from administration
Summary: Overall quality of this clinical experience location

7) Comments for Clinical Experience Location (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

8) What did you like best about this clinical instructor &/or clinical experience site? *

Answer length: 0 (Max: 2048)

9) What did you enjoy least about this clinical instructor &/or clinical experience site? *

Answer length: 0 (Max: 2048)

10) What recommendations, if any, do you have for improving your learning experience with this clinical instructor?
or for this clinical experience site?

11) Please list any additional comments you may have regarding this athletic training clinical experience.

* - Required
Clinical Experience non-AT Clinical Instructor Evaluation

Please evaluate your CI for the 1st rotation.

Page 1

1) Your name: *

Answer length: 0 (Max: 2048)

2) Who was your CI for this rotation? *

3) Clinical Instructor Attributes

Based on the following scale, identify the clinical instructor's performance for each attribute listed.

*Excellent (5): the attribute is effectively demonstrated 80%-100% of the time.
*Above average (4): the attribute is effectively demonstrated 60%-80% of the time.
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<tr>
<td>Enthusiasm as a health care provider</td>
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<tr>
<td>Professional skills and knowledge</td>
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<tr>
<td>Professional relationship with other health care professionals</td>
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<tr>
<td>Professional relationship with administrative staff</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>------------------------------------------------------</td>
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</tr>
<tr>
<td>Professional relationship with athletic training students</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Oral communication skills</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Availability for ATS consultations</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Equality of treatment to multiple ATS's</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Enthusiasm &amp; willingness to instruct ATS's</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Effectively teaches skills and communicates knowledge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Gives constructive feedback</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Interest in being an clinical instructor for the UNI ATEP</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Summary: overall learning experience with this CI</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4) Comments for CI Attributes (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

5) Clinical Experience Location
Please rate the quality of the clinical experience location for each of the following items. *

<table>
<thead>
<tr>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site proximity and accessibility from UNI</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Personal security at this location</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Athletic facilities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>General learning environment</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Provides an adequate number of learning experiences</td>
<td></td>
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<tr>
<td>Acceptance from students</td>
<td></td>
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<tr>
<td>Acceptance from coaches</td>
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<tr>
<td>Acceptance from administration</td>
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<tr>
<td>Summary: Overall quality of this clinical experience location</td>
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</tbody>
</table>

6) Comments for Clinical Experience Location (please comment on any ranking of 1 or 2):

Answer length: 0 (Max: 2048)

7) What did you like best about this clinical instructor &/or clinical experience site? *

Answer length: 0 (Max: 2048)

8) What did you enjoy least about this clinical instructor &/or clinical experience site? *

Answer length: 0 (Max: 2048)

9) What recommendations, if any, do you have for improving your learning experience with this clinical instructor or for this clinical experience site?

Answer length: 0 (Max: 2048)

10) Please list any additional comments you may have regarding this athletic training clinical experience.

8/12/2011
## UNI Athletic Training Education Program
### Clinical Experience Log Sheets

**Name:**______________________  **Semester/Year:**_____________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>HOURS</th>
<th>SPORT/LOCATION</th>
<th>ACI/CI SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/2011</td>
<td>8/12/2011</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL HOURS (Office use only) _____________**

8/12/2011

82
### UNI Athletic Training Student Clinical Experience Cumulative Hours

<table>
<thead>
<tr>
<th>Semester</th>
<th>Rotations</th>
<th>ACI/CT’s</th>
<th>Acquired Hours</th>
<th>Running Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td></td>
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<tr>
<td>Spring</td>
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<td>Fall</td>
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<td>Spring</td>
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<td>Fall</td>
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<td>Spring</td>
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</tbody>
</table>

- **Semester**: Write the year for which the student is currently enrolled.
- **Acquired**: Write the amount of hours the student earned during each particular semester only.
- **Running Total**: Add the previous running total with the acquired total and you will get the new running total.
## UNI Athletic Training Education Program
### General Medical Experience Log Sheets

Name: ____________________  Semester/Year: ____________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>HOURS</th>
<th>FACILITY</th>
<th>ACI/CI SIGNATURE</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

TOTAL HOURS (Office use only) _____________
Approved Clinical Instructor / Clinical Instructor ____________________________

Clinical Experience Site: _________________________________________________________________________

Rotation Dates: ______________________________________________________________________________

Academic Semester: ____________________________________  Academic Year: ______________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Place</th>
<th>Allied Health/Medical Professional</th>
<th>Description of Interaction</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Approved Clinical Instructor/Clinical Instructor ____________________________  Date

Athletic Training Student Signature ____________________________  Date

Athletic Training Student Printed Name ____________________________  Date
Athletic Training Student Class Absence Notification Form

Student Name ___________________________ Team _____________________________

Class ________________________________ Instructor Name ______________________

Competitions:
Excused from:
Excused to:

Dear Instructor,

The University of Northern Iowa Athletic Training Education Program stresses to all students the importance of class attendance and participation. We expect our students to be present in all classes, unless they have the opportunity to travel with the team in which they are assigned to clinical experience. We expect our students to inform all instructors of absences prior to the date, and hold them responsible for assignments, tests, and any other class related obligations they may miss. They are made aware that it is their responsibility to make prior arrangements with each instructor for assignments missed these days. The students should discuss these absences with their instructors as soon as they are made aware of the traveling opportunity. If you have any questions or concerns, please feel free to contact me at 273-7493 or by email at tricia.haak@uni.edu. We would like to do all we can to help with issues that may arise.

Thank you in advance for your cooperation with our students, and we appreciate all you do for students at the University of Northern Iowa.

Sincerely,

Tricia Haak
Clinical Coordinator
Athletic Training Education Program
UNI Athletic Training Education Program
Grievance Form

Name: _________________________________________________________________

Date: ________________________________

Complaint:_______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you confronted the individual identified in your complaint? ☐ Yes ☐ No

If yes, what was their response?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you informed the individual that you were going to file a grievance? ☐ Yes ☐ No

If yes, what was their response?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

For program directors use only, do not fill out!

Date Grievance Form Received: ___________ Received by: _________________________

Action Taken:____________________________________________________________

Conclusion: ______________________________________________________________
________________________________________________________________________

Program Directors Signature:________________________________________________

Applicants Signature:  ______________________________________________________

UNI ATHLETIC TRAINING EDUCATION PROGRAM
Policy and Procedure Commitment Form

I, ____________________________, have read the entire University of Northern Iowa Athletic Training Education Program’s Policy and Procedure manual. I understand my responsibilities as an athletic training student and by signing my name below I verify that I will follow all of the policies and procedures within this program. I also verify that I am subject to all disciplinary actions as indicated in this manual if I choose not to follow the guidelines as outlined. My signature also verifies that I understand that all of the policies and procedures are subject to change and I will be held accountable for following the most current policies and procedures.

___________________________  _______________________
Student Signature     Date

___________________________  _______________________
Witness Signature     Date