



Master of Athletic Training
Program Handbook

Updated - Spring 2024

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I. Athletic Training Program Overview

A. Accreditation

Immaculata University received initial accreditation in April 2023 by the Commission on Accreditation of Athletic Training Education (CAATE). The program is currently accredited and in good standing. The next peer review will be in Spring 2028.



B. Athletic Training Program Mission Statement:

The mission of the Athletic Training major at Immaculata University is to provide a comprehensive learning experience within the discipline of athletic training. Grounded in the mission and values of Immaculata University, this program integrates scientific inquiry, theoretical knowledge, and clinical practice.

C. Athletic Training Program Goals:

The goals of the Athletic Training major are to:

1. Provide students with the knowledge, skills, and clinical integration proficiencies essential for Board of Certification eligibility
2. Prepare students for meaningful careers in athletic training
3. Prepare students for the diverse and changing world of healthcare
4. Encourage a lifelong commitment to learning and professional excellence.

D. Athletic Training Program Learning Outcomes:

Upon completion of the athletic training curriculum students will be able to:

1. Demonstrate knowledge and practical skills in prevention and risk management of athletic injuries and illness.
2. Demonstrate critical decision making and problem solving skills that are essential in the recognition, evaluation, and management of athletic injuries and illnesses.
3. Design, implement, and assess treatment and rehabilitation protocols and reconditioning programs.
4. Exhibit ethical decision making, administrative, and leadership skills essential for success in athletic training.
5. Demonstrate effective written and oral communication skills, and technological skills in academic and professional activities.
6. Apply and synthesize evidence-based athletic training knowledge to current issues in the variety of athletic training settings.

E. People you should know

Full-Time Athletic Training/Exercise Science Faculty

Kelly A. Stalker, Ed.D., ATC	AT – Program Director
Cathy Holt, DHSc, LAT, ATC	AT – Coordinator of Clinical Education
Jillian Hall, DAT, LAT, ATC	AT - Core Faculty
Laurie DiRosa, Ed.D.	Exercise Science
Nicholas “Cole” Racich, DPT	Exercise Science

Part-Time Faculty

Mychelle Berry, DAT, LAT, ATC	Adjunct Faculty
Keith Johnson, ATC, NRAEMT	Adjunct Faculty

Immaculata University - On Campus Preceptors

Daniel Cascarella	Head Athletic Trainer
Jonathon Burlingame	Assistant Athletic Trainer
Camden Blevins	Assistant Athletic Trainer

Medical Director & Associated Physicians

Dr. John Kelly	AT Program Medical Director
Dr. John Luksch	Immaculata University Team Physician

Approved Sites & Preceptors/Additional Staff

Downingtown East High School	Mike Casey	Anna Consorte
Great Valley High School	Keith Johnson Keith Reider	
Malvern Preparatory School	William Mills Ryan O’Kane	
Spring-Ford High School	Dan Holman Kate Daniels	Riane Casper Max Coulter
Delaware Valley University	Ryan Wantz	
Penn State Abington	Emily (Gardyas) Vile Alexandra Patas	
Swarthmore College	Marie Mancini Sandra Viguers Bryan Luire	Ethan Alderman Quinn Sherer
Widener University	AJ Duffy Rachel Kennedy	Breann Lewis
Kinetic Physical Therapy	Angelo Labrinakos	
Premier Orthopedics	Various depending on location Contact: Alyssa Taler	
Select Medical	Various depending on location Contact: Chris Vigneault	
JAG Physical Therapy	Various depending on location Contact: Stephanie LoSchiavo	
IM Health	Rockland Walker Lou Legaspi	
Nemours Children's Health	Jessica Gaburo	

E.1 Master of Athletic Training Advisory Board

The Athletic Training Program Advisory Board is a compilation of individuals both on and off campus that are committed to the success of the athletic training program at Immaculata University. The role of the advisory board is to provide on-going information pertinent to athletic training and provide assistance to keep curriculum current. Annually, the board will be provided program assessment data to assist in the evaluation of the athletic training program.

Advisory Board Functions:

The advisory board provides advice to the Athletic Training Program on matters relating to curriculum and program evaluation. Tasks may include the following:

1. Review learning outcomes and curricular content to ensure that professional standards are being met;
2. Suggest programmatic changes to keep the curriculum ahead of the curve;
3. Recommend equipment and other instructional materials and technologies;
4. Identify clinical education opportunities for students and employment for graduates;
5. Provide instructional assistance through guest lectures, demonstrations, clinical education experiences and/or site visits.

Immaculata University Master of Athletic Training Advisory Board:

Health, Nutrition & Exercise Sciences Department Chair	Kelly Stalker
Program Director	Kelly Stalker
Coordinator of Clinical Education	Cathy Holt
Medical Director	Dr. John Kelly
Clinical Education Preceptors	AJ Duffy TBD
Other Health Care Professionals	Tanya Dargusch Ellis Mair
Adjunct Instructor	Keith Johnson
Immaculata Alumnae	Randie Kuhar

II. National Athletic Trainers' Association (NATA) Code of Ethics

(Updated May 2022)

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.

The National Athletic Trainers' Association respects and values diversity amongst its members and patients served. Our members work respectfully and effectively with diverse patient populations in varied healthcare environments. The NATA prohibits discrimination based on race, ethnicity, color, national origin, citizenship status, religion (creed), sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, military status, family/parental status, income and socioeconomic status, political beliefs, or reprisal or retaliation for prior civil rights activity, or other unlawful basis, in any program or activity conducted for funded by the NATA (VATA, 2020).

Important Professional Values (PV) shared by the NATA membership include: 1) Caring & Compassion, 2) Integrity, 3) Respect, 4) Competence, and 5) Accountability . These shared PV underpin the NATA Code of Ethics, motivate honorable interpersonal behaviors, and conduct in member's interactions with all persons.

PRINCIPLE 1. IN THE ROLE OF AN ATHLETIC TRAINER, MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS (Principle 1 is associated with the PV of Respect, Caring & Compassion, and Competence)

- 1.1 Members shall act in a respectful and appropriate manner to all persons regardless of race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity and expression.
- 1.2 Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other stakeholders to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient as delineated by professional statements and best practices.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, 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, NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS (Principle 2 is associated with the PV of Accountability)

- 2.1 Members shall comply with applicable local, state, and federal laws and any state athletic training practice acts.
- 2.2 Members shall understand and uphold all NATA Standards and the Code of Ethics.
- 2.3 Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4 Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
- 2.5 Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6 Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency,

documentation of the completion of rehabilitation must be provided to the NATA Committee of Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

PRINCIPLE 3. MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES

(Principle 3 is associated with the PV of Caring & Compassion, Accountability)

- 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 the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
- 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
- 3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
- 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 must 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, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT'S HEALTH AND WELL-BEING

(Principle 4 is associated with the PV of Respect)

- 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 All NATA members, whether current or past, 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 well-being 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 and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
- 4.5 Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

III. BOC Standards of Professional Practice

Version 3.4, Implemented January 1, 2022

I. Practice Standards

Preamble

The primary purpose of the Practice Standards is to establish essential duties and obligations imposed by virtue of holding the ATC© credential. Compliance with the Practice Standards is mandatory.

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

Standard 1: Direction

The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations.

Standard 2: Prevention

The Athletic Trainer implements measures to prevent and/or mitigate injury, illness and long term disability.

Standard 3: Immediate Care

The Athletic Trainer provides care procedures used in acute and/or emergency situations, independent of setting.

Standard 4: Examination, Assessment and Diagnosis

The Athletic Trainer utilizes patient history and appropriate physical examination procedures to determine the patient's impairments, diagnosis, level of function and disposition.

Standard 5: Therapeutic Intervention

The Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Intervention program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Appropriate patient-centered outcomes assessments are utilized to document efficacy of interventions.

Standard 6: Program Discontinuation

The Athletic Trainer may recommend discontinuation of the intervention program at such time the patient has received optimal benefit of the program. A final assessment of the patients' status is included in the discharge note.

Standard 7: Organization and Administration

The Athletic Trainer documents all procedures and services in accordance with local, state and federal laws, rules and guidelines.

II. Code of Professional Responsibility

Preamble

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

Code 1: Patient Responsibilities

The Athletic Trainer, specialist or applicant:

- 1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, or any other characteristic protected by law
- 1.2 Protects the patient from harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice
- 1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and that thoughtful and safe application of resources, treatments and therapies
- 1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law
 - 1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values
- 1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain
- 1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient
- 1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan
 - 1.7.1 Does not make unsupported claims about the safety or efficacy of treatment
- 1.8 Does not practice athletic training, or otherwise render patient care, while under the influence of alcohol, drugs, or any other substance that may or is likely to impair the Athletic Trainer's ability to render quality, skilled care to the patient.

Code 2: Competency

The Athletic Trainer, specialist or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence
- 2.2 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

The Athletic Trainer, specialist or applicant:

- 1.1. Practices in accordance with the most current BOC Practice Standards
- 1.2. Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training including without limitation, applicable state licensing and ethical requirements.
- 1.3. Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties.
- 1.4. Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services
- 1.5. Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training
 - 1.5.1. Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 1.6. Does not guarantee the results of any athletic training service
- 1.7. Complies with all BOC exam eligibility requirements
- 1.8. Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful
- 1.9. Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificant or applicant files, documents of other materials without proper authorization

- 1.10. Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event
- 1.11. Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by themselves and/or by another Athletic Trainer that is related to the practice of athletic training and/or that may impact the Athletic Trainer's ability to practice athletic training in accordance with "BOC Standards of Professional Practice."
- 1.12. Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training
- 1.13. Complies with all applicable local, state and/or federal rules, requirements, regulations and/or laws related to mandatory reporting when identified as a "mandatory reporter" or "responsible employee."
- 1.14. Cooperates with BOC investigations into alleged illegal and/or unethical activities and any alleged violation(s) of a "BOC Standard of Professional Practice." Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information and/or documentation
- 1.15. Complies with all confidentiality and disclosure requirements of the BOC and existing law
- 1.16. Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization
- 1.17. Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the *BOC Professional Practice and Discipline Guidelines and Procedures*.
- 1.18. Fulfills financial obligations for all BOC billable goods and services provided.

Code 4: Research

The Athletic Trainer, specialist or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
- 4.2 Protects the human rights and well-being of research participants
- 4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or healthcare delivery

Code 5: Social Responsibility

The Athletic Trainer, specialist or applicant:

- 5.1 Strives to serve the profession and the community in a manner that benefits society at large
- 5.2 Advocates for appropriate health care to address societal health needs and goals

Code 6: Business Practices

The Athletic Trainer, specialist or applicant:

- 6.1 Does not participate in deceptive or fraudulent business practices
- 6.2 Seeks remuneration only for those services rendered or supervised by an AT; does not charge for services not rendered
 - 6.2.1 Provides documentation to support recorded charges
 - 6.2.2 Ensures all fees are commensurate with services rendered
- 6.3 Maintains adequate and customary professional liability insurance
- 6.4 Acknowledges and mitigates conflicts of interest

IV. The Athletic Training Student

A. Athletic Training Student Professional Behaviors

The Athletic Training Program strives to develop professional behaviors in each athletic training student. This is a non-exhaustive list of the characteristics and behaviors necessary for success as an athletic training student and entry-level athletic trainer. Many of these behaviors will be evaluated by a preceptor at the end of each clinical experience as part of our evaluation process. The professional behaviors expected of athletic training students are as follows:

1. Demonstrates a positive professional attitude
2. Demonstrates punctuality and promptness
3. Dresses professionally and maintains professional personal appearance
4. Demonstrates reliability and dependability
5. Demonstrates organizational skills and manages time efficiently
6. Demonstrates the ability to adapt well to changes
7. Demonstrates emotional maturity
8. Maintains professional rapport/relationship with others
9. Communicates regularly and effectively with preceptor
10. Reflects upon constructive feedback and modifies behavior as needed
11. Demonstrates self-initiative
12. Seeks preceptor assistance in proficiency development in a timely fashion
13. Expresses thoughts effectively and concisely in verbal and written form
14. Uses appropriate medical terminology
15. Demonstrates the ability to understand and follow direction
16. Maintains patient confidentiality
17. Demonstrates ability to work as a team in diverse settings
18. Demonstrates the core values of the profession and institution including; honesty, integrity, compassion, service, teamwork and empathy
19. Understand the ethical and legal parameters within the scope of practice for athletic trainers
20. Demonstrates ability to formulate appropriate questions and seeks out potential answers
21. Demonstrates confidence in abilities
22. Demonstrates overall motivation to learn

Adapted from Florida International University's Athletic Training Program Policy and Procedure Manual (2015). Retrieved from <http://cnhs.fiu.edu/at/assets/ASSET%20DOCS/ms-at-p-p-manual.pdf>

Henry, T.J., Schneider, R.C., & Stier, W.F. (2009). Desirable qualities, attributes, and characteristics of successful athletic trainers – A national study. *The Sport Journal*, 12(2).

B. Athletic Training Student Responsibilities

Each clinical education site will have their own policies & procedures for you to follow, in addition to assigning daily tasks that need to be completed. It is the students' responsibility to know their required tasks and perform them without the prompting of the preceptor. Preceptors communicate with the Coordinator of Clinical Education on a regular basis and will report if these duties are not being completed successfully. This will result in a disciplinary warning for a first offense and subsequent disciplinary actions for further offenses.

1. Communication
 - a. Communicate regularly with your preceptor.
 - b. Maintain confidentiality of patients and medical conditions.
2. Policies and Procedures
 - a. Follow all rules set by your clinical education site.
 - b. Adhere to policies and procedures outlined in the athletic training student handbook.
3. Attendance
 - a. Arrive promptly to your clinical site at the time assigned and stay at your clinical site until excused by your preceptor.
 - b. Attend all practices and games unless excused by the clinical education coordinator and/or the preceptor.
 - c. Follow the athletic training student dress code during all practices & contests.
 - d. Practice clinical proficiencies during down time in the athletic training room.
4. Complete daily facility duties and other duties as assigned by the preceptor.
 - a. Assist the preceptor with preparation for and clean-up following evaluations, rehabilitations, practices and competitions.
 - i. Assist in the prevention of injuries and hazardous situations by correcting the situation when possible and bringing to the attention of the preceptor.
 - ii. Assist patients immediately when they come into the facility.
 - iii. Restock taping areas, emergency kits and equipment bags. Notify the preceptor when supplies are low.
 - iv. Wipe down tables and equipment between patients.
 - v. Return equipment to the appropriate location when finished.
 - vi. Sweep debris off the floor, empty trash cans when full, and clean sink area following use.
 - vii. Clean equipment (tables, coolers, water bottles, whirlpools, etc.) daily.
 - b. Assist in wound care, evaluations, treatment and rehabilitation as trained.
 - c. Assist in the maintenance of student athlete files, including daily records of treatments and rehabilitations.
5. While at athletic practices and competitions
 - a. Face the field or court at all times.
 - b. Stay off of your phone and other electronic devices while engaged in patient care or practice/game observation.
 - c. If multiple athletic training students are on site, avoid congregating as a group.
 - d. Assist with emergency care, evaluation, and treatment as trained.
6. Represent Immaculata University's athletic training program in a positive manner.

V. MAT PROGRAM Academic Requirements

A. Admission Requirements Specific to Athletic Training Major

All applicants must submit their applications through ATCAS. The prerequisites for admissions include the following:

Immaculata University College of Graduate Studies requirements:

- Official undergraduate transcripts
- Two letters of recommendation
- Goals statement
- Interview

Athletic Training Program Requirements:

- Cumulative GPA of 3.0 or above
- 50 hours of observation with a certified athletic trainer
- Required courses
 - Human Anatomy – 4 credits
 - Human Physiology – 4 credits
(or 8 credits total in Human Anatomy & Physiology I&II)
 - Biology – 3 credits
 - Physics – 4 credits
 - Chemistry – 4 credits
 - Kinesiology or Structural/Functional Anatomy – 3 credits
 - Exercise Physiology – 3 credits
 - Nutrition – 3 credits
 - Statistics/Research Methods – 3 credits
 - General Psychology – 3 credits
- Recommended courses (9 credits recommended):
 - Medical Terminology
 - Prevention & Care of Athletic Injuries
 - Biomechanics
 - Exercise Evaluation & Prescription
 - Sport Nutrition
 - Sport Psychology
 - Health Psychology

Note: All prerequisite coursework is reviewed by the program director during the admissions process. If a course is not a direct prerequisite match, the course description and/or course syllabus is reviewed to determine if the course contains the appropriate foundational knowledge required for admissions.

B. Non-Discrimination Policy

Immaculata University is committed to the principle of equal educational opportunity without unlawful discrimination because of an applicant's or student's race, gender, ethnicity, religion, age, national origin, color, disability, marital status, familial status, veteran status, ancestry, genetic characteristics, pregnancy, or other classifications protected by law of University Policy.

C. Transfer Credit

According to Immaculata University's College of Graduate Studies policy, the decision for acceptance of transfer credits is at the discretion of the program. Due to the nature of the Athletic Training program and the clinical competencies associated with each course, the MAT program will not accept transfer credit for courses in which the completion of athletic training competencies/standards are required.

D. Retention Requirements Specific to Athletic Training Major

Students enrolled in the Master of Athletic Training program must maintain rigorous academic standards to prepare themselves for the BOC examination. In order to maintain successful progression towards graduation, students must earn a C+ or above in all athletic training classes. Since courses must be taken in the prescribed order outlined in the program's course sequence sheet, unsuccessful completion of a course may result in program dismissal. Additionally, students must successfully pass a cumulative clinical examination at the conclusion of the following clinical courses: ATP 551, ATP 552, and ATP 556 in order to progress to the next level of clinical education. Students that are unable to pass the cumulative clinical examination in the designated time frame will fall behind in the program, which could result in dismissal from the program. Progression in the program is determined on a case by case basis, analyzed by the program administration. If students are placed on a remediation plan that requires retaking a course, students must pass the course on the second attempt or they will be dismissed from the program.

E. Academic Probation Policy

As stated in the Immaculata University College of Graduate Studies catalog, students may be placed on academic probation if they fail to maintain a 3.0 minimum GPA. Students who receive two grades in the category of "below standard performance" (B-, C+, C, or C-) will be placed on academic probation. Any grade at the "D" level will result in academic probation. Students on academic probation may not sit for the comprehensive examination or graduate.

Athletic Training program policies are more stringent than those set by the university. As stated in the retention and dismissal policies, students may be dismissed from the program if they receive a grade of "C" or below in any athletic training course. Students placed on probation will be issued an individualized remediation plan that must be completed within a specified timeframe.

F. Academic Dismissal Policy

There are multiple situations in which a student may be dismissed from the academic program. These include the inability to meet the criteria of a remediation plan or a second probation offense. Additionally, a student that is unable to successfully pass the cumulative

clinical examination or program comprehensive examination by the determined date will be subject to dismissal from the program.

G. Athletic Training Probation and Dismissal Appeal

When placed on academic probation or being dismissed from the program, students will be informed in writing by the academic dean and/or the Program Director. If students wish to appeal the decision, they must submit a written statement of appeal to the Program Director by the date stated on the letter. This letter should include a detailed rationale as to why the student is appealing the decision. A committee consisting of the Program Director, Clinical Education Coordinator, and an appointed faculty member/administrator will meet to review the appeal. Students will be notified of the committee's decision in writing within three (3) weeks of receipt of the appeal. If students would like to pursue the issue further they will be advised to follow the University's Grievance Policy.

H. University Withdraw

As stated in the Immaculata University College of Graduate Studies Catalog, requests for complete withdrawal from the College must be made in writing to the Dean of the College of Graduate Studies. If students have completely withdrawn from a program, they may not resume their studies unless they have been formally re-admitted. If students are withdrawing from the University prior to the end of the semester, they must follow the procedure outlined for withdrawal from classes in order to avoid receiving failing grades for their courses. Students who withdraw without approval will receive an F grade in any courses in which they are enrolled.

I. Grading Policy

Letter Grade	Lowest Percentage	Highest Percentage
A	93.00%	100%
A-	90.00%	92.99%
B+	87.00%	89.99%
B	83.00%	86.99%
B-	80.00%	82.99%
C+	77.00%	79.99%
C	73.00%	76.99%
C-	70.00%	72.99%
F	0.00%	69.99%

J. Academic Integrity and Ethical Conduct

The MAT sets high academic standards for its students and expects students to complete assignments and activities with integrity and ethical standards. Cheating, plagiarism, use of artificial intelligence, collusion, recycling of work, sabotage of another's work, and falsification of information will not be tolerated. Those students found responsible for violating these standards will be disciplined appropriately. As part of the disciplinary procedures, students will be required to complete a plagiarism course and submit a certificate of completion to the program director. More information about the Academic Integrity and Ethical Conduct policy and procedures can be found in the Immaculata University College of Graduate Studies Catalog.

K. MAT Program Curriculum Requirement

The Master of Athletic Training (MAT) program is a full-time 60 credit graduate program providing students with the didactic knowledge and clinical education experiences necessary to prepare students for successful careers in athletic training. The follow courses are graduation requirements:

Core Graduate Curriculum (3 credits)

GEN 506 Interprofessional Health Care Research (3)

Athletic Training Curriculum (57 credits)

ATP 501 Foundations in Athletic Training (3)

ATP 503 Structural and Functional Kinesiology (3)

ATP 504 Emergency Medical Care (3)

ATP 505 Lower Extremity Assessment (3)

ATP 506 Upper Extremity Assessment (3)

ATP 507 Head & Spine Assessment (3)

ATP 508 Therapeutic Exercise (3)

ATP 509 Therapeutic Modalities (3)

ATP 510 General Medical Conditions (3)

ATP 511 Athletic Training Administration (3)

ATP 512 Mental Health Strategies (3)

ATP 513 Manual Therapy/Alternative Treatments (2)

ATP 514 Orthopedic Procedures (3)

ATP 599 Comprehensive Exam in Athletic Training (0)

ATP 650 Biometric and Physiological Measurements (3)

ATP 651-653 Special Topics (4)

ATP 551 Clinical I (2)

ATP 552 Clinical II (2)

ATP 553 Clinical III (1)

ATP 554 Clinical IV (2)

ATP 555 Clinical V (4)

ATP 556 General Medical Clinical (1)

K.1. Cumulative Clinical Examinations

Students must be successful in their didactic learning in order to be equipped for hands-on clinical patient care practice. Therefore, students will be given a cumulative clinical examination at the conclusion of each of the following clinical education courses: ATP 551, 552, and ATP 556. This examination is worth 25% of the overall clinical course grade. The initial score on this examination is calculated into the course grade. Subsequently, students who do not successfully pass the cumulative clinical exam with a 75% or above, will be placed on probation and not be able to progress to the next clinical experience. Students will be referred to the program director for a remediation plan. Students will enroll in the next semester courses, but students must pass the cumulative examination in order to participate in the clinical requirements of the next clinical course. Students will have a maximum of three attempts to pass the cumulative clinical examination within the

timeframe set in the individualized remediation plan. If a student is unable to reach this benchmark, they could be dismissed from the program.

K.2. Comprehensive Examination in Athletic Training (ATP 599)

During the fall semester of the second year of the program, students will enroll in ATP 599 Athletic Training Comprehensive Examination. This is a zero (0) credit course to prepare students for the comprehensive examination which is administered near the end of the fall semester. The comprehensive examination incorporates three sections: written knowledge, practical skills, and written simulation. Students complete all three sections of the examination on the assigned test date. A score of 75% or higher on each section of the examination is considered passing.

If a student does not achieve a passing score, they may petition the program director to retake that section of the examination. Students do not need to retake sections in which they have successfully passed. If the student does not pass after the second attempt, recommendations for remediation are made by the program director. Students that are unable to pass the examination by the grade submission date will receive an incomplete "I" in the course. Students must pass the comprehensive examination by the third week of the subsequent semester to prevent the incomplete from becoming a failing grade.

If a student does not initially achieve a passing score, they are still eligible to enroll in the final semester courses. However, students must pass the comprehensive examination in order to participate in the clinical requirements of the final clinical course. Students will follow their individualized remediation plan in order to achieve the clinical requirements prior to graduation.

K.3. Interprofessional Education

Interprofessional Education is a required component of the Master of Athletic Training program and is embedded into the courses within the curriculum. GEN 506 Interprofessional Health Care Research is a course required of all masters degree students in the College of Nursing and Health Professions. Additionally MAT students will engage with students and professionals of other health care disciplines through a planned trauma experience in ATP 551 Clinical I and ATP 554 Clinical IV and through an interdisciplinary healthcare event in ATP 552 Clinical II and ATP 555 Clinical V. Interprofessional educational experiences are planned for each fall and spring semester.

Interprofessional Education Opportunities within the Curriculum

	Fall Semester	Spring Semester
1st Year	ATP 551 Clinical I - CNHP Interprofessional Event GEN 506 Interprofessional Health Care Research	ATP 552 Clinical II - HNES Interprofessional Event
2nd Year	ATP 554 Clinical IV - CNHP Interprofessional Event	ATP 555 Clinical V - HNES Interprofessional Event

L. BOC Exam Eligibility

The BOC exam is the gateway to becoming an Athletic Trainer. Students/graduates must successfully pass this exam in order to gain employment as an athletic trainer. Students are eligible to take the BOC exam upon graduation or while enrolled in their final semester of the MAT curriculum. However, any students on university/program probation must complete all programmatic requirements prior to being eligible for BOC exam registration. Please see the BOC website for detailed information regarding BOC exam registration. www.bocatc.org

Successful completion of the BOC exam demonstrates entry-level knowledge into the profession. Due to the intensity of the examination, cost of the exam, and limited window in which to take the exam, Immaculata University has established specific criteria for students to complete before registering and obtaining program director verification.

Students/graduates must meet the following criteria before registering for the examination:

- Completion of ACES preparatory course
- Successful completion of Athletic Training Comprehensive Examination
- Enrollment in the final semester of the curriculum.

M. MAT PROGRAM Course Sequence Sheet

**IMMACULATA UNIVERSITY
TWO-YEAR COURSE SEQUENCE SHEET**

DEPARTMENT: HEALTH & HUMAN SCIENCES

MAJOR: ATHLETIC TRAINING

M.A.T.

<i>1st Year - Summer Semester</i>	<i>1st Year - Fall Semester</i>	<i>1st Year – Spring Semester</i>
ATP 501: Foundations in Athletic Training (3)	ATP 505: Lower Extremity Assessment (3)	ATP 506: Upper Extremity Assessment (3)
ATP 503: Structural & Functional Kinesiology (3)	ATP 508: Therapeutic Exercise (3)	ATP 507: Head & Spine Assessment (3)
ATEP 504: Emergency Medical Care (3)	ATP 551: Clinical I (2)	ATP 509: Therapeutic Modalities (3)
	GEN 506: Interprofessional HealthCare Research (3)	ATP 552: Clinical II (2)
		ATP 651: Special Topics in Ath Train (1)
9 cr.	11 cr.	12 cr.
<i>2nd Year - Summer Semester</i>	<i>2nd Year - Fall Semester</i>	<i>2nd Year – Spring Semester</i>
ATP 510: General Medical Conditions (3)	ATP 511: Athletic Training Administration (3)	ATP 650: Biomech & Physio Measures (3)
ATP 513: Manual Therapy/Alternative Tx (2)	ATP 514: Orthopedic Procedures (3)	ATP 651/652: Special Topics in Ath Train (2)
ATP 512: Mental Health Strategies (3)	ATP 554: Clinical IV (2)*	ATP 555: Clinical V (4)*
ATP 553: Clinical III (1)	ATP 599: Comprehensive Exam in AT (0)	
ATP 556: General Medical Clinical (1)	ATP 651: Special Topics in Ath. Train (1)	
10 cr.	9 cr.	9 cr.
		TOTAL CREDITS: 60 cr.

*ATEP 554-555 Clinical courses are immersive experience

VI. Athletic Training Program Specific Policies

A. Additional Financial Costs

In addition to the cost of tuition and course related fees (~\$2800), students must be aware that there are other fees associated with enrollment in the Athletic Training Program at Immaculata University. Some of these fees include:

- Purchase of CastleBranch Package (~\$150)
 - Background checks (child abuse, FBI and state criminal background checks)
 - Drug screening
 - Copy of current physical examination and immunization records (may be additional costs if you need to see your physician and update immunizations)
 - Bloodborne pathogen and OSHA training
 - Liability insurance (\$40-50)
- CPR/AED Certification
- Athletic Training Program clothing/attire/gear
- Travel to clinical sites (gas, parking, etc.)
- ATrack Membership - \$45 annual fee or \$90 lifetime fee

B. Athletic Participation Policy

Due to the rigorous nature of the program and the required clinical education experiences, students are not allowed to participate in intercollegiate athletics even if the student has remaining NCAA eligibility.

C. Outside Employment Policy

The rising costs of tuition, books, and other expenses are a concern for athletic training students. It is strongly recommended that you apply for financial aid and look for outside scholarships. While outside employment is not prohibited, students are advised that academics (including clinical education experiences) is the primary responsibility and must come first. Unfortunately when trying to balance academics, athletic training responsibilities, employment and other obligations something usually suffers. If you have a financial concern, please discuss your options with a counselor in Financial Aid.

D. Confidentiality Policy

Due to your role in the healthcare system, you will be exposed to personal information of your athletes and patients. Please remember that all the information you obtain through your clinical experiences is confidential. At no time should any information obtained be shared or repeated. All athletic training students are responsible for completing HIPAA training through CastleBranch and signing the MAT Confidentiality Policy form.

****Please complete the Confidentiality Policy form on ATrack****

D.1. Health Insurance Portability and Accountability Act (HIPAA)

The *Standards for Privacy of Individually Identifiable Health Information* (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of

certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).¹ The Privacy Rule standards address the use and disclosure of individuals’ health information—called “protected health information” by organizations subject to the Privacy Rule — called “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>)

D.2. Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act of 1974 grants students the right to review their educational records. Under FERPA, a school may not generally disclose personally identifiable information from an eligible student’s education records to a third party unless the eligible student has provided written consent. However, there are a number of exceptions to FERPA’s prohibition against non-consensual disclosure that can be found on FERPA’s website. Through these exceptions, schools are permitted to disclose personally identifiable information from education records without consent, though they are not required to do so. (<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>)

E. Athletic Training Student Conduct & Disciplinary Procedures

Athletic training students are expected to conduct themselves in a professional manner at all times. This includes following the core values of Immaculata University, the Code of Ethics of the National Athletic Trainers’ Association, the BOC Standards of Practice and all guidelines set within this manual. Please conduct yourself as an athletic training professional when working with preceptors, physicians, coaches, athletes, parents, and administrators.

E.1. Disciplinary Procedures

1st offense – verbal warning and official documentation in the student file

2nd offense – disciplinary probation from the Athletic Training Program

3rd offense – disciplinary dismissal from the Athletic Training Program

Note: The severity of the offense might necessitate a council be convened to determine the level of disciplinary action necessary. Regardless of the number of the offense, the action may be a warning, probation, or dismissal from the program.

Disciplinary Warning – students placed on disciplinary warning will remain in their clinical assignment, but will be under close supervision from the preceptor and clinical education coordinator. Any additional offense (of any type) may result in probation.

Disciplinary Probation – when a student is placed on disciplinary probation, they will be removed from their clinical assignment and may be subject to lowering of their course grade or a failure for the clinical course. While on probation, the ATS is expected to meet all other educational requirements associated with the program and all policies and procedures as stated in this manual. The program director and clinical education coordinator will determine the length of probation.

Program Dismissal – if an athletic training student is dismissed from the program, they will be required to meet with the program director and dean of the College of Graduate Studies to discuss options for continuing their academic studies. Students may appeal the dismissal in writing prior to the beginning of the next semester. The appeal will be evaluated following the procedures listed below.

E.1.a. Athletic Training Program Appeal Policy

When placed on disciplinary probation, students will be informed in writing from the Program Director. If students wish to appeal the decision, they must submit a written statement of appeal, including a rationale to justify the appeal. When a student is being dismissed from the program due to disciplinary or academic concerns, the student will be informed in writing by the dean of the college and the program director. If the student wishes to appeal the decision, they must submit a written statement of dismissal appeal, including a rationale to justify the appeal, by the date stated on the letter from the Program Director which will be approximately two weeks following the date the letter was sent. A committee consisting of the Program Director, Clinical Education Coordinator, and an appointed faculty member will meet to review the appeal. Students will be notified of the committee's decision in writing within three weeks of receipt of the appeal. If students would like to pursue the issue further they will be advised to follow the University's Grievance Policy.

E.1.b. Athletic Training Program Grievance Policy

If an ATS has a concern with a decision made or action performed within the athletic training program, they should first discuss their concern with the individual of concern (faculty member, preceptor, etc.). If the issue is not resolved, the ATS should bring the concern to the Athletic Training Program Director. All attempts will be made to resolve the situation with the Program Director as a mediator. If the situation cannot be resolved or involves the Program Director, the department chair and/or the Dean of the College of Graduate Studies will become involved.

E.2. Social Conduct Policies

E.2.a. Drug and Alcohol Policy:

If an athletic training student reports to class, open lab hours, or clinical education experience under the influence of alcohol or illegal drugs or partakes in their use while at any of the mentioned locations they will be subject to immediate suspension from the athletic training program. Students may also face campus disciplinary procedures and/or legal consequences.

E.2.b. Social Media Policy

It is acknowledged that students will use social media for personal reasons. The following guidelines should be followed when using social media:

1. No reference to being an athletic training student at Immaculata University should be posted in conjunction with offensive or inappropriate pictures or comments. This includes, but is not limited to, reference to drunkenness, illegal drugs, acts punishable by law, sexual innuendos, and foul language.
2. No information related to the health or playing status of any athlete or patient from Immaculata University or clinical sites utilized by the Athletic Training Program should be posted.

E.2.c. Professional Relationships Policy

Athletic Training students are often placed in unusual and sometimes uncomfortable situations due to the relationships formed during their educational process. It is important that athletic training students maintain a professional demeanor during their clinical education experiences. All relationships must remain professional and should never become personal. Disciplinary action will be taken if professional relationships are broken. Below are guidelines regarding your interaction with different individuals you will encounter throughout your experiences. If you have any questions regarding your relationships with any of the following individuals, please contact the clinical education coordinator or program director. ****Please complete the Professional Relationships Policy form on ATrack****

VII. Health and Safety Policies

A. Bloodborne Pathology Policy

Immaculata University Athletic Training Program is committed to providing a safe learning and clinical education experience for all of our athletic training students. Immaculata University and all other clinical sites are required to follow bloodborne pathogen standards and provide the ATS will all of the appropriate materials to protect their health and safety during the clinical experience. The following procedures should be followed during all classes and clinical education experiences:

1. Gloves and other personal protective equipment must be worn at all times when in contact with body fluids, including blood.
2. Soiled supplies and disposable sharps must be disposed of in red biohazard waste bags and/or sharps containers.
3. If bleeding occurs outside of the athletic training facility, all soiled items must be contained in a plastic bag and disposed of as soon as possible in the appropriate biohazard container.
4. All blood spills must be cleaned following the appropriate procedures.
5. Report any exposure to body fluids to your preceptor and clinical coordinator/program director as soon as possible.
 - a) Follow all guidelines for reporting exposure as outlined by the site.
 - b) It is highly recommended that the ATS seek out medical guidance and be tested for any blood borne pathogens.
 - c) Note that students are responsible for all fees associated with the doctor's visit and laboratory testing.

In addition, all Athletic Training Students will undergo Blood Borne Pathogen training prior to the start of the program and then reviewed annually prior to the start of the second year of the program. Additionally, students will annually sign the MAT Bloodborne Pathology Policy form. ****Please complete the Blood Borne Pathogen and Communicable Disease form on ATrack****

B. Communicable and Infectious Disease Policy

Prior to starting clinical education experiences, students must have updated immunization records on file, which include: COVID-19, Hepatitis B, meningitis, MMR, polio, varicella, tetanus, diphtheria, pertussis (TDaP), tuberculosis testing, and annual flu vaccination. The ATS is responsible for keeping all immunizations up to date and submitting appropriate documentation through CastleBranch.

Communicable Diseases (as cited by the Center for Disease Control) include, but are not limited to bloodborne pathogens, conjunctivitis, diarrheal diseases, diphtheria, hepatitis, herpes simplex, measles, meningococcal infections, mumps, pertussis, rubella, scabies, streptococcal infection, varicella, and viral respiratory infections. Communicable diseases are transmitted through physical contact, air (cough, sneeze, etc.), ingestion or injection and through animals.

To prevent transmission of communicable and infectious diseases, athletic training students must follow proper hand washing techniques and practice good hygiene. All sites are required to provide students access to appropriate blood-borne pathogen barriers and control measures.

The ATS must follow Universal Precautions and should not participate in patient care if exhibiting symptoms of a communicable disease. If a student is suspected of having a communicable disease they must report to the Immaculata University health center or their personal physician for evaluation and care. The ATS must notify the AT Program Director and/or the Clinical education coordinator and will be relieved from their clinical assignments until cleared by a physician to return. Appropriate medical documentation is necessary before returning to your clinical assignment. The clinical education coordinator will communicate with the preceptor regarding your absence. ****Please complete the Blood Borne Pathogen and Communicable Disease form on ATrack****

For more information related to all of the policies listed above please refer to Volume II of the

Immaculata University Policy Manual (Section 2.2)

C. Venue-Specific Health & Safety Procedures

Throughout the course of the curriculum, students will be exposed to a variety of clinical settings. Each location will be unique in its policies, procedures, equipment, and expectations. Prior to the start of each clinical rotation, students are responsible for meeting with their preceptor to review health and safety guidelines for the facility. This includes EAPs, location of personal protective equipment, exposure procedures, and any other training required by the particular facility. Students should discuss with their preceptor their roles and responsibilities in various situations and how patients will be able to differentiate between the student and other healthcare providers on a daily basis. Additionally, the Clinical Education Coordinator will regularly request equipment calibration and maintenance reports from the facilities to ensure the safety of all individuals using the equipment.

D. Health and Wellness Resources

Master of Athletic Training students have access to the university wellness resources on campus, including access to medical and counseling services. If the athletic training student is in need of medical or mental health care after normal business hours or during the summer months, students should obtain care at their local emergency department or urgent care center. In the case of an emergency call 911 or 988 for mental health needs. If students are on campus after hours or during the summer months and need assistance, they should contact the Department of Safety. Resources related to local hospitals, urgent cares, and crisis centers can be found on MyIU.

VIII. Clinical Education Requirements

A. Purpose

The purpose of clinical education experiences is to provide students with the opportunity to work under the supervision of preceptors (athletic trainers, physicians, etc.) while gaining crucial, real life experiences in athletic training. Through these experiences students will integrate cognitive and psychomotor skills by applying classroom theory to clinical experiences.

B. Clinical Education Prerequisites

Prior to the start of clinical education experiences, students must submit the following items to the program.

CastleBranch Submission:

- Current physical examination
- Immunizations records
- Health Insurance
- Liability Insurance
- HIPAA and OSHA Certifications
- Pennsylvania Statewide Criminal Search
- Pennsylvania Fingerprint Clearance
- Pennsylvania Child Abuse Clearance
- Mandated Reporter Training certificate
- 10 panel urine drug test

Program Submission:

- CPR/AED for the Professional Rescuer certification
- Annual communicable disease and blood borne pathogen training

ATrack Submission:

- All Digital Signature Forms (including Technical Standards)

C. First Aid & CPR/AED Requirements

Athletic Training Students will be responsible for basic first aid under the supervision of their preceptor. Therefore, students must maintain current certifications in First Aid and CPR/AED for the Health Care Provider. The athletic training program will offer initial certification as a component of the first semester coursework. Recertification courses will also be held annually. It is the responsibility of the athletic training student to pay for, attend initial and recertification training, successfully complete the certification courses, maintain certification at all times and keep record of their certifications.

D. Liability Insurance

Athletic Training Students are required to carry professional liability insurance during their clinical experiences. Students may obtain liability insurance from a few different sources. HPSO is an excellent company with reasonable annual rates (\$40-50) for students. A copy of the insurance policy must be submitted to CastleBranch prior to the start of the clinical education experience.

E. Clinical Sites and Contacts

Sites and preceptors vary each year. Please see Section I: People You Should Know for updated information. The clinical education coordinator has a complete listing of all sites and contacts.

F. Clinical Placements & Progression

The Immaculata University MAT uses a learning over time model to progress students towards autonomous practice of athletic training. Through the prescribed course and clinical progression and associated course competencies, students will learn didactic content and practice their clinical skills in a progressive manner. This model reinforces knowledge and skills in order for students to be successful in the classroom, clinical, and ultimately in their careers.

Students are required to complete a total of six clinical education experiences. Each clinical course is scheduled to focus on particular skills and populations. The clinical experiences are designed to be progressive in nature to build up to supervised autonomous practice. The Coordinator of Clinical Education will assign students to a variety of athletic training and other health care settings. During the first year of the program, clinical locations will be within the local region. To prepare for the second year of the program, students should work with the Clinical Education Coordinator to determine experiences that meet their future career goals and potentially identify experiences that are located outside of the immediate area. Final clinical site assignments are at the discretion of the Coordinator of Clinical Education.

Athletic training students will be assigned to clinical rotations based on a variety of factors which include, but are not limited to the following:

1. Clinical experiences needed for program completion
2. Academic focus of the clinical rotation
3. Available clinical sites
4. Number of preceptors
5. Preceptor area of expertise

First year clinical experiences expose students to clinical sites that have multiple preceptors and/or experiences that focus on the development of foundational skills. Second year clinical experiences are more advanced with preceptors who help develop autonomous practice in the clinical setting. Preceptors will help students develop advanced critical thinking and problem solving skills in immersive experiences as they prepare for entry-level athletic training employment.

In order to ensure a balance between academic, clinical experiences and out of school obligations, required hours are set for each clinical education experience. On average, students spend approximately 20 hours per week at their clinical education location. These hour ranges were set to ensure students obtain optimal clinical experiences, while trying to maintain time for academic coursework, personal responsibilities, and self-care. During immersive experiences, students will spend upwards of 40 hours per week at the site.

Semester/Year	Course	Focus	Immersion	Required Hours
Fall 1	ATP 551: Clinical I	Immediate Care	No	200-350 hours
Spring 1	ATP 552: Clinical II	Evaluation/TherEx	No	200-350 hours
Summer 2	ATP 553: Clinical III	Evaluation/Modalities	No	Minimum of 50 hours (6 weeks)
Summer 2	ATP 556: General Medical Clinical	General Medical Skills	No	Minimum of 50 hours (6 weeks)
Fall 2	ATP 554: Clinical IV	Emergency Management	Yes	200-350 hours (7 weeks)
Spring 2	ATP 555: Clinical V	Comprehensive Skills	Yes	400-600 hours

The Master of Athletic Training program believes in equal educational opportunities for all students, including placements in clinical education sites. The program follows Immaculata University's non-discrimination policy for admissions and educational opportunities that is found in the College of Graduate Studies catalog. The MAT will not discriminate in clinical placement based on race, gender, religion, age, national origin, and other characteristics listed in the university policy.

G. Immersive Clinical Experiences

During the second year of the MAT program, students will experience two (2) immersive clinical placements. The purpose of an immersive experience is for second year students to fully engage in a clinical experience that exposes them to the full scope of athletic training on an everyday, multi-week basis. During these immersive experiences, students will not have on-campus academic responsibilities, but will have assignments related to the didactic portion of the clinical course. Additionally, some semesters will have online courses running concurrently.

For each immersive experience, students will be assigned to a preceptor at the site. Students must abide by the required minimum and maximum clinical hours during the immersive clinical experience, but the experience should mimic the regular hours of the preceptor. The student is expected to be in attendance at the clinical site during the time the preceptor is at the clinical site.

Clinical sites in the surrounding area are available and will be used for all immersive clinical experiences. During Spring 2, students may elect to participate in a clinical immersive experience outside of the region. Students who wish to do this are expected to communicate with the Clinical Education Coordinator, as soon as possible, so an appropriate Clinical Agreement with the site can be secured. Students may not obtain clinical experiences with any site in which there is not an appropriate Clinical Agreement.

H. Clinical Competencies

The CAATE 2020 Standards list the core clinical competencies that must be completed as part of the athletic training students' curriculum. ATS completion of these competencies will be monitored and graded using ATRACK. Students are provided a mapping of the competencies in the handbook, program framework, and each course syllabus. Students must complete and "pass" the activities and assignments associated with each clinical competency listed on their course syllabus. It is the responsibility of the student to inform the preceptor which skills they need to complete each week and initiate practice sessions. Students that have not passed each competency associated with the course will not receive full points, which will impact the student's overall grade in the course.

I. Student Evaluations

Athletic Training students are to be evaluated by the preceptor using the forms provided on ATRACK. Students will be evaluated on their professionalism, competency, technical skills, and other related areas. Additionally, students are required to complete self-evaluations of their clinical education experiences using the forms provided on ATRACK. The ATS and preceptor should discuss the evaluation summary prior to completion of the clinical experience.

J. Communication with Preceptor

Students are expected to maintain regular contact with their preceptor. Prior to the start of each clinical rotation, students should discuss with the preceptor their preferred method of communication (email, text, phone call). Students should discuss their schedule prior to the start of the clinical and note any requested days off for special events or other obligations. In the case of an emergency that will not allow the student to attend clinical that day, the student should notify the preceptor and clinical education coordinator. There are occasions when the ATS may request additional days away from clinical due to unseen circumstances; these must be approved by the clinical education coordinator and preceptor to ensure that students will still receive the required learning experiences.

Additionally, it is the responsibility of the student to know the learning outcomes associated with each clinical education course. The ATS must be proactive in communicating the activities, assignments, and standards with the preceptor at the start of the clinical experience. The student must take the initiative to practice these skills and ask the preceptor for opportunities to practice and receive feedback. It is not the preceptors' responsibility to make sure that you complete the requirements; they are there to facilitate the learning and provide constructive feedback. Do not wait until the end of the semester to complete your requirements.

K. Transportation Policy

Students are required to obtain their own transportation to and from assigned clinical sites. Students will not be reimbursed for mileage or gas. Attempts will be made to keep clinical sites within the local region, but due to the availability of locations and the number of athletic training students some students will be expected to travel a distance to

their clinical site. In addition, some of the more “prestigious” assignments may be located outside of the local region. If you believe that transportation will be a concern for you, please discuss these concerns with the clinical education coordinator prior to assignment of the clinical experience. Sites might be available via public transportation. For the ideal clinical experience, the student must provide his or her own personal means of transportation.

Students assume full responsibility for incidents that may occur while traveling to and from the clinical experience or while participating in the clinical experience provided by the university. The student should not hold Immaculata University and/or related agencies liable if an accident/incident is to occur. ****Please complete the Travel Agreement form on ATrack****

K.1. Carpool Policy.

If students are not able to secure their own transportation or multiple students are assigned to the same clinical education site, carpooling may occur. In these situations, students are responsible for coordinating their schedules and providing reimbursement for travel expenses including gas, parking, and/or tolls.

L. Away Contest Travel policy

Athletic training students may only travel to away contests if their supervising preceptor is also traveling to the event. Athletic training students may not volunteer for unsupervised travel in the role as a “first responder” and “first aider”. All athletic training students must provide care under the direct supervision of their preceptor and this individual must be present to intervene if necessary. Any unsupervised student travel is in direct non-compliance of the CAATE Standards. If you wish to travel to an away contest without a preceptor you will attend the event as a spectator. You will be responsible for your own transportation and you must sit in the stands as a spectator.

M. Remuneration for Services

Athletic training students are not to be paid for any services rendered in the context of their clinical education experiences. If a student is found responsible for accepting payment for clinical education services, they will be held responsible through the athletic training program conduct system.

N. Clinical Requirements during Preseason and/or Breaks

Each clinical site has a particular schedule that will be coordinated with the Coordinator of Clinical Education. Students are not required to attend clinical rotations during university breaks (Spring Break, Easter, Winter, etc.). Participation during the winter break (winter season) and postseason experiences are dependent on the status of the ATS and teams and student need for hours/experiences. Students are required to participate in August pre-season (prior to the start of the fall semester) as it is a component of the ATP 552/554 courses.

During August pre-season and breaks, students may obtain more hours than during the academic year because they are not in class; however, they should not be acquiring more

than 40 hours in one week. Students must have one day off per week. Please see the Coordinator of Clinical Education for details concerning clinical assignments.

O. Inclement Weather Policy

If Immaculata University cancels on campus classes all clinical education experiences are also canceled. If the university has not canceled classes, but hazardous travel conditions exist for specific clinical sites, the student should evaluate the weather/travel situation with their preceptor and the clinical education coordinator. Decisions to cancel clinical experiences for the day will be made on a case-by-case basis.

Weather related closings are also noted on the University webpage at www.immaculata.edu and through MyIU. It is recommended that students subscribe to “IU Alert” announcements for information set directly to your email and cell phone.

Please make arrangements with your preceptor to determine the appropriate method for communication if activities are canceled at your clinical education site.

P. Dress Code/Appropriate Attire

Athletic training students are expected to represent Immaculata University and the Athletic Training Program in a positive manner through both their behaviors and personal appearance. Students must adhere to the dress code at all clinical sites. If in doubt, ask your preceptor

1. Daily Dress Code
 - a) Khaki/tan or gray/black pants or shorts
 1. No Jeans!
 2. Shorts must be longer than the fingertips!
 - b) IU Athletic Training polo shirt, t-shirt, or sweatshirt or plain, school colored collared or polo shirt
 1. Must wear the polo shirt for general medical and rehabilitation rotations
 2. Shirts must be tucked in at all times!
2. Game Day Dress Code
 - a) Khaki/tan or gray/black pants or shorts
 - b) IU Athletic Training or school assigned polo shirt
 - c) Dress clothes are acceptable for most indoor sports
3. Inclement Weather Dress Code
 - a) Immaculata University or plain colored jacket, fleece or pull-over.
 - b) Black or blue wind pants
4. General Guidelines
 - a) Footwear must be appropriate to the clinical setting. Dress shoes or sneakers are required. Sandals, flip-flops, clogs, crocs, and high heels are not permitted.
 - b) Hats are not permitted in the athletic training facility or clinic. Immaculata University hats/visors or those without a logo may be worn outside but must be worn appropriately.

- c) Hair must be pulled back or kept out of the face to prevent interference in patient care. Facial Hair is permitted as long as it is kept neatly groomed.
- d) Fingernails are encouraged to be kept short and trimmed to prevent interference in patient care.
- e) Minimal amounts of jewelry may be worn, but should not interfere with the ability to provide treatments and care. (No long earrings, dangling necklaces, bulky rings, or lip piercings, etc.)
- f) Tattoos should be covered up to the best of your ability. Offensive body markings must be fully covered. Final decisions of appropriate tattoo coverage is up to the discretion of the specific clinical education site.

Q. Clinical and Program Evaluations

Athletic training students will have the opportunity to evaluate their preceptors and clinical sites through the form provided on ATRACK. These evaluations should be completed at the conclusion of the clinical education experience, but no later than the last day of classes for the semester. This feedback is extremely important in evaluating the quality of educational experience that our students are obtaining and helps the Clinical Education Coordinator determine if the preceptor and site should be used for future experiences. Please remember that if you have concerns regarding the preceptor or clinical site during the semester, bring them to our attention immediately. Do not wait until the end of semester evaluation.

Athletic Training students and preceptors will be given the opportunity to evaluate Immaculata University's Athletic Training Program at the conclusion of each year. The athletic training program evaluation form will be accessible through ATRACK and will include evaluation of the program director, clinical education coordinator, educational experiences and the program in general. We value student feedback and appreciate your help in improving our program.

IX. Other Program Opportunities

A. Athletic Training Student Organization

The Athletic Training Student Organization (ATSO) is a student-run organization. The organization provides opportunities for athletic training students to obtain leadership positions, participate in community service opportunities, and attend local, regional, and national conferences. All athletic training students are encouraged to be active participants in this organization.

B. In Service Training/Educational Opportunities

Throughout each semester, the Athletic Training Program will conduct in-service training and educational sessions. Many of these events are considered to be a part of your clinical education experience and are reflected in your course syllabi. Therefore, it is required that all athletic training students attend all scheduled events. The in-service training will include required sessions in blood borne pathogens, First Aid, CPR/AED, spinal injury management, etc. Educational opportunities will include guest speakers from the medical community that will discuss the latest topics related to the profession of athletic training. If a student has a particular topic in which they would like to be presented, they should discuss their interest with the Program Director or Coordinator of Clinical Education. If a student is unable to attend an in-service training or educational event, he/she must notify the Program Director or Coordinator of Clinical Education prior to the scheduled event. If it is determined that the student has a reasonable excuse for missing the event, accommodations for a comparable make-up session will be made.

C. Professional Organizations

Membership in professional organizations provides an opportunity for students to become involved in the profession prior to certification. Athletic training students are highly encouraged to become active in the state, regional and national organizations. Membership in the organization allows you to attend annual conferences, apply for scholarships and network with peers and professionals in the field.

National Athletic Trainers' Association

www.nata.org

The National Athletic Trainers' Association (NATA) is the professional membership association for certified athletic trainers and others who support the athletic training profession. Founded in 1950, the NATA has grown to more than 30,000 members worldwide today. The majority of certified athletic trainers choose to be members of the NATA – to support their profession, and to receive a broad array of membership benefits.

Eastern Athletic Trainers' Association

www.goeata.org

The Eastern Athletic Trainers' Association was first formed in January 1949 when a few athletic trainers in the northeast decided to gather and share information. Today, the EATA encompasses all members of the National Athletic Trainers' Association who reside in

either District I or District II. The EATA holds an annual meeting and provides scholarships and research opportunities for students and certified athletic trainers who are members.

Pennsylvania Athletic Trainer's Association

www.gopats.org

The Pennsylvania Athletic Trainers' Society is a progressive organization of health care professionals who work under the direction of a licensed physician. Certified Athletic Trainers working in the Commonwealth protect and enhance the health and welfare of our clients through prevention, recognition, management, and rehabilitation of injuries. Further, the society's vision is to continue to promote our profession and to serve the needs of the membership.

The mission of the Pennsylvania Athletic Trainers' Society is to:

P	Promote the profession of athletic training through public awareness and education.
A	Advocate the certified athletic trainer as a recognized health care provider for the physically active in the Commonwealth through legislative and credentialing efforts.
T	Transact business on behalf of the Society's membership in a prudent, effective, and collaborative manner.
S	Serve the membership by providing a gateway to educational, research, scholarship, and networking opportunities.

Other Professional Organizations

- American College of Sports Medicine
- National Academy of Sports Medicine
- National Strength and Conditioning Association

APPENDICES

Appendix A – Athletic Training Glossary

**As presented by the CAATE in:
Standards and Procedures for Accreditation of Professional Programs in Athletic Training
Implementation and Guide to the CAATE 2020 Professional Standards
Updated December 2022**

Academic year: Customary annual period of session at an institution. The academic year is defined by the institution.

Academic plan for correction of BOC examination pass-rate deficiency:

- A. A review and analysis of the program’s previously submitted action plans. This should include
 1. any assessment data used to evaluate the previous action plan,
 2. a discussion of strategies that have and have not worked, and
 3. any revisions that have been made to the previous action plan based on subsequent assessment data.
- B. Analysis of the program’s current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
 1. the number of students enrolled in the program in each of the past three years,
 2. the number of students who have attempted the exam in each of the past three years,
 3. the cohort-by-cohort first-time pass rate for each for the past three exam cohorts, and
 4. the three-year aggregate first-time pass rate for each of the past three years.
- C. Projection for the program’s anticipated exam outcomes for next year.
This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first-time pass rate in the next year. The analysis must include
 1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
 2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
 3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
 4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.

The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include

1. developing targeted goals and action plans to achieve the desired outcomes,
2. stating the timelines for reaching the outcomes, and
3. identifying the person or persons responsible for each element of the action plan.
4. Updating the elements of the action plan as they are met or as circumstances change.

Affiliation agreement: A formal agreement between the program’s institution and a facility where the program wants to send its students for course-related and required off-campus clinical education. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. *See also Memorandum of understanding.*

Assessment plan: A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of clinical education, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the framework.

Athletic trainer: Health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the state’s statutes, rules, and

regulations. As part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification.

Athletic training clinical experiences: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students' abilities to meet the curricular standards. When direct client/patient care opportunities are not available, simulation may be used for this verification. Simulation may be facilitated by a preceptor in the clinical environment or may be completed in a class environment when directed by a faculty member. *See also Clinical education.*

Biometrics: Measurement and analysis of physical characteristics and activity.

Clinical education: A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences.

Clinical site: A facility where a student is engaged in clinical education.

Contemporary expertise: Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

Core faculty: Core faculty members are involved in meeting the day to day needs of the program, including but not limited to teaching athletic training courses, advising, and mentoring athletic training students, engaging in scholarship, and fulfilling other roles and responsibilities as assigned by the Program Director. Core faculty must have faculty status, rights, responsibilities, privileges, and voting rights as defined by the institution. Core faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed. A core faculty member must be an athletic trainer or physician.

Cultural competency: the ability of both providers and systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.

Cultural humility: A lifelong process of self-reflection and self-critique by which an individual willingly interacts with diverse individuals and not only learns about the cultures of others, but also examines their own beliefs and cultural identities to create an environment of empowerment, respect, and optimal care for all. Cultural humility includes sensitivity to historical realities of marginalization, violence, and oppression against certain groups.

Durable medical equipment: Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.

Electronic health record: A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.

Evidence-based practice: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.

Faculty: See Adjunct faculty; Associated faculty; Core faculty.

First-time pass rate on the Board of Certification examination: The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.

Foundational knowledge: Content that serves as the basis for applied learning in an athletic training curriculum.

Framework: A description of essential program elements and how they're connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan (including goals and outcome measures).

Goals: Specific statements of educational intention that describe what must be achieved for a program to meet its mission.

Graduate placement rate: Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.

Health care providers: Individuals who hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in the field that has direct relevancy to the practice and discipline of athletic training. These individuals may or may not hold formal appointments to the instructional faculty.

Health care informatics: The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.

Health literacy: The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.

Identities: identities that include but are not limited to: race; ethnicity; religion; national origin; age; marital status; disabilities/ability; sexual orientation; sex; gender; gender identity and expression; socioeconomic status; religion/spirituality; political affiliation; literacy/health literacy.

Immersive clinical experience: A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.

International Classification of Functioning, Disability, and Health (ICF): A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training professional.

Interprofessional education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

Interprofessional practice: The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

Medical director: Currently licensed allopathic or osteopathic physician who is certified by an ABMS- or AOA-approved specialty board and who serves as a resource regarding the program's medical content.

Memorandum of understanding: Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.

Mission: A formal summary of the aims and values of an institution or organization, college/division, department or program.

Outcomes: Indicators of achievement that may be quantitative or qualitative.

Patient-centered care: Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring the patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.

Physician: Health care provider licensed to practice allopathic or osteopathic medicine.

Physiological monitoring systems: Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.

Preceptor: Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be athletic trainers or physicians.

Professionalism: Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through delivery of patient-centered care, participation as a member of an interdisciplinary team, commitment to continuous quality improvement, ethical behavior, and respectful demeanor toward all persons, compassion, a willingness to serve others, and a sensitivity to the concerns of diverse patient populations.

Professional preparation: The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.

Professional program: The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two academic years.

Professional socialization: Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.

Program graduation rate: Measures the progress of students who began their studies as full-time degree-seeking students by showing the percentage of these students who complete their degree within 150% of "normal time" for completing the program in which they are enrolled. Programs must post this following date for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.

Program faculty: Includes all faculty members who are involved in the design and/or delivery of the professional athletic training program, regardless of their employment classification.

Program personnel: All program faculty and support staff involved with the professional program.

Program retention rate: Measures the percentage of students who have enrolled in the professional program who return to the institution to continue their studies in the program the following academic year. Programs must post the following date for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.

Quality assurance: Systematic process of assessment to ensure that a service is meeting a desired level.

Quality improvement: Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups. Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designed and testing interventions to change processes and systems of care, with the objective of improving quality.

Scholarship: Scholarly contributions that are broadly defined in four categories.

- Scholarship of discovery contributes to the development or creation of new knowledge.
- Scholarship of integration contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
- Scholarship of application/practice applies to finding generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
- Scholarship of teaching contributes to the development of critically reflective knowledge associated with teaching and learning.

Social justice: Social justice in healthcare is recognizing that equitable healthcare, which encompasses access to and quality of care, is a fundamental right and that healthcare providers promote fair treatment so that disparities are eliminated.

Simulation: An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member. See also clinical education.

Social determinants of health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be onsite and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care. If the patient/client care is occurring via telehealth or telemedicine, the preceptor must concurrently monitor the patient/client care through appropriate telecommunication technology.

Supplemental clinical experiences: Learning opportunities supervised by health care providers other than athletic trainers or physicians. See also Clinical education.

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

Telehealth: Telehealth is an umbrella term that encompasses the use of telecommunication technology for non-clinical health-related purposes. Some uses of telehealth include enhancing and supporting clinical services and providing individual or public health education.

Telemedicine: Telemedicine involves the delivery of patient/client care remotely using appropriate information and communication technologies. Patient/client care provided via telemedicine must occur in compliance with all local, state, and federal laws.

Value-based care models: Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach.

Appendix B: Academic Progress Form
IMMACULATA UNIVERSITY
Athletic Training Program
Academic Progress Form

Name: _____

Cohort: _____

Year 1**Summer 1:**

Course	Grade	Pass/Fail
ATP 501: Foundations in Athletic Training		
ATP 503: Structural & Functional Kinesiology		
ATP 504: Emergency Medical Care		

Semester/Cumulative GPA	
Progress to next semester?	

Fall 1:

Course	Grade	Pass/Fail
ATP 505: Lower Extremity Assessment		
ATP 508: Therapeutic Exercise		
ATP 551: Clinical I		
Grad Core Course:		

Semester GPA	
Cumulative GPA	
Clinical Comprehensive Exam Grade	
Progress to next semester?	

Spring 1:

Course	Grade	Pass/Fail
ATP 506: Upper Extremity Assessment		
ATP 507: Head & Spine Assessment		
ATP 509: Therapeutic Modalities		
ATP 552: Clinical II		
ATP 651: Special Topics in AT		

Semester GPA	
Cumulative GPA	
Clinical Comprehensive Exam Grade	
Progress to next semester?	

Year 2

Summer 2:

Course	Grade	Pass/Fail
ATP 510: General Medical Conditions		
ATP 512: Mental Health Strategies		
ATP 513: Manual Therapy/Alternative Tx		
ATP 553: Clinical III		
ATP 556: General Medical Clinical		

Semester GPA	
Cumulative GPA	
Clinical Comprehensive Exam Grade	
Progress to next semester?	

Fall 2:

Course	Grade	Pass/Fail
ATP 511: Athletic Training Administration		
ATP 514: Orthopedic Procedures		
ATP 651/652: Special Topics in AT		
ATP 554: Clinical IV		
ATP 559: Comprehensive Examination in AT	N/A	

Semester GPA	
Cumulative GPA	
ATP 599: Comprehensive Examination in AT	
Progress to next semester?	

Spring 2:

Course	Grade	Pass/Fail
ATP 650: Biometric & Physiological Measurements		
ATP 651-653: Special Topics in AT		
ATP 651-653: Special Topics in AT		
ATP 555: Clinical V		

Semester GPA	
Cumulative GPA	
Eligible for Graduation?	

Appendix C: Clinical Course Focus, Description & Related Standards

Semester/Year	Course	Focus	Immersion	Required Hours	Required Standards
Fall 1	ATP 551: Clinical I	Immediate Care	No	200-350 hours	59, 61-62, 65-66, 70-71, 82-83, 85-86
Spring 1	ATP 552: Clinical II	Evaluation/TherEx	No	200-300 hours	58-66, 69-71, 73
Summer 2	ATP 553: Clinical III	Evaluation/TherMod	Yes	50 hours minimum (6 weeks)	58-66, 69-71, 73
Summer 2	ATP 556: General Medical	General Medical Skill	No	50 hours minimum (6 weeks)	56-57, 59, 61-62, 65-66, 70-72, 79
Fall 2	ATP 554: Clinical IV	Emergency Care	Yes	200-350 hours (7wk)	56, 59, 61-66, 69-71, 76, 77, 81, 84, 86
Spring 2	ATP 555: Clinical V	Comprehensive Skills	Yes	400-600 hours	59, 61-66, 70-71, 74-75, 78, 87-94

ATP 551 Clinical I (2) This course will include both didactic and experiential learning. Students will be assigned to clinical education sites either on campus or at an affiliated site. Focus of this clinical experience will be on evaluation and therapeutic exercise techniques.

ATP 552 Clinical II (2) This course will include both didactic and experiential learning. Students will be assigned to clinical education sites either on campus or at an affiliated site. Focus of this clinical experience will be on evaluation techniques and therapeutic modalities. (Pre-requisite: ATP 551)

ATP 553 Clinical III (1) This course will include both didactic and experiential learning. Students will be assigned to clinical education sites either on campus or at an affiliated site. Focus of this clinical experience will be integrating evaluation and treatment techniques. (Pre-requisite: ATP 552)

ATP 554 Clinical IV (2) This course will include both didactic and experiential learning. Students will be assigned to clinical education sites either on campus or at an affiliated site. Focus of this clinical experience will be emergency management skills through an immersive experience. (Pre-requisite: ATP 553)

ATP 555 Clinical V (5) This course will include both didactic and experiential learning. Students will be assigned to clinical education sites either on campus or at an affiliated site. Focus of this clinical experience will be preparing for independent function as an entry-level athletic trainer. (Pre-requisite: ATP 554)

ATP 556 General Medical Clinical (1) This course will include both didactic and experiential learning. Students will be assigned to clinical education sites at various health care facilities. This clinical experience focuses on general medical skills. (Pre-requisite: ATP 510)

Appendix D: Technical Standards

Immaculata University Athletic Training Educational Program

Technical Standards for Admission

The Master of Athletic Training (MAT) program at Immaculata University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency.

Athletic training students will be required to verify that they understand and meet these technical standards or that they believe, with reasonable accommodations, they can meet the standards. If a student states he/she can meet the technical standards with reasonable accommodations in accord with Immaculata University standards, the Director of Disability Services at Immaculata University will review the student documentation and determine what academic accommodations can reasonably be provided by the university.

It should be understood by the student that any changes in the student's medical, physical or psychological status warrants re-examination of this form and possibly a change in the status of the student's accommodation needs and/or ability to continue in the program. Technical standards will be reviewed annually. It may be necessary to sign additional forms while attending Immaculata University as an athletic training student if his/her status changes or if the program technical standards are modified.

Candidates for selection to the Master of Athletic Training program must demonstrate:

2. 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.
3. The sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurate, safe and efficient use of equipment and materials during the assessment and treatment of patients.
4. 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.
5. The ability to record the physical examination results and a treatment plan clearly and accurately.
6. The capacity to maintain composure and continue to function well during periods of high stress.
7. The perseverance, diligence and commitment to complete the athletic training curriculum as outlined and sequenced.
8. The flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
9. The affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training major 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. Prior to acceptance to the program, the Athletic Training Program Director will take into account whether accommodations would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework and clinical education experiences deemed essential to graduation.

Note: Adapted from Guidelines for Technical Standards for Entry-Level Athletic Training Education
www.nata.org/student/tchstandrds.htm

**Immaculata University
Master of Athletic Training
Technical Standards for Admission: Verification Form**

Student Name: _____
(please print)

Please sign after only ONE of the following statements

Statement for applicants NOT requesting accommodations:

I certify that I have read and understand the “Technical Standards for Admission” listed above, and I believe to the best of my knowledge that I meet each of these standards. I understand that if I am unable to meet these standards I will not be admitted into the program.

Signature of Applicant

Date

Signature of Parent/Guardian (if under 18)

Date

Statement for applicants requesting accommodations:

I certify that I have read and I understand the “Technical Standards for Admission” 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 Office of Academic Success & Advising 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 or may not be able to complete the program.

Signature of Applicant

Date

Signature of Parent/Guardian if under 18

Date

Immaculata University’s Master of Athletic Training program recognizes that it has discussed the technical standards for admission with the applicant and has discussed accommodations (if necessary) with both the student and the Academic Success Center.

Signature of Athletic Training Program Director

Date

Additional Notes: