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Note: The Athletic Training major faculty reserves the right to make necessary changes with regard to the Preceptor handbook. Preceptors will be notified of any changes or additions. Some of this information can also be found in the WSU AT Program Student Handbook.
ATHLETIC TRAINING EDUCATION DEFINITIONS

The following are a list of some of the definitions identifying the component and individual associated with a student’s clinical education experience. If you have further question regarding terminology please contact the Clinical Education Coordinator.

**Ability to Intervene:** The Preceptor is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being "physically present."

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

**Athletic Training Student (ATS):** An individual enrolled in a CAATE accredited athletic training curriculum (our students).

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

**Clinical Education Ratio:** The number of students assigned to a preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care.

**Clinical Proficiencies:** The entry-level athletic training clinical proficiencies define the common set of skills that entry-level athletic trainers should possess and redefine the structure of clinical education from a quantitative approach to an outcomes based qualitative system.

**Clinical Site:** A physical area where clinical education occurs.

**Direct Patient Care:** The application of professional knowledge and skills in the provision of health care.

**Direct Supervision:** This applies to the instruction and evaluation of the clinical proficiencies by a preceptor. Constant visual and auditory interaction between the student and preceptor must be maintained. The instructor shall be physically present for proficiency instruction and evaluation and to intervene on behalf of the ATS and patient.

**Educational Competencies:** The educational content required of entry-level athletic training programs. These competencies should be used to develop the curriculum and educational experiences of students enrolled in CAATE-accredited entry level athletic training education programs.

**First Responder:** A first responder has additional, specialized training that qualifies an ATS to assist in the evaluation or recognition, stabilization, initial treatment and disposition of an individual who is injured or suddenly takes these tasks are achieved using minimal equipment. First responders are trained in first aid and CPR techniques. A first responder's responsibility includes referral to appropriate medical personnel or facility. Our students cannot function as a first responder as the liability insurance does not cover them.
**General Medical Experience:** Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies. Students are required to complete 20 hours of general medical experiences.

**Learning over Time (Mastery of Skills):** The process by which professional knowledge and skills are learned and evaluated over time. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a period of time sufficient in length to allow for practice and integration of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.

**Supervision:** This applies to clinical education under the direction of a preceptor. Daily personal/verbal contact at the site of supervision between the ATS and the preceptor who plans, directs, advises, and evaluates the students' athletic training field experience. The instructor shall be physically present to intervene on behalf of the patient.

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

History

Weber State University's Athletic Training Education Program (AT PROGRAM) is nationally accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The program began in 1998 under the direction of Interim Program Director Joel Bass. The AT Program was given initial "national accreditation" status in October of 2003 by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The Program is designed for those students who want to meet the educational competencies and clinical proficiencies established by the Commission on Accreditation of Athletic Training Education (CAATE), and the National Athletic Trainers' Association (NATA) Executive Committee for Education. By completing the WSU AT Program, the student is eligible to take the BOC examination and become a BOC Certified Athletic Trainer (ATC). BOC Certification is required for employment as an athletic trainer in most states (see individual state laws for certification/licensure requirements). Students will be prepared for a variety of career settings at the secondary school, college, university and private/clinical settings.

In July 2007, The Utah State Board of Regents approved a proposal for Masters of Science in Athletic Training. This is an entry-level master’s degree runs in conjunction with the undergraduate athletic training program. The degree is designed to enable students with a bachelor’s degree in any field other than athletic training to obtain eligibility for the Board of Certification examination and licensure in Utah. The program will provide students with knowledge and skills in the prevention, evaluation, treatment, and rehabilitation of musculoskeletal injuries and general medical conditions.

The Athletic Training Major at Weber State University is housed in the Department of Health Promotion and Human Performance (HPHP) in the Jerry & Vickie Moyes College of Education.

Mission

The mission of Weber State University is to meet the educational needs of Utah through roles assigned by the State Board of Regents in the liberal arts and sciences and a variety of vocations and professions. Primarily committed to quality undergraduate education, the university offers degree programs which include advanced professional preparation. Depending on the student's personal and professional goals, the Athletic Training major can be paired with other majors, minors, or coursework at Weber State University. Regardless of the area(s) of study chosen, students are presented with didactic and psychomotor experiences that will lead them to being able to exercise sound ethical judgment, achieve satisfying careers, and make positive contributions to their communities. In addition, the AT Program guides the student on the journey to become a lifelong learner through obligatory professional continuing education.

Objectives

The AT Program curriculum (undergraduate and graduate) is designed to prepare the student to meet the educational competencies and clinical proficiencies necessary to be eligible to sit for the Board of Certification (BOC) examination. The undergraduate Athletic Training major
prepares students for entry into athletic training, medicine, physical therapy, and other allied health and professional fields. Students are also prepared to seek entrance into graduate school programs such as sports medicine, athletic training, sports psychology, exercise physiology, cardiac rehabilitation, adult fitness, physical therapy, and medicine. (Some graduate programs such as physical therapy may require additional pre-requisite coursework).

The teaching field and/or general science can be paired with these in a coherent manner. Other majors such as psychology and biology can be paired with Athletic Training to give the student even more versatility and marketability in job placement.

The graduate program is specifically designed for students who already possess a bachelor’s degree in a related allied health or exercise science area who wish to sit for the Board of Certification (BOC) examination. However, any student with a bachelor's degree could enter the program after meeting the pre-requisite coursework. Graduate students will complete the same educational competencies as the undergraduates in addition to an advanced project in each required class. They are also required to complete and present (poster/article) a graduate-level research project.

**PRECEPTOR**

*Becoming a Preceptor*

In order to become a Preceptor for the WSU AT Program an individual must meet the following requirements:

A. Be credentialed by the state in a health care profession as defined by the American Medical Association or American Osteopathic Association.

B. Not be currently enrolled in the AT Program at the institution.

C. Receive planned and ongoing education from the program designed to promote a constructive learning environment

*Preceptor Roles and Responsibilities*

Any individual wishing to become a WSU AT Program Preceptor must not only provide direct supervision during a clinical education experience and formal instruction and evaluation of clinical competencies and proficiencies he/she must also:

A. Supervise students during clinical education

B. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the CAATE and WSU;
C. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;

D. Provide assessment of athletic training students’ clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;

E. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training;

F. Demonstrate understanding of and compliance with the WSU's policies and procedures.

According to the affiliated site agreement, Preceptors are also responsible for the following:

A. Accepting the ATS assigned to his/her facility without discrimination.

B. Utilizing the ATS for no more than 25 hours/week unless reviewed with the Program Director and/or Coordinator of Clinical Education.

C. Providing direct supervision of the ATS in the context of direct patient care, which is defined as direct visual and auditory interaction between the Preceptor and the ATS and is consistent with accreditation guidelines.

D. Allowing the ATS an opportunity to answer his/her own questions using critical thinking/problem solving skills.

E. Providing supervised opportunities to actively participate in patient care related to the practicum course and clinical experience level of the ATS and that are consistent with accreditation guidelines.

F. Allowing the ATS to only perform skills on patients once assessed on the skill and when directly supervised by the Preceptor.

G. Guiding the ATS in using communication skills and developing professional and ethical behaviors.

H. Assessing the ATS on competencies related to the practicum course and clinical experience level of the ATS.

I. Providing ongoing feedback in a constructive and non-threatening manner to assist the ATS in developing proficiency in skills related to the practicum course and clinical experience level of the ATS.
Qualities of an Effective Preceptor

To be an effective Preceptor it is recommended that Preceptor possess the following qualities.

A. Practice legal and ethical behaviors.

B. Demonstrate effective communication in a non-threatening manner.

C. Demonstrate effective instructional skills.

D. Perform appropriate evaluation skills.

E. Demonstrate clinical competence and commitment to the profession.

F. Demonstrate adequate administrative skills

Preceptors and Direct Supervision

Preceptors are required to provide direct supervision at all times while an ATS is completing his/her clinical education experience. Direct supervision is defined as: “Supervision of the ATS during clinical experience. The Preceptors must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.” Physically present means that an Preceptor “… able to intervene on behalf of the athlete/patient” if the ATS is about to make a mistake or perform an improper behaviors/techniques.”

In order for this to occur, a Preceptor must provide “constant visual and auditory interactions between the ATS and the Preceptor.” Therefore, direct supervision means, the ATS CANNOT be left alone AT ANY TIME. Being left on his/her own to make any decisions regarding the disposition of an athlete or patient violates the accreditation standard and places the AT Program at risk for losing its accreditation status. If you as the Preceptor are not going to be there (i.e., at the clinical education site), then the ATS CANNOT be there either. Also, do not assume students they can act as a first responder, because their liability insurance does not cover them or you.

Direct supervision does not mean that an ATS cannot work independently to make clinical decisions or that the Preceptor needs to stand next to the ATS at all times. CAATE encourages the use of graded supervision, which initially involves close monitoring, but once an ATS demonstrates proficiency (70% in our case) and has some experience with a particular skill, that ATS can be granted supervised autonomy. That is an ATS can initiate actions, perform initial evaluations, and develop and implement rehabilitation plans with the Preceptor in the same room/field where he/she can see and hear the student, but not necessarily looking over the student’s shoulder at all times. This level of supervision allows ATS to learn maximally while still allowing for timely feedback and prompt correction of improper behaviors/techniques.
Providing Feedback

Research has demonstrated that a student’s confidence and competence are increased when they are provided with regular positive feedback\(^1\) and encouragement. In fact, ATS have reported that mentoring and nurturing behaviors such as explanation, demonstration, and constructive feedback are helpful to increase their professional knowledge.\(^2\)

Therefore, being able to provide effective feedback is timely, non-threatening, and encouraging manner is necessary. Please do not delay providing feedback; however remember to be aware of the individuals around when providing feedback. When providing feedback remember:

A. Work to identify a positive in the student’s performance first before providing corrective feedback.

B. Do not embarrass the ATS or belittle the student, as this defeats the purpose of providing feedback.

C. Do not delay providing feedback as this diminishes its value as a learning tool.\(^3\)

D. Try to be “specific and detailed - so the ATS understands where his/her strengths and weaknesses are and how they can improve”\(^4\)

There are two primary types of feedback a Preceptor may opt to provide. These include **positive** and **corrective** feedback. Positive feedback is an acknowledgment of a correct response or action by a student. For example, “Great job, your evaluation was both concise and thorough in nature”, “that was done correctly.” This type of feedback is again time sensitive so the ATS can understand the context of why the feedback was provided. Positive feedback may be verbal or nonverbal, however, more value and incentive is gained with a verbal acknowledgment of the student success. Additionally, even if a skill was done correctly, the student should still be provided feedback on how to improve on their performance, if possible.


Corrective feedback is provided to identify an error. However, rather than just identifying the error, offer the proper correction in a nonjudgmental and positive manner. For example, “The hand position is not quite right. Good force application, but try sliding the hand up higher in order to get better leverage.” Consider having the ATS determine what the problem was. If more than one student is present, try to make it a teachable moment, but be sure not to embarrass the ATS.

**UNDERGRADUATE AND ENTRY-LEVEL MASTERS AT PROGRAM CURRICULUM**

*Undergraduate Admission Requirements*

A. Before a student can be considered for the program, the following application requirements must be met:
   1. Admission to Weber State University
   2. Minimum 2.7 Weber State University GPA
   3. Submit Athletic Training Student Application
   4. Submit Letter of Application
   5. Two Letters of Recommendation
   6. Grade of C or better in AT 1500 Introduction to Athletic Training
   7. Program Interview
   8. Complete Technical Standards form
   9. 5 Clinical Observation Hours in AT 1500
   10. Unofficial transcripts from other colleges/universities attended
   11. Physical examination and proof of immunizations
   12. Hepatitis-B Vaccination
   13. Current Emergency Response and CPR for Professional Rescuer cards
   14. Grade of C or better in AT 2300 Emergency Response
   15. For students participating in varsity and club sports, a contract must be signed by both the student/athlete and his/her coach. The contract stipulates that AT clinical track students may participate in one sport only, beginning with their second clinical year in the AT Program. More details can be found in the AT Program Student Handbook.

B. Accelerated Track: An accelerated track is available for qualifying students and must be approved by the AT Program director.

   1. Students who meet the requirements below are eligible for an interview and may be accepted into the accelerated track:
      a. Admission to Weber State University
b. Minimum of 60 transferable credits with all general education requirements completed\(^5\)
c. Minimum 2.7 Weber State University GPA
d. Completion of HTHS LS1110 & 1111 or ZOOL 2100 and 2200
e. Students who are accepted into the accelerated track must STILL complete the Secondary Admissions process outlined above under Section A.

**Undergraduate Retention Requirements**

A. After students are selected into the Athletic Training Major, retention in the program will be based on the following criteria:
   1. Grade "C" or better in all athletic training major courses (*includes clinical application courses*).
   2. Grade "C" or better in the professional knowledge and support courses.
   3. Students must maintain an overall Weber State University GPA of 2.7.
   4. Adhere to Athletic Training Polices and Procedures.
   5. Adhere to AT Program AT Student Handbook Policies.

B. Students who fail to meet the retention criteria will be placed on probation in the Athletic Training major for one semester. If standards are not met by the end of the probationary period, the student will be dismissed from the major. Students who receive any grade below a C in an athletic training major course, professional knowledge course, and/or support course must repeat that course and receive a grade of "C" or higher to remain in the major. Failure to repeat the course (when offered) will result in dismissal from the program. Athletic Training Polices and Procedures are available in the athletic training student handbook. Students may not advance in the AT Program until the course has been completed with a grade of “C” or better.

C. Athletic Training Majors may NOT enroll in the on-line offerings of the athletic training courses. Students WILL NOT receive credit towards the major requirements for on-line AT courses. If a student has taken any on-line AT courses, prior to or following secondary admission to the AT Program, the student must retake those courses in the traditional face-to-face classroom setting. The hands-on skills taught in these classes are vital to the education of athletic training students.

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\(^5\) Students who have completed a minimum of 60 transferable credits and a 2.7 GPA but not all of the general education and required support courses may also be eligible for a modified accelerated program as determined by the AT Program director.
Undergraduate Course Requirements for BS Degree

Required Support Courses (17 credit hours)

- HLTH SS1030 Healthy Lifestyles (3)
- HTHS LS 1110 Biomed Core Lecture/Lab (4)*
- HTHS 1111 Biomed Core Lecture/Lab (continued) (4)*
- PSY SS1010 Introductory Psychology (3)
- PSYC 3600 Statistics in Psychology (3)

* ZOOL 2100 (Human Anatomy) (4) and ZOOL 2200 (Human Physiology) (4) will also be accepted in place of HTHS LS 1110 and HTHS 1111.

Required Professional Knowledge Courses (17 credit hours)

- NUTR LS1020 Foundations in Nutrition (3)
- AT 2300 Emergency Response (3)
- PEP 3280 Teaching Neuromuscular Conditioning (2)
- PEP 3500 Biomechanics (3)
- PEP 3510 Exercise Physiology (3)
- HTHS 2240 Intro to Pharmacology (3)

Required Athletic Training Major Courses (30 credit hours)

- AT 2431 Taping, Wrapping, Bracing, Padding, and Splinting (1)
- AT 3200 Psychology of Sport, Injury & Rehabilitation (3)
- AT 3300 Evaluation & Care of Musculoskeletal Injuries: Lower Extremities (3)
- AT 3301 Evaluation & Care of Musculoskeletal Injuries: Upper Extremities (3)
- AT 4100 Basic Therapeutic Modalities for Musculoskeletal Injuries (3)
- AT 4101 Advanced Therapeutic Modalities for Musculoskeletal Injuries (3)
- AT 4200 Basic Rehabilitation of Musculoskeletal Injuries (3)
- AT 4201 Advanced Rehabilitation of Musculoskeletal Injuries (3)
- AT 4550 General Medical Conditions and Advances in Athletic Training (3)
- AT 4600 Admin & Mgmt for Human Performance Professions (3)
- AT 4700 Introduction to Radiology for the Athletic Training Profession (1)
- AT 4999 Critical Thinking for Musculoskeletal Injury Management (1)

Required Clinical Experience Track Courses (16 credit hours)

- AT 1500 Introduction to Athletic Training (2)
- AT 1501 Clinical Application of Athletic Training I (1)
- AT 2500 Clinical Application of Athletic Training II (2)
- AT 2501 Clinical Application of Athletic Training III (2)
- AT 3500 Clinical Application of Athletic Training IV (3)
- AT 3550 Clinical Application of Athletic Training – Supplement* (3)
- AT 3501 Clinical Application of Athletic Training V (3)
- AT 4500 Clinical Application of Athletic Training VI (3)

* only required of students in the accelerated track
# ATHLETIC TRAINING MAJOR COURSE SEQUENCE

<table>
<thead>
<tr>
<th>Freshman Fall</th>
<th>Credits</th>
<th>Freshman Spring</th>
<th>Credits</th>
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<tbody>
<tr>
<td>AT 1500 (fall or spring)</td>
<td>2</td>
<td>AT 2300 – Emergency Response</td>
<td>3</td>
</tr>
<tr>
<td>ENG 1010</td>
<td>3</td>
<td><strong>HTHS LS1110</strong> - Biomed core*</td>
<td>4</td>
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<tr>
<td>MATH QL</td>
<td>3</td>
<td><strong>HLTH SS1030</strong> – Healthy Lifestyles</td>
<td>3</td>
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<tr>
<td>COMM HU 1020</td>
<td>3</td>
<td>ENG 2010</td>
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<td>LIBS 1704</td>
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<td>NTM 1700</td>
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<tr>
<th>Sophomore Fall</th>
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<tr>
<td>AT 1501 - Clinical App of AT I</td>
<td>1</td>
</tr>
<tr>
<td>HTHS 1111 - Biomed core*</td>
<td>4</td>
</tr>
<tr>
<td>AT 2431 - Taping &amp; Splinting</td>
<td>3</td>
</tr>
<tr>
<td>AT 3301 – Eval (Upper ext)</td>
<td>1</td>
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<tr>
<td>Physical Science (suggest PHYS PS1010)</td>
<td>3</td>
</tr>
<tr>
<td><strong>PSY SS1010</strong> – Intro to psych</td>
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<tr>
<th>Junior Fall</th>
<th>Junior Spring</th>
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<tr>
<td>AT 2501 - Clinical App of AT III</td>
<td>3</td>
</tr>
<tr>
<td>AT 4100 - Basic Modalities</td>
<td>3</td>
</tr>
<tr>
<td>PEP 3280 – Neuromuscular conditioning</td>
<td>2</td>
</tr>
<tr>
<td>PEP 3500 – Biomechanics</td>
<td>3</td>
</tr>
<tr>
<td><strong>CA</strong></td>
<td>3</td>
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<tr>
<th>Senior Fall</th>
<th>Senior Spring</th>
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<tr>
<td>AT 3501 - Clinical App of AT V</td>
<td>3</td>
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<tr>
<td>AT 4201 – Adv. Rehab.</td>
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</tr>
<tr>
<td>PEP 3510 – Ex. Phys.</td>
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</tr>
<tr>
<td>AT 4700 – Radiology</td>
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<tr>
<td><strong>HU/CA</strong></td>
<td>3</td>
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<td>13</td>
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Total Credit Hours = 113 = 7 credits of electives

*Courses in bold italics also count towards general education requirements.

*Students may also take ZOOL 2100 and 2200 instead of HTHS 1110 and 1111. Note, the ZOOL courses do NOT count for Life Science general education, so another Life Science course must be taken if the ZOOL courses are chosen.
**Weber State University**  
**ATHLETIC TRAINING MAJOR**  
**SUGGESTED COURSE SEQUENCE - ACCELERATED PROGRAM (effective AY 13-14)**

<table>
<thead>
<tr>
<th>Fall 1</th>
<th>Credits</th>
<th>Spring 1</th>
<th>Credits</th>
<th>Summer 1</th>
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</thead>
</table>
| **HTHS LS1110 - Biomed core**<sup>*</sup>  
HTHS 1111 - Biomed core | 3 | **NUTR LS 1020 – Nutrition**  
AT 2300 – Emergency Response  
AT 1500 – Intro to Ath. Training  
AT 3300 – Eval & Care -- Lower  
**HLTH SS1030 – Hlth Lifestyles**  
**PSY SS1010 – Intro to Psych** | 3 | (encourage students to take AT 3301)  
3 | Must take AT 3200 if not already |

<table>
<thead>
<tr>
<th>Fall 2</th>
<th>Credits</th>
<th>Spring 2</th>
<th>Credits</th>
<th>Summer 2</th>
</tr>
</thead>
</table>
| AT 2431 - Taping and Splinting  
AT 1501 – Clinical App of AT I  
AT 4100 - Basic Modalities  
AT 3301 – Eval & Care – Upper  
**HTHS 2240 – Intro to Pharm**  
OR PEP 3450 | 1 | AT 2500 - Clinical App of AT II  
AT 4101 - Advanced Modalities  
AT 4200 – Basic Rehab  
AT 4550 – General Medical - AT  
AT 3500 - Clinical App of AT IV  
**AT 3080 – Statistics & EBP** | 2 | AT 3550 – Clinical App of AT (3 credits)  
3 | 3 |

<table>
<thead>
<tr>
<th>Fall 3</th>
<th>Credits</th>
<th>Spring 3</th>
<th>Credits</th>
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</table>
| AT 2501 - Clinical App of AT III  
AT 3501 - Clinical App of AT V  
Pep 3510 – Exercise Physiology  
Pep 3500 - Biomechanics  
AT 4700 – Radiology | 2 | AT 4500 - Clinical App of AT VI  
AT 4600 - Management  
AT 4999 - Critical Thinking in AT  
AT 4998 – BOC Exam Prep (elective) | 3 | |
| | 3 | | 1 | |

To be eligible to participate in the Accelerated Track Program, students must be formally accepted into this track. See the catalog for specific requirement.

*Courses in bold italics also count towards general education requirements.*

Rev. 11-30-12 JLO
UNDERGRADUATE ATHLETIC TRAINING COURSE DESCRIPTIONS

**AT 2300. Emergency Response (3) F, S**
Meets the needs of the non-health care professional who has a duty to respond in an emergency. Provides more skills and in-depth training than the First Aid: Responding to Emergencies course. Course leads to American Red Cross certification in Emergency Response and CPR for the Professional Rescuer. Cross-listed with Health.

**AT 2431. Taping, Wrapping, Bracing, Padding, and Splinting (3) S**
This course is designed to give a basic understanding of athletic training taping, wrapping, bracing, padding, and splinting techniques. Students will apply a variety of techniques to support all areas of the body. Prerequisite: AT 1500.

**AT 3200. Psychology of Sport, Injury & Rehabilitation (3) F, S, Su**
This course is designed to provide a basic understanding of the psychology of sport, injury, and rehabilitation. Topics covered include: emotion, motivation, mental skills training and use, psychological antecedents of injury, psychology of injury and rehabilitation, career transition and termination, disabilities, rehabilitation/exercise adherence, eating disorders, alcohol and drug/substance abuse, gender and cultural diversity, and research methods related to psychology of sport, injury and rehabilitation. Prerequisite: PSY SS1010 or HLTH 1110. Cross-listed with PSY 3200.

**AT 3300. Evaluation and Care of Musculoskeletal Injuries: Lower Extremities (3) S, Su**
Content of this course addresses evaluation techniques and care for musculoskeletal injuries to the trunk and lower extremities. The student must integrate knowledge of anatomical structures, physiology principles and evaluative techniques to provide a basis for critical decision-making in an injury management environment. Prerequisites: ZOOL 2100.

**AT 3301. Evaluation and Care of Musculoskeletal Injuries: Upper Extremities (3) F, Su**
Content of this course addresses evaluation techniques and care for musculoskeletal injuries to the head, face and upper extremities. The student must integrate knowledge of anatomical structures, physiology principles and evaluative techniques to provide a basis for critical decision-making in an injury management environment. Prerequisite: AT 3300.

**AT 4100. Basic Therapeutic Modalities for Musculoskeletal Injuries (3) F, Su**
Through lecture, discussion, and laboratory experience, the scientific basis of musculoskeletal rehabilitation involving therapeutic modalities will be examined. This course is designed to introduce students to the contemporary usage and basic foundation of therapeutic modalities, transmission of energy, infrared, and mechanical therapy. Prerequisites: AT 3301 and ZOOL 2200.

**AT 4101. Advanced Therapeutic Modalities for Musculoskeletal Injuries (3) S, Su**
Through lecture, discussion, and laboratory experience, the scientific basis of musculoskeletal rehabilitation involving therapeutic modalities will be examined. This course is designed to build upon the basic foundations of therapeutic modalities established in AT 4100. Topics for discussion include the application of electrotherapy devises, ultrasound, light therapy, and short-wave diathermy. Prerequisite: AT 4100.
AT 4200. Basic Rehabilitation of Musculoskeletal Injuries (3) F, S  
Content of this course provides basic understanding of therapeutic exercise as it relates to the rehabilitation process of musculoskeletal injuries. Course provides basic concepts and hands on techniques used in the rehabilitation of the athlete/patient from an injury state to a highly competitive state. Prerequisite: AT 3300 and AT 3301.

AT 4201. Advanced Rehabilitation of Musculoskeletal Injuries (3) F  
Content of this course provides advanced understanding of therapeutic exercise as it relates to the rehabilitation process of musculoskeletal injuries. This course provides advanced instruction and hands on techniques in the rehabilitation of an athlete/patient from an injury state to a highly competitive state. Prerequisite: AT 4200.

AT 4550. General Medical Conditions and Advances in Athletic Training (3) S  
Discuss general medical disorders and conditions pertaining to sports medicine and inquire into newest research of related issues. Prerequisites: AT 3300 and AT 3301.

AT 4600. Administration & Management in Athletic Training (3) F, S  
Provides an overview of the necessary policies, procedures, maintenance, and daily operation of athletic training facilities. Applies principles of facility design and planning, information management, legal and ethical considerations in health care, and professional development as it relates to athletic training.

AT 4700. Introduction to Radiology for the Athletic Training Profession (1) F  
This course provides an opportunity for students to gain exposure to the diagnostic imaging techniques commonly used by the medical community in diagnosis of injury in the athlete. Upon completion of the course, students will be able to identify anatomy and understand terminology used by health professionals when discussing diagnostic images. Prerequisite: AT 4201

AT 4800. Individual Projects (1-4) Su, F, S  
A comprehensive study or project in the field of Athletic Training. Hours to be arranged for seniors only.

AT 4998. Preparation for the Board of Certification (BOC) Exam (1) F, S  
This is an optional course for Athletic Training Majors in the Clinical Track who are preparing for the Board of Certification (BOC) Exam.

AT 4999. Critical Thinking for Musculoskeletal Injury Management (1) F  
Content of this course addresses evaluation techniques, rehabilitation processes and return to play guidelines for specific injuries to the upper and lower extremities. The student must integrate anatomical structures, physiology principles, rehabilitation principles, and evaluative techniques to provide a basis for critical decision-making and care in an athletic injury management environment. Prerequisites: AT 4101 and AT 4201.
Clinical Courses

AT 1500. Introduction to Athletic Training (First Semester) (2) F
Provides an opportunity for students to observe the function of an athletic training facility and become aware of the various duties performed by a Certified Athletic Trainer. Students who wish to apply for admission to the Undergraduate Athletic Training major must take this course. Required 5 hours (outside of class) clinical observation in approved athletic training rotation settings. Two lecture/lab hours per week.

AT 1501. Clinical Application of Athletic Training I (1) S
Provides an opportunity for students to receive skill proficiency testing in the areas of acute care of injury and illnesses. Two lab hours per week. Prerequisites: AT 1500, AT 2300.

AT 2500. Clinical Application of Athletic Training II (2) F
Provides an opportunity for students to receive skill proficiency testing in the areas of risk management and injury prevention, taping, wrapping, bracing and padding, musculoskeletal injury assessment (upper extremity). Prerequisites: AT 1501, AT 2431, AT 3301.

AT 2501. Clinical Application of Athletic Training III (2) S
Provides an opportunity for students to receive skill proficiency testing in the areas of musculoskeletal injury assessment (lower extremity) and spinal pathologies and evaluation (cervical, thoracic, lumbar). Prerequisites: AT 2500, AT 3300.

AT 3500. Clinical Application of Athletic Training IV (3) F
Provides an opportunity for students to receive skill proficiency testing in the areas of nutrition, psychosocial development, and neuromuscular conditioning, and education/communication skills. Prerequisites: AT 2501, AT 3200, NUTR 1020, PEP 3280

AT 3501. Clinical Application of Athletic Training V (3) S
Provides an opportunity for students to receive skill proficiency testing in the areas of basic therapeutic exercise, basic therapeutic modalities, general medical conditions and disabilities, and pharmacology. Prerequisites: AT 3500, AT 4100, AT 4200, AT 4550.

AT 3550. Clinical Application of Athletic Training- Supplement (3) Su (accelerated only)
Provides an opportunity for students to gain clinical experience with varied patient populations in the areas of assessment, evaluation, modalities and rehabilitation. Prerequisite: AT 3500.

AT 4500. Clinical Application of Athletic Training VI (3) F
Provides an opportunity for students to receive skill proficiency testing in the areas of advanced therapeutic exercise, advanced therapeutic modalities, and a comprehensive review of evaluation of the upper and lower extremities. Prerequisites: AT 3501, AT 4101, AT 4201
Undergraduate Graduation Requirements

To complete the Bachelor of Science degree with a major in Athletic Training, the student must meet the below criteria:

A. Grade "C" or better in all athletic training major courses (includes clinical education courses).
B. Grade "C" or better in the professional knowledge and support courses.
C. Students must maintain an overall Weber State University GPA of 2.7 (As of AY 13-14).
D. Adhere to Athletic Training Policies and Procedures.
E. Adhere to AT Program AT Student Handbook policies.
F. Successfully complete all clinical competencies and proficiencies.

Graduate Admission Requirements

A. Before a student can be considered for the program, the following application requirements must be met:
   1. Bachelor’s degree
   2. Admission to Weber State University
   3. GRE scores\(^6\) (only required if GPA is <3.0)
   4. Minimum 3.0 GPA\(^7\)
   5. Submit Graduate Athletic Training Student Application
   6. Submit Letter of Application
   7. Two Letters of Recommendation - at least one letter from a college-level instructor
   8. Grade of C or better in all pre-requisite courses (all pre-reqs must have been completed within the last 10 years prior to application)\(^8\)
   9. Program Interview - in person or over the phone
   10. Complete Technical Standards form
   11. Official transcripts from other colleges/universities attended
   12. Physical examination and proof of immunizations
   13. Hepatitis-B Vaccination
   14. Current Emergency Response and CPR for Professional Rescuer certification cards (may be completed in first semester if deficient)

B. Additional Admission Requirements for International Students:

\(^6\) Significant weight is given to GRE aptitude (verbal and quantitative combined) total scores of at least 1000. The score earned on the Analytical Writing Section will also be considered. However, indications of academic ability as expressed by undergraduate GPA and professional experience will be of greater importance.

\(^7\) Grade point averages between 2.75 and 2.99 will be considered if GRE scores are above average.

\(^8\) Students who are deficient in one or more pre-requisite courses may be admitted on a conditional basis if the courses can be added to the schedule while still meeting the pre-requisites prior to each graduate course.
1. All international students and any applicant educated outside the U.S. must demonstrate proficiency in English. Those whose native language is not English, or whose language of instruction for their undergraduate degree was not English, will be required to submit a score from the Test of English as a Foreign Language (TOEFL) which is not more than two years old and on which a minimum score of 550 (paper-based) or 213 (computer-based) has been earned. (TOEFL) which is not more than two years old and on which a minimum score of 550 (paper-based) or 213 (computer-based) has been earned.

**Graduate Retention Requirements**

A. After students are selected into the Athletic Training MS, retention in the program will be based on the following criteria:
   1. Grade "B-" or better in all required courses *(includes Graduate Practicum courses).*
   2. Students must maintain an overall Weber State University GPA of 3.0.
   3. Adhere to WSU Athletics *Athletic Training Policies and Procedures.*

B. Students who fail to meet the retention criteria will be placed on probation in the Athletic Training major for one semester. If standards are not met by the end of the probationary period, the student will be dismissed from the program. Students who receive a grade lower than a B- in any required course must repeat that course and receive a grade of "B-" or higher to remain in the program. Failure to repeat the course *(when offered)* will result in dismissal from the program. Athletic Training Education Policies and Procedures are available in the athletic training student handbook.
# Graduate Course Requirements for MS Degree

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Title</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td><strong>Didactic Courses</strong></td>
<td></td>
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<tr>
<td>MSAT 6080</td>
<td>Research Methods I</td>
<td>3</td>
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<tr>
<td>MSAT 6085</td>
<td>Research Methods II</td>
<td>3</td>
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<tr>
<td>MSAT 6090</td>
<td>Research Methods III</td>
<td>3</td>
</tr>
<tr>
<td>MSAT 6300</td>
<td>Orthopedic Assessment of Musculoskeletal Injuries - Lower Extremity</td>
<td>3</td>
</tr>
<tr>
<td>MSAT 6301</td>
<td>Orthopedic Assessment of Musculoskeletal Injuries - Upper Extremity</td>
<td>3</td>
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<td>MSAT 6350</td>
<td>General Medical Conditions and Advances in Athletic Training</td>
<td>3</td>
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<tr>
<td>MSAT 6400</td>
<td>Basic Therapeutic Modalities for Musculoskeletal Injuries</td>
<td>3</td>
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<tr>
<td>MSAT 6401</td>
<td>Advanced Therapeutic Modalities for Musculoskeletal Injuries</td>
<td>3</td>
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<tr>
<td>MSAT 6200</td>
<td>Psychology of Sport, Injury, and Rehabilitation</td>
<td>3</td>
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<td>MSAT 6431</td>
<td>Orthopedic Taping, Wrapping, &amp; Bracing</td>
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<tr>
<td>MSAT 6450</td>
<td>Basic Rehabilitation of Musculoskeletal Injuries</td>
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<tr>
<td>MSAT 6451</td>
<td>Advanced Rehabilitation of Musculoskeletal Injuries</td>
<td>3</td>
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<td>MSAT 6600</td>
<td>Administration and Management in Athletic Training</td>
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<td>MSAT 6700</td>
<td>Advanced Diagnostic Imaging for the Athletic Training Profession</td>
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<td>MSAT 6999</td>
<td>Critical Thinking for Musculoskeletal Injury Management</td>
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<tr>
<td><strong>Clinical Courses</strong></td>
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<td>MSAT 6500</td>
<td>Introduction to Graduate Athletic Training</td>
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<td>MSAT 6501</td>
<td>Graduate Practicum I</td>
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<td>MSAT 6502</td>
<td>Graduate Practicum II</td>
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<td>MSAT 6503</td>
<td>Graduate Practicum III</td>
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<td>Summer Semester (year 1)</td>
<td>MSAT 6500</td>
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<td>MSAT 6300</td>
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<td>MSAT 6200</td>
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<td>MSAT 6431</td>
<td>Orthopedic Taping &amp; Bracing</td>
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<td>Fall Semester (year 1)</td>
<td>MSAT 6501</td>
<td>Graduate Practicum I</td>
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<td>Ortho Assess – Upper Ext.</td>
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<td>MSAT 6080</td>
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<td>Spring Semester (year 1)</td>
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<td>Graduate Practicum II</td>
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<td>MSAT 6401</td>
<td>Advanced Modalities</td>
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<td></td>
<td>MSAT 6450</td>
<td>Basic Rehab</td>
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<td></td>
<td>MSAT 6085</td>
<td>Research Methods II</td>
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<td>Fall Semester (year 2)</td>
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<td>Graduate Practicum III</td>
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<td>MSAT 6350</td>
<td>General Medical - AT</td>
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<td>MSAT 6451</td>
<td>Adv. Rehab.</td>
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<td>MSAT 6090</td>
<td>Research Methods III</td>
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<td>Spring Semester (year 2)</td>
<td>MSAT 6504</td>
<td>Graduate Practicum IV</td>
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<tr>
<td></td>
<td>MSAT 6600</td>
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<td>MSAT 6998</td>
<td>Exam Prep (elective)</td>
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<td>MSAT 6700</td>
<td>Advanced Diag. Imaging</td>
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<td>MSAT 6999</td>
<td>Critical Thinking</td>
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<td><strong>8-9 Total</strong></td>
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</table>
GRADUATE ATHLETIC TRAINING COURSE DESCRIPTIONS

**MSAT 6080. Research Methods I (3) S**
This course explores the process and methods of scientific inquiry and interpretation of research findings in athletic training. Students will gain familiarity with the major elements of research including literature review, quantitative and qualitative methodology, design, evaluation of research, statistical analysis, presentation of data, and ethical considerations. This course also provides an overview of statistics including descriptive and inferential statistics and one-way ANOVA. Students should have a basic understanding of conducting library and Internet information searches prior to taking this course.

**MSAT 6085. Research Methods II (3) F**
This course is designed to help students develop a master's thesis research project proposal that is carefully researched and professionally written. Students will prepare an introduction, literature review, detailed methodology, and IRB proposal. Prerequisite: MSAT 6080.

**MSAT 6090. Research Methods III (3) S**
This course is designed to help students complete a master's thesis research project. Basic statistical analysis will be reviewed and advanced statistics will be introduced. Students will collect and analyze data and synthesize results. At the completion of the course, students will submit a full manuscript, suitable for publication, along with an abstract and a professional poster. Prerequisite: MSAT 6085.

**MSAT 6200. Psychology of Sport, Injury & Rehabilitation (3)**
This course is designed to provide a basic understanding of the psychology of sport, injury, and rehabilitation. Topics covered include emotion, motivation, mental skills training and use, psychological antecedents of injury, psychology of injury and rehabilitation, using mental skills with injured athletes, career transition and termination, disabilities, rehabilitation/exercise adherence, eating disorders, alcohol and drug/substance abuse, gender and cultural diversity, and research methods related to psychology of sport, injury and rehabilitation. The graduate student will get an advanced approach, including in-depth application of psychological interventions with injured athletes and a more comprehensive investigation of psycho-social aspects. Prerequisite: PSY SS1010.

**MSAT 6300. Orthopedic Assessment of Musculoskeletal Injuries: Lower Extremities (3) F**
Content of this course addresses evaluation techniques and care for musculoskeletal injuries to the trunk and lower extremities for graduate-level athletic training students. The student must integrate knowledge of anatomical structures, physiology principles and evaluative techniques to provide a basis for critical decision-making in an injury management environment. Prerequisite: ZOOL 2100.

**MSAT 6301. Orthopedic Assessment of Musculoskeletal Injuries: Upper Extremities (3) S**
Content of this course addresses evaluation techniques and care for musculoskeletal injuries to the head, face and upper extremities for graduate level athletic training students. The student must integrate knowledge of anatomical structures, physiology principles and evaluative techniques to provide a basis for critical decision-making in an injury management environment. Prerequisite: MSAT 6300.
MSAT 6350. General Medical Conditions and Advances in Athletic Training (3) S
Discusses general medical disorders and conditions pertaining to sports medicine and inquire into the latest research of related issues.

MSAT 6400. Basic Therapeutic Modalities for Musculoskeletal Injuries (3) F
Through lecture, discussion, and laboratory experience, the scientific basis of musculoskeletal rehabilitation involving therapeutic modalities will be examined. This course is designed to introduce students to the contemporary usage and basic foundation of therapeutic modalities, transmission of energy, infrared, and mechanical therapy. Two lecture and 2 lab hours per week. Prerequisites: MSAT 6301 and ZOOL 2200.

MSAT 6401. Advanced Therapeutic Modalities for Musculoskeletal Injuries (3) S
Through lecture, discussion, and laboratory experience, the scientific basis of musculoskeletal rehabilitation involving therapeutic modalities will be examined. This course is designed to build upon the basic foundations of therapeutic modalities established in MSAT 6400. Topics for discussion include the application of electrotherapy devices, ultrasound, light therapy, and short-wave diathermy. Two lecture and 2 lab hours per week. Prerequisite MSAT 6400.

MSAT 6430. Principles of Athletic Training (3) F
This course is designed to give graduate-level athletic training students an overview of athletic training principles. Students will gain knowledge in the areas of musculoskeletal injuries, environmental risk factors, mechanisms and characteristics of sports trauma, and the cooperative sports medicine team. Prerequisite: HLTH 2300 or AT 2300.

MSAT 6431. Orthopedic Taping, Wrapping, & Bracing (1) S
This course is designed to give graduate athletic training students a basic understanding of athletic training taping, wrapping, bracing, padding, and splinting techniques. Students will also learn how to properly fit and repair athletic protective equipment. Students will apply a variety of techniques to support all areas of the body. Prerequisite: Must be taken concurrently with or following MSAT 6430.

MSAT 6450. Basic Rehabilitation of Musculoskeletal Injuries (3) F
Content of this course provides basic understanding of therapeutic exercise as it relates to the rehabilitation process of musculoskeletal injuries. Course provides basic concepts and hands-on techniques used in the rehabilitation of the athlete/patient from an injury state to a highly competitive state. Prerequisite: MSAT 6300 and MSAT 6301.

MSAT 6451. Advanced Rehabilitation of Musculoskeletal Injuries (3) S
Content of this course provides advanced understanding of therapeutic exercise as it relates to the rehabilitation process of musculoskeletal injuries. This course provides advanced instruction and hands-on techniques in the rehabilitation of an athlete/patient from an injury state to a highly competitive state. Prerequisite: MSAT 6450.
**MSAT 6500. Introduction to Graduate Athletic Training (First Semester) (2) F**
Provides an opportunity for students to observe the function of an athletic training facility and become aware of the various duties performed by a Certified Athletic Trainer. Orients students to the graduate athletic training program.

**MSAT 6600. Administration and Management in Athletic Training (3) F**
Provides an overview of the necessary policies, procedures, maintenance, and daily operation of athletic training facilities. Applies principles of facility design and planning, information management, legal and ethical considerations in health care, and professional development as it relates to athletic training. Prerequisite: MSAT 6502.

**MSAT 6700. Advanced Diagnostic Imaging for the Athletic Training Profession (1) F**
This course provides an opportunity for students to gain exposure to the diagnostic imaging techniques commonly used by the medical community in diagnosis of injury in the athlete. Upon completion of the course, students will be able to identify anatomy and understand terminology used by health professionals when discussing diagnostic images and have an advanced understanding of indications, contraindications, and clinical implications. Prerequisite: MSAT 6350.

**MSAT 6999. Critical Thinking for Musculoskeletal Injury Management (1) F**
Content of this course addresses evaluation techniques, rehabilitation processes and return to play guidelines for specific orthopedic injuries to the upper and lower extremities. The student must integrate anatomical structures, physiology principles, rehabilitation principles, and evaluative techniques to provide a basis for critical decision-making and care in a musculoskeletal injury management environment. Prerequisites: MSAT 6401 and MSAT 6451.
Clinical Courses

**MSAT 6501. Graduate Practicum I (2) S**
Provides an opportunity for graduate-level athletic training students to receive skill proficiency testing in the areas of acute care of injury and illnesses. Prerequisite: MSAT 6500.

**MSAT 6502. Graduate Practicum II (3) F**
Provides an opportunity for graduate-level athletic training students to receive skill proficiency testing in the areas of orthopedic assessment (upper body), risk management, psychosocial development, pharmacology, and taping, wrapping, bracing and padding. Prerequisites: MSAT 6301, MSAT 6431, MSAT 6501 and HTHS 2240.

**MSAT 6503. Graduate Practicum III (3) S**
Provides an opportunity for graduate-level athletic training students to receive skill proficiency testing in the areas of basic therapeutic exercise, basic therapeutic modalities, risk management and injury prevention, orthopedic assessment (lower extremities) and basic nutrition. Prerequisites: MSAT 6400, MSAT 6450, MSAT 6300, MSAT 6280, and MSAT 6502.

**MSAT 6504. Graduate Practicum IV (3) Su**
Provides an opportunity for graduate-level athletic training students to receive skill proficiency testing in the areas of advanced therapeutic exercise, advanced therapeutic modalities, and general medical conditions and disabilities. Prerequisites: MSAT 6503, MSAT 6401, MSAT 6451, MSAT 6350.

Graduate Graduation Requirements

To complete the Masters of Athletic Training degree the student must meet the below criteria:

A. Grade "B-" or better in all athletic training major courses (includes clinical experience courses).
B. Average "B-" or better in the professional knowledge and support courses.
C. Students must maintain an overall Weber State University GPA of 3.0.
D. Adhere to Athletic Training Policies and Procedures.
E. Adhere to AT Program AT Student Handbook policies.
F. Successfully complete proficiencies.

Academic Integrity

9 The student is responsible for completing courses in AT Program and for fulfilling all requirements for graduation.
Cheating and other forms of academic dishonesty will **NOT** be tolerated. The policy of the Weber State University Student Code, found at [http://weber.edu/ppm/6-22.htm](http://weber.edu/ppm/6-22.htm) will be enforced. Any individual caught cheating on examinations and/or assignments or plagiarizing will receive an automatic “E” for their final grade. Furthermore, a letter will go into the student’s file describing the situation.

A. Students have a special responsibility to academic standards, since Weber State University is an academic institution. Academic dishonesty is a particularly serious offense. Academic dishonesty is defined as, but not limited to: Giving or receiving help with intent to falsely represent one’s work

B. Plagiarizing (A willful misrepresentation of another person’s work as one’s own.)

C. The use (or appearance of use) of notes, books, cell phones, cameras, or any other unauthorized sources during tests of any kind, unless specific instructions are given permitting such use.

D. Altering the record of any grade in any grade book or record or falsifying any clinical education document used to assess student progress this includes but is not limited to:

   1. Preceptor Final Evaluation
   2. Clinical Education Experience Hours
   3. Service Hours

E. Any other type of misconduct, offense or manifestation of dishonesty or unfairness in relation to academic work.

F. Unauthorized possession of a test prior to, during or after the administration of a test.

G. Defacing, mutilating, destroying, modifying, stealing, hiding or in any other way inhibiting or preventing access by others to library materials or databases.

**Grounds for Suspension or Dismissal**

A student can be suspended or dismissed from the program at any time during his/her stay for violating any of the below violations. Suspension is defined as a temporary removal from one or more courses with possibility for future reinstatement. Dismissal is defined as a permanent termination from the program. Suspended or dismissed students have the right to appeal the decision by referring to the Grievance Policy and Procedures as stated in the AT Program Student Handbook.

A. Academic dishonesty as explained above.

B. Failing grades in University courses.

C. Failing grade on second attempt of an AT Program or support course.
D. Failure to accomplish practicum course requirements, such as clinical education hours, competencies, or proficiencies.
E. Dismissal from a clinical education setting.
F. Unprofessional or unethical conduct.
G. Insubordination.
H. The conviction and/or known use, distribution, or possession of illegal drugs or controlled substances.
I. The conviction of a felony.
J. Other incidences which may not be listed above.

UNDERGRADUATE AND ENTRY-LEVEL MASTERS AT PROGRAM REQUIREMENTS

Physical Examination and Technical Standard

Prior to admission, all students must complete both a physical examination by a physician. Students must also complete and sign the Technical Standards form, indicating that they possess the physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the AT Program. The standards promote compliance with the Americans with Disabilities Act (ADA).

Immunizations

In order to meet health requirements of the clinical education sites used during the AT Program clinical education experiences all students must have documentation of immunizations on file prior to the AT Program Application deadline. The following immunizations are required for all ATS:

1. Tuberculosis skin test (PPD)

   A. Do not need to complete until later in program (prior to General Medical rotation).

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10 Students who do not meet the Technical Standards can request accommodations. This written request must be accompanied by supporting documentation by a physician.
B. Must be within the past twelve months prior to beginning General Medical Rotation or any other rotation that requires this test.

C. To meet this requirement, one of the following is required:

1.) 2-step TST (two separate Tuberculin Skin Tests, aka PPD tests) within 12 months of each other. Complete at the WSU Student Health Center (free of charge). The results must be written in millimeters.

2). One (1) Quantiferon Gold blood test with negative result.

3). If previously positive to any TB test, the student must complete a symptom questionnaire and have a chest x-ray read by a radiologist with a normal result. If chest x-ray is abnormal, the student needs to be cleared by their physician or local health department before beginning their general medical rotation or any other rotation at an IHC facility.

2. MMR (Measles, Mumps, Rubella)

A. Students will need one of the following:

1.) Proof of two (2) MMR vaccinations

2.) A positive titer (proof of immunity to Measles (Rubeola), Mumps, and Rubella through a blood test
3. Tdap

   A. Proof of one (1) Tdap vaccination after the age of 10.

4. Varicella (Chicken Pox)

   A. One of the following is required:

   1.) Proof of two (2) Varicella vaccinations.

   2.) Proof of immunity to Varicella through a blood test.

   3.) Healthcare Provider documentation of Varicella disease.

5. Hepatitis B

   A. Students will need one of the following:

   1.) Dates you received the three Hepatitis B shots, or if you have just begun the series, indicated the date of the first shot within the past month (if longer, a second date must be listed.)

   2.) A positive titer (showing immunity or “reactive”)

   3.) If not completed yet, the WSU AT Program Director will provide you with information regarding how to get this series of shots for free, after you
have completed the OSHA/Bloodborne Pathogen Training and are formally admitted to the AT program.

6. Each student is required to have a current, annual influenza vaccine.

**Emergency Responder Training**

A photocopy of each student's current Professional Rescuer CPR (infant, child, and adult) and AED certification must be presented to the Program Director and/or Coordinator of Clinical Education as part of the application AND each August by the first day of clinical education experiences. Students **CANNOT** complete any clinical education experiences until he/she has a copy of his/her CPR card on file or is concurrently enrolled in the course at the time of the clinical experience. A student without a current Professional Rescuer CPR (infant, child, and adult) and AED certification on file will be placed on probation and suspended from clinical education experiences until s/he fulfills this essential requirement or has identified an appropriate and immediate plan to resolve the delinquency.

It is the student’s responsibility to obtain initial certification and recertification of CPR (Adult, Child, and Infant) and AED (Adult, Pediatric) training via the AT 2300 course or through an appropriate certification agency such as the American Red Cross or the American Heart Association. The AT Program will schedule regular challenges to allow students the opportunity to maintain their certification. However, it is not always feasible to schedule these challenges around every student's schedule.

**OSHA/Bloodborne Pathogens Training**

Students must complete the WSU OSHA/Bloodborne Pathogens training prior to acceptance into the program and then repeat this training at least annually to remain in the AT Program. Training will be provided in AT 1500 and MSAT 6500 and annually as an online training module for retraining’s. Students who cannot attend the training can make it up by contacting the WSU Environmental Health and Safety Specialist.

**Criminal Background Checks & Drug Testing**

11 Preceptor should note that students **CANNOT** be used as first responders as their student liability **DOES NOT** provide coverage when and if they are acting in this capacity.
Following formal acceptance into either Athletic Training Program, students must submit fingerprints and pay for a 50 state criminal background check as well as a urine drug test.

The AT Program Undergraduate and Graduate Program Directors at Weber State University (WSU) must insure that a satisfactory background check and drug test is completed for all athletic training students prior to participating in off-campus clinical rotations, especially those sites with patients who are minors and those regulated by the Joint Commission on the Accreditation of Hospitals and Health Care Organizations (JACHO).

If your facility requires a copy of these checks to be on record, please contact the Coordinator of Clinical Education for a letter of verification. While we cannot provide you with a duplicate copy of the documents we can provide a letter of verification from the AT Program verifying that in fact the student has completed the above testing is not considered a risk.

**Liability Insurance**

For the protection of the student accepted into the AT Program, all students enrolled in clinical observation and application courses (i.e., AT 1501, 2500, 2501, 3500, 3501, and 4500; and MSAT 6500, 6501, 6502, 6503, and 6504) will be required to carry medical liability insurance. This insurance will be provided at no cost to the student through a group policy arranged by Weber State University. The liability insurance coverage applies to all classroom and clinical education experiences delineated by the AT Program.

This insurance **DOES NOT** cover student activities such as summer clinical rotations, winter break clinical rotations, transporting an injured or ill athlete, driving an institutional vehicle, acting as an unsupervised first responder, or other similar activities.
ATHLETIC TRAINING CLINICAL EDUCATION

NATA Educational Competencies and Proficiencies

The didactic and even clinical education component of the ATS education is designed around the *NATA Athletic Training Educational Competencies* (5th ed.). There are eight core content areas and several expanded areas (more information will be provided on this during Preceptor training). The competencies and proficiencies identify the minimum requirements for the ATS entry-level education. The competencies and proficiencies are used to develop a consistent curriculum and educational experiences across all educational programs.

The AT Programs also utilize the learning over time model throughout the program by first instructing and evaluating the student in a didactic course and then following the didactic course with a clinical application/graduate practicum course where students will work with their Preceptor to reinforce and test out on skills previously taught in the didactic courses. Additionally, instructors of the course also reinforce previous didactic content through testing of the student through practical and written examination.

The semester following a didactic course, the student will enroll in a clinical application course to refine his/her clinical proficiencies and put into use an evidence-based practice model where he/she will work on integration and appropriate clinical decision-making and critical thinking skills necessary to be a component professional. Each clinical application course will also review a sampling of information from all prior the semester(s). The learning over time schedule for our AT Program is as follows:

<table>
<thead>
<tr>
<th>Didactic Course Instruction</th>
<th>Clinical Course Instruction</th>
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| AT 1500 – Intro to Athletic Training  
AT 2300 – Emergency Response | AT 1501 - Clinical App of AT I |
| AT 2431 - Taping & Splinting  
AT 3301 – Evaluation (Upper Extremity) | AT 2500 - Clinical App of AT II |
| AT 3300 – Evaluation (Lower Extremity) | AT 2501 - Clinical App of AT III |
| PEP 3280 – Teaching Neuromuscular Conditioning  
AT 3200 – Psychology of Sport, Injury, Rehab  
NUTR 1020 – Science/Application of Nutrition | AT 3500 - Clinical App of AT IV |
| AT 4200 – Basic Rehabilitation  
AT 4100 - Basic Modalities  
AT 4550 - General Medical in AT  
HTHS 2240 – Pharmacology | AT 3501 - Clinical App of AT V |
| AT 4201 – Advanced Rehabilitation  
AT 4101 - Advanced Modalities | AT 4500 - Clinical App of AT VI |
The learning over time schedule for our MSAT program is:

MSAT 6501: Graduate Practicum I – reviews material from:

  AT 2300 – Emergency Response
  MSAT 6300 – Orthopedic Assessment (lower extremities)
  MSAT 6431 – Orthopedic taping, wrapping, and bracing

MSAT 6502: Graduate Practicum II – reviews material from:

  HTHS 2240 – Pharmacology
  MSAT 6301 – Orthopedic Assessment (upper extremities)
  MSAT 6400 – Basic Modalities
  MSAT 6200 – Psychology of Sport, Injury, & Rehabilitation

MSAT 6503: Graduate Practicum III – reviews material from:

  NUTR 1020 – Foundations in Nutrition
The purpose of the clinical education experience is to offer each student an opportunity to develop increased proficiency in the skills required to become a BOC certified athletic trainer and demonstrate their ability to analysis, synthesis and integrate their clinical skills into professional practice and demonstrate appropriate professional behaviors. This experience is a component of the Clinical Application of Athletic Training Courses/Graduate Practicums Courses. During the live class meetings for these courses, the student and instructor review and practice clinical proficiencies learned during the didactic course the prior semester. The clinical courses are NOT meant as an avenue to instruct new course material unless it has been determined that certain required competencies and proficiencies are deficient.

In addition to the live class meetings, the student attends the clinical education experiences, obtaining all of their clinical education hours under the direct auditory and visual supervision of an assigned Preceptor. During the clinical education experience with a Preceptor the student is able to work in the field under the direct supervision of the Preceptor and apply the competencies and proficiencies learned. The Preceptor is readily available to guide and interact with the student, and be able to intervene on the behalf of the patient.

Clinical education experiences are directly linked to the competencies and proficiencies of the practicum and clinical rotations courses. Students are assigned to a Preceptor and clinical responsibility/sport assignment that best fulfills the clinical education needs of the student.
Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.

Prior to admission to the AT Program, students complete direct observation hours, which are different from direct supervision hours. Direct observation hours offer the new student an opportunity to **OBSERVE** the clinical education environment and become familiar the responsibilities and roles of the Preceptor and student. These students do not perform any direct patient care.

**ATS Student Selection and Retention at an Affiliated Clinical Site**

Assigning Preceptor to a clinical education placement is dependent upon several factors. The WSU AT Program attempts to ensure that:

A. All students will be exposed to male and female Preceptors, sports, and patients.

B. All students will be exposed to individual and teams sports; varying levels of risk, including high risk (e.g., football, ice hockey, soccer), low risk (e.g., tennis, cross country), and equipment-intensive (e.g., football).

C. All students will be exposed to and outpatient rehabilitation clinic and to a general medical rotation (e.g., family physician, physician assistant) for a minimum of 20 hours.

D. The student’s professional goals and objectives are met.

E. The environment of the clinical education setting will provide a safe and educational learning environment (i.e., avoiding site where we know conflicts may arise)

Once a clinical education site has been selected, a student and Preceptor have an opportunity to make the necessary changes to his/her rotation before starting. Once a rotation has started a student is not allowed to alter his/her assignment without speaking to the AT Program Clinical Educational Coordinator about this change. Please be aware that alterations to a student’s clinical rotation may be necessary. To make any changes to the rotation he/she will need to seek approval from the current Preceptor, proposed Preceptor, and AT Program Clinical Coordinator. This will be documented using the appropriate paperwork.

Please note that a Preceptor should not solicit student help without speaking to the AT Program Clinical Coordinator prior to approval.

**ATS Clinical Education Experience and Paid Worksite**

Students may **NOT** utilize their paid site of employment as a clinical education experiences at WSU. Failure to comply with this policy will result in removal of the students from the clinical education site.
**ATS Clinical Rotation Length and Hours**

The clinical education experiences linked with AT 1501, AT 2500, AT 2501, AT 3500, AT 3501, AT 4500, MSAT 6501, MSAT 6502, MSAT 6503, and MSAT 6504 consist of sport-season long rotations. If assigned to a university or high school, the student will remain on that rotation until that sport season has ended, which may vary depending on the success of the team. If the student is assigned to a rehabilitation or physician’s clinic, the rotation will last approximately 8-10 weeks and the dates will be posted on the rotation sheet.

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*This addition will become effective for cohort entering in Fall 2013.

**Clinical Rotations in the Summer or during Winter Break**

Students who complete hours in the summer or during winter break must purchase additional liability insurance at their own cost. AT Program faculty will assist students with this process.

In the summer and/or over winter break, students may earn a maximum of 1/3 of the clinical and service hours required for the following semester. However, these clinical rotations must be approved in advance by the Clinical Education Coordinator. Students must make such requests in writing, after having received signed approval from the Preceptor who will be supervising the student. This written request must include the dates, number of hours anticipated, clinical assignment, Preceptor's name, and signatures of both the student and the Preceptor. Students on these rotations must still complete clinical hours forms, and all applicable evaluation forms.

**ATS Clinical Education Monthly Hour Log**

During the clinical education experience a student must document the number of hours directly supervised by a Preceptor on the *Monthly Clinical Hour Log*. These logs will need to be signed.
by the Preceptor either daily or weekly. The hours can be rounded to the nearest 15 minutes. The following hours cannot be included when documenting hours on the *Monthly Clinical Hour Log*:

A. Time spent traveling with a team.

B. Academic hours.

C. Unsupervised hours

As previously mentioned clinical hour requirements vary by Clinical Application course level. The required number of clinical hours for each course is listed below, as well as the recommended number of hours per week.

- **AT 1501**  
  50 hours/semester  \(\approx\) 3-4 hours/week

- **AT 2500**  
  100 hours/semester  \(\approx\) 7-10 hours/week

- **AT 2501**  
  150 hours/semester  \(\approx\) 11-15 hours/week

- **AT 3500**  
  150 hours/semester  \(\approx\) 11-15 hours/week

- **AT 3501**  
  200 hours/semester  \(\approx\) 14-18 hours/week

- **AT 4500**  
  250 hours/semester  \(\approx\) 18-20 hours/week

- **MSAT 6500**  
  50 hours/semester  \(\approx\) 8-10 hours/week

- **MSAT 6501**  
  150 hours/semester  \(\approx\) 10-12 hours/week

- **MSAT 6502**  
  200 hours/semester  \(\approx\) 14-16 hours/week

- **MSAT 6503**  
  250 hours/semester  \(\approx\) 18-20 hours/week

- **MSAT 6504**  
  250 hours/semester  \(\approx\) 18-20 hours/week

Students cannot load clinical education experience hours at the beginning, middle, or end of the experience; this is not conducive to learning over time and developing proficiency in a skill or technique.

\[12\] Consideration must be given to allow students comparable relief (days off) from clinical experiences during the academic year as compared to other student academic and student activities offered by the institution (e.g., other health care programs, athletics, clubs).
ATS as Work Force

Athletic training students in the clinical education setting do not replace a paid employee nor should be treated as a paid employee (i.e., as a certified athletic trainer). A student should only complete a maximum of twenty-five hours of clinical education experiences per week. This is similar to the federal work-study student or NCAA student athlete. Per CAATE accreditation guidelines “consideration must be given to allow students comparable relief (days off) from clinical experiences during the academic year as compared to other student academic and student activities offered by the institution (e.g., other health care programs, athletics, clubs).”

ATS Clinical Education Experience Attendance

Each student attending the AT Program has the privilege, not the right, to attend the assigned clinical education experiences. Students are expected to follow all rules of ethics and conduct delineated in this handbook. If any student is dismissed from the clinical education experience for disciplinary behavior, his/her education in the AT Program may be terminated.

Students are to attend the clinical education experience at the time and facility designated by Coordinator of Clinical Education and AT Program Director. Students cannot miss AT Program courses or clinical classes to attend clinical education experiences without permission by their classroom instructor.

Each clinical application course has a minimum hours requirement. If a student is short of that minimum of 50 hours (or, in AT 1501 and MSAT 6500, short by 25 hours) the student will automatically receive a grade of “E” for the course. If a student is short of the minimum hours by less than 50 hours (short 1-49 hours), his/her final grade in the course will be reduced by 0.25% for each missing hour. Refer to “Clinical Penalties Policy” regarding suspension from clinical rotations. Students are required to be at their site a minimum of 2 days per week (1501 students: 1 Day) but should not exceed a maximum of 25 hours per week.

On the student’s first day at a new clinical rotation, the student must complete an orientation with their Preceptor including reviewing the Emergency Action Plan and any other relevant policies at that site.

Upon arrival at the clinical site, the student must check in with the Preceptor prior to beginning the clinical education experience. Prior to departing the clinical site each day, the student is responsible to check out with the Preceptor and document the correct number of hours on the Monthly Clinical Hour Log. Hours are to be rounded to the closest 15 minutes. Punctuality is a high priority, as this is a sign of dependability.

If snow or flooding or any other act of nature prevents a student from attending the clinical education experience, the student will arrange to make up the clinical time with his/her instructor as necessary. In the event that a sudden conflict, illness, or emergency arises, the student must
notify the Preceptor immediately via phone or in person. Only in the most extreme conditions (i.e., death in the immediate family, hospitalization) will this notification be waived.

Students are responsible to communicate with the Preceptor on a daily basis regarding the hours of operation for the Preceptor related to the assigned clinical education experience. The student and Preceptor must work out an attendance schedule to meet the minimum number of hours required by the enrolled practicum course. Students are expected to be present at all designated hours. In the event a student needs to miss his/her assigned clinical time, arrangements should be made with Preceptor prior to missing the clinical time.

Unexcused absences and tardiness to clinical education experiences will be reflected in the student's final clinical evaluation by the Preceptor and will negatively impact the student's grade in their clinical application course.

If a student fails to attend a clinical education experience the student is subject to a written warning. The written warning may come in the form of an email to the student, with the Clinical Education Coordinator and/or Program Director copied on the email. Multiple written warnings for the same offense can result in suspension or dismissal. Suspension is defined as a temporary removal from one or more courses or clinical educational experiences with the possibility for future reinstatement. Dismissal is defined as a permanent termination from the program. The following protocol will be followed for a student’s failure to attend his/her clinical education experience:

1. After the first unexcused absence, a conference will be scheduled between the student and the Preceptor to discuss the incidence and come to a resolution. The student will be given a verbal warning by the Preceptor.

2. After a second unexcused absence, the Preceptor notify the student that they will be contacting the Clinical Education Coordinator to discuss the incident and come to a resolution. A strike maybe issued at the discretion of the CEC.

3. After a third unexcused absence, a conference will be scheduled between the student, Preceptor, Clinical Education Coordinator, and Program Director to discuss all incidents. A third unexcused absence will result in a strike being issued and may also result in the student being removed from the site. See “Clinical Observation Hours” policy regarding failure to earn minimum required hours. If, as a result of this suspension the student earns below the minimum graded required in the clinical class, he or she will be placed on academic probation.
Transportation to Clinical Education Experience

Students are expected to assume responsibility for their own transportation to the various clinical education experience assignments that are off campus. Please note that the AT Program attempts to work with those students who do not have their own transportation, but remember that the student has the ultimate responsibility in making sure that s/he arrives to his/her clinical experience assignment on time. Car-pooling is strongly encouraged and recommended if possible. (Note: a current bus schedule can be picked up in the Student Union)

It should be noted that students are not authorized to drive an institutional vehicle as part of the clinical education experience, unless appropriate training and paperwork have been completed at the University or High School level.

Transportation of an Ill or Injured Patient

A student in the AT Program should not be the primary driver in the transportation of an injured or ill patient, unless the necessary training and paperwork has been completed. WSU ATS transporting an injured or ill patient is not under the direct (auditory and visual) supervision of their Preceptor, thus placing the patient at risk. Therefore, only patients/athletes who have been deemed stable by the Preceptor should be transported by a student. This should never be done without prior approval EACH TIME by the Preceptor.

Clinical Education Evaluations

Evaluations are a crucial part of the academic process, both for the program and the student. Preceptors are required to complete a mid-rotation evaluation and a final rotation evaluation. The student in turn will complete a final Preceptor supervisor assessment, a facility assessment, and a self-assessment of each rotation.

Mid-rotation Student Assessment Meeting

All students enrolled in AT Program must schedule a conference with their assigned Preceptor at the mid-point of the clinical education rotation. The purpose of the conference is to discuss individual clinical strengths/weakness, determine whether students are on track to satisfactory complete his/her clinical education experience, and the development of professional and personal behaviors. Students are required to document these meetings in the clinical course binders and have them signed and dated by the Preceptor.

Final-rotation ATS Assessment Meeting

All students enrolled in AT Program must schedule a conference with their assigned Preceptor at the end of the clinical rotation. The purpose of the conference is to discuss the student’s overall performance during the course of the clinical education experience. The Preceptor should review this document with the student and the student should sign the document in the presence of the Preceptor. Please note that each clinical application course has its own level specific evaluation
and that the Preceptor’s assessment of the student’s performance is factored into the student’s clinical application (see Appendix D) course grade. However, it should also be noted the AT Program has the right to alter the any grade provided by a Preceptor to a student.

Preceptor and Facility Assessments
A student will be given the opportunity to assess the performance of the Preceptor (i.e., determine whether, and to what extent, objectives have been, or are being achieved, competency of the Preceptor (abilities, skills, techniques, knowledge, leadership, and characteristics of the teacher [personality, style, morals]) and the quality of the clinical education setting (see Appendix E). A summative assessment of the Preceptor and facility evaluations will be provided by the AT Program to the ACU approximately 1 year after receiving and inputting the data. The delay in returning the data helps to provide student anonymity.

AT Program Policies

Cell Phones

Cell phones are to be used for emergencies only while at the clinical education experience. Cell phones must not be used for personal calls or texting unless approved by the Preceptor.

Dress Code

The guidelines below reflect the minimum standards for clinical rotations with WSU athletic teams. Off-site clinical rotations may require a more formal dress code. Your Preceptor may require site-specific attire (e.g., polo with site’s logo). All students enrolled in the Athletic Training major must wear the following uniform at a minimum (unless more formal attire is required) while attending clinical education experiences:

1. "Polo" style shirt with WSU Athletic Training logo.
2. Sweatshirt with WSU Athletic Training logo.
3. Solid color, neat, pants or shorts.\textsuperscript{13} \textit{Jeans are not acceptable at any clinical site}

For outdoor events, a student should be prepared to add layers of clothing in the event of weather changes. Additional clothing is fine under the following conditions:

1. Clothing is approved by the Preceptor.
2. Clothing does not contain vulgar, profane, or other inappropriate advertising.
3. The student continues to wear the Athletic Training shirt or sweatshirt underneath.

\textsuperscript{13} Short\textit{s are not acceptable attire at Sports Medicine/Physical Therapy Clinics, Medical Rotations, or Surgical Observations. \textit{Jeans are not acceptable at any clinical site.}}
For indoor events, a student should be prepared to wear appropriate professional dress clothes. Professional dress clothes must be functional and appropriate to the event. This clothing should meet the following guidelines:

1. No spiked shoes; no high heels over 2”.
2. Skirt length must be knee length or longer.
3. No low cut or see through blouses.
4. No clothing that exposes undergarments.
5. All ties must be worn with a tie tack.
6. No long jewelry that may interfere with patient care (e.g., long necklaces, dangling earrings, etc).

All students enrolled in the AT Program must follow the additional uniform guidelines while attending clinical education experiences: All shirts must be tucked in.

1. All pants with belt loops should be worn with a belt.
2. All shoes must be closed-toe shoes; NO sandals or flip-flops; laces must be tied.
3. Socks must be worn.
4. Clothing must be neat and clean.
5. No short shorts or low waist pants (i.e., trendy hip huggers).
6. No exposed cleavage.
7. No ripped or torn pants.
8. No Jeans!
9. No hats/caps are to be worn to clinical education experiences14
10. A digital watch or a watch with a second hand must be worn during clinical education experiences.
11. AT Program nametag (if applicable, see Nametag Policy below)
12. Photo ID badge must be worn at all times for McKay-Dee Hospital/IHC rotations.
13. Hair must be neat and clean and maintained in such a manner to professionally fulfill clinical responsibilities.
14. No body piercing to areas other than the ear lobe are allowed while attending clinical education experiences; this is an OSHA requirement.
15. Body art must be covered with appropriate clothing as outlined in this section.
16. Students should not wear any clothing that identifies them as a WSU Athletic Training Student to any bar, night club, gentlemen or ladies clubs, etc.

14 Hats may be permissible at outdoor events upon the approval of the Preceptor; these hats must have a WSU logo or no logo.
**Name Tags**

All AT Program students will be issued a nametag prior to the start of their first clinical rotation. For all sites, AT students are required to wear nametags for the first few weeks to identify yourself to student-athletes/patients as a student. The name tag is to be worn on the upper chest, on the left or right. It is up to the Preceptor’s discretion if/when the nametag is no longer required.

**Dress Code Violation**

Students who are in violation of the dress code will be asked to leave their clinical assignment, change into appropriate clothing, and return to the assignment immediately. The Preceptor may ask students not to return if dressed inappropriately. Additional penalties are outlined below.

**Service Learning Hours**

All students enrolled in the AT Program must attain Service Learning Hours while enrolled in all Clinical Application Courses. Half of these hours must be obtained off campus in events not directly linked to Weber State University's varsity sports. The number of service learning hours required varies by the student's clinical level in the program. Should a Preceptor have an event or know of any public events where medical coverage is necessary, please inform either the AT Program Director or Clinical Education Coordinator. A copy of the information will be forward to all ATS.

To obtain credit for these hours, students must record them on the Service Hour Reporting Sheet, obtain a signature from their supervisor of the activity. Please note that these are supervised hours and again using students as work force is discouraged and a violation the AT Program accreditation standards.

The following outlines the number of service learning hours required by ATS:

- **AT 1501** 5 hours/semester
- **AT 2500 and AT 2501** 10 hours/semester
- **AT 3500 and AT 3501** 15 hours/semester
  - **AT 4500** 20 hours/semester
- **MSAT 6501** 5 hours/semester
- **MSAT 6502** 10 hours/semester
- **MSAT 6503** 15 hours/semester
- **MSAT 6504** 20 hours/semester
**Guest Lectures**

Because the WSU Preceptors are such a vital component of the educational process and are considered experts in their field of study we invite all Preceptors to participate not only in the clinical portion of the AT Program, but the didactic side as well. Any Preceptors who is interested in speaking on an athletic training topic should contact either the AT Program Director or Clinical Education Coordinator.

**Professional Organizations**

We ask that all Preceptors encourage to student to actively participate in the major national and state professional organizations in Athletic Training/Sports Medicine. While we understand that not every Preceptor belongs to National Athletic Trainers’ Association we would like for you to encourage all ATS to do so.

**HIPAA, Confidentiality, Privacy, and Security**

The Weber State University AT Program and Athletics Department are committed to safeguarding the confidentiality of protected health information (PHI) and other confidential information which is or may be contained in the records of the University and to ensuring that PHI and other confidential information if used/or disclosed only in accordance with the University’s policies and procedures and applicable state and federal law. We encourage all Preceptors to inform the ATS under his/her supervision of the policies and procedures related to confidential health information.

**Clinical Education Penalties (Clinical Probation)**

The Weber State University AT Program has adopted a “3 strikes” rule for violations of AT Program policies. Any athletic training student who accumulates 3 strikes* during an academic semester will be placed on clinical probation for the remainder of the semester (NOTE: clinical probation is NOT the same as academic probation). If while on probation, a student is issued another strike (4th), he/she will be suspended from their clinical rotation and will not be allowed to earn any additional clinical hours during that semester (NOTE: clinical suspension is NOT the same as academic suspension). See “Clinical Observation Hours” policy regarding failure to earn minimum required hours. If, as a result of this suspension the student earns below the minimum graded required in the clinical class, he or she will be placed on academic probation.

Any student placed on clinical probation will be given last priority during clinical rotation assignment in the subsequent rotation period. The probation period will automatically end at the conclusion of the academic semester. If a student reaches clinical suspension a second time (consecutive or non-consecutive) during enrollment in WSU AT Program the student will be expelled from the program.
• *a “strike” is defined as any violation of AT Program policies. Examples include, **but are not limited to,** dress code/ATS uniform violations, attending a rotation to which you are not assigned, unauthorized cell phone usage during clinical rotation, or any other behavior deemed by the preceptor or AT Program faculty to be inappropriate and/or unprofessional. Strikes may also be issued for failure to submit clinical education paperwork on-time (e.g., clinical orientation form, immunizations, preceptor evaluations).
• Strikes do not necessarily need to be from the same category (example: a student may earn strike 1 for a dress code violation, strike 2 for inappropriate use of cell phone, and strike 3 for earning hours at an unassigned rotation).
• Strikes may be issued by athletic training faculty/instructor or Preceptor.
• All strikes will be written warnings (which may come in the form of an email to the student, with the CEC and/or PD copied on the email) and will be recorded in the AT student’s file in the Program Director’s office.
• The AT student, preceptor and all AT Program faculty will be notified via email of each strike received.

**Grievance Procedure**

The Athletic Training faculty recognizes the rights of students enrolled in the AT Program to express grievances and attempts to seek solutions and answers to problems, complaints, or injustices arising from the day-to-day working relationships and differences which may occur between student, faculty or administration. Whenever a misunderstanding or problem exists, students are urged to discuss the situation immediately with their instructor and/or Preceptor in a calm and constructive manner. Small problems and poor communication tend to become large problems, and are harder to resolve when not discussed with an individual who can correct them in a timely fashion. This grievance procedure is intended for use by the Athletic Training student in both the clinical and classroom areas.

Process of Informal Resolution

A. Initial conference with faculty or Preceptor.

B. If no resolution reached, then meet with Program Director and/or Coordinator Clinical Education depending on the nature of the situation.

C. If no resolution reached, then meet with Department Chair, HPHP (Dr. Jennifer Turley – 626-6933.)

D. If no resolution reached, then meet with Dean, College of Education (Dr. Jack Rasmussen - 626-6273).
E. If no resolution reached, contact Due Process Office - Dr. Jeff Hurst, Dean of Students - 626-7256).

AT PROGRAM Sanctions

- Warning – regarding conduct
- Probation – must show improved conduct during this period
- Suspension – temporary or permanent separation from the AT Program
- Personal Development Sanctions – may require counseling or remediation
- Temporary Interim/Emergency Sanctions – if potential for harm exists

Expulsion

- Permanent termination from the AT Program
  - Infliction of bodily harm to anyone.
  - Noncompliance with policies regarding patient care.
  - Performance of patient care activities that exceed the student’s scope of practice.
  - Infliction of emotional or mental distress to whom
  - Substantial disruption of clinic or classroom activities.
  - Presenting a threat to the stability and continuance of AT Program functions
  - Being convicted of a felony.

Termination/Withdrawal/Readmission

- Inactive status – withdraw in writing
- Termination – case by case
  - Must wait one full year for readmission
- Readmission
  - Upon approval of AT Program faculty
  - If space in program allows
Communicable Disease

A communicable disease is an illness due to a specific infectious agent which can be transmitted from one individual to another. A communicable disease may be transmitted directly from one person to another without physical contact with the infected person. It may be transmitted indirectly when an object transmits the organism. Objects of transmission may be clothing, linens, utensils, food, water, milk, air, soil or insects.

Students that are determined by a physician as having an active communicable disease will be required to take a medical leave of absence from clinical education experience until cleared by the same physician. At that time, the student will determine, with the AT Program Program Director and/or Coordinator of Clinical Education, a plan to make up the missed competencies and experiences.

Examples of communicable diseases are:

- Rubella (3-day measles)
- Rubeola (9-day measles)
- Meningitis - viral and bacterial
- Hepatitis A
- Varicella (Chicken Pox)
- Tuberculosis (TB)
- Influenza Mononucleosis

If you have any of the following signs and/or symptoms, you may have contracted a communicable disease. Athletic training students who experience any or all of the following signs or symptoms need to be examined by a physician prior to attending clinical rotations.

- Fever
- Skin rash
- Nasal discharge
- Coughing
- Open and/or oozing skin lesions
- Yellowing of the skin, eyes, or mouth
- Unexplained fatigue
- Chest pain
- Dizziness
Any Athletic Training Student who comes in contact with a communicable disease or experiences any or all of the above signs and/or symptoms will be referred to the Student Health Center (Student Service Center Room 190 - 626-6459).

The costs associated with the referral to the Student Health Center and any additional care will be the responsibility of the student’s primary insurance and the student.
Participation in Extracurricular Activities

ATS are encouraged to participate in extracurricular activities (i.e., intramurals, part-time jobs, athletics, and fraternity/sorority) as part of the collegiate experience. However, the student must meet all requirements of the clinical application courses, clinical education experiences, and clinical hours to remain in the AT Program and be eligible for graduation. These requirements are part of the academic curriculum of the AT Program and must be the primary or first priority.

Policies and Procedures

Students participating in clinical education rotation at Weber State University are expected to abide by the Policies and Procedures Manual established by the WSU Athletic Training Staff. Students in clinical rotations at other clinical education sites must abide by the guidelines for that site. If a clinical education site does not have any formal policies and procedures in place, the AT Program strongly encourages them to adopt a set. A copy of the policies and procedures should be provided to ATS on his/her first day of the clinical education experience and should be documented by the supervising Preceptor and ATS.

Romantic Relationships with Athletes

A voluntary, intimate, romantic, or sexual relationship between an athletic training student and a student-athlete is not prohibited. However, any athletic training student must report any consenting relationship he or she may have with a student athlete to his/her immediate supervisor to ensure that the athletic training student is not in a position where a conflict of interest may exist. A conflict of interest exists when the athletic training student is assigned to the same sport as the student-athlete with whom he/she has the relationship. In these situations, the athletic training student shall be removed from that sport assignment and transferred to another assignment at the discretion of the supervising Athletic Trainer and the Athletic Training Program Director. Violations of this policy by an athletic training student will result in disciplinary action.
Appendix A
BOC Standards of Professional Practice

Implemented January 1, 2006

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

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

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

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

I. Practice Standards

Preamble
The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers. Compliance with the Standards is mandatory.

The Standards are intended to:
§ assist the public in understanding what to expect from an Athletic Trainer
§ assist the Athletic Trainer in evaluating the quality of patient care
§ assist the Athletic Trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:
§ prescribe services
§ provide step-by-step procedures
§ ensure specific patient outcomes

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

**Standard 1: Direction**
The Athletic Trainer renders service or treatment under the direction of a physician.

**Standard 2: Prevention**
The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

**Standard 3: Immediate Care**
The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

**Standard 4: Clinical Evaluation and Diagnosis**
Prior to treatment, the Athletic Trainer assesses the patient’s level of function. The patient’s input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

**Standard 5: Treatment, Rehabilitation and Reconditioning**
In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and shortterm goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

**Standard 6: Program Discontinuation**
The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient’s status.

**Standard 7: Organization and Administration**
All services are documented in writing by the Athletic Trainer and are part of the patient’s permanent records. The Athletic Trainer accepts responsibility for recording details of the patient’s health status.

**II. Code of Professional Responsibility**

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

**Code 1: Patient Responsibility**
The Athletic Trainer or applicant:
1.1 Renders quality patient care regardless of the patient’s race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
1.2 Protects the patient from harm, acts always in the patient’s best interests and is an advocate for the patient’s welfare
1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice
1.4 Maintains the confidentiality of patient information in accordance with applicable law
1.5 Communicates clearly and truthfully with patients and other persons involved in the patient’s program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
1.7 Exercises reasonable care, skill and judgment in all professional work

**Code 2: Competency**
The Athletic Trainer or applicant:
2.1 Engages in lifelong, professional and continuing educational activities
2.2 Participates in continuous quality improvement activities
2.3 Complies with the most current BOC recertification policies and requirements

**Code 3: Professional Responsibility**
The Athletic Trainer or applicant:
3.1 Practices in accordance with the most current BOC Practice Standards
3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.3 Collaborates and cooperates with other healthcare providers involved in a patient’s care

3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient’s care

3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education

3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education

3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful

3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials

3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public

3.10 Complies with all confidentiality and disclosure requirements of the BOC

3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity

3.12 Cooperates with BOC investigations into alleged illegal or unethical
activities; this include but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion

3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

**Code 4: Research**
The Athletic Trainer or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions

4.2 Protects the rights and well being of research subjects

4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

**Code 5: Social Responsibility**
The Athletic Trainer or applicant:

5.1 Uses professional skills and knowledge to positively impact the community

**Code 6: Business Practices**
The Athletic Trainer or applicant:

6.1 Refrains from deceptive or fraudulent business practices

6.2 Maintains adequate and customary professional liability insurance
Appendix B

Foundational Behaviors of Professional Practice

These basic behaviors permeate every aspect of professional practice, and should be incorporated into instruction in every part of the educational program. The behaviors in this section comprise the application of the common values of the athletic training profession.

Primacy of the Patient

- Recognize sources of conflict of interest that can impact the patient’s health
- Know and apply the commonly accepted standards for patient confidentiality
- Provide the best health care available for the patient
- Advocate for the needs of the patient

Teamed Approach to Practice

- Recognize the unique skills and abilities of other health care professionals
- Understand the scope of practice of other health care professionals
- Understand and execute duties within the identified scope of practice for athletic trainers
- Include the patient (and family, where appropriate) in the decision making process
- Demonstrate the ability to work with others in effecting positive patient outcomes

Legal Practice

- Practice athletic training in a legally competent manner
- Recognize the need to document compliance with the laws that govern athletic training
- Understand the consequences of violating the laws that govern athletic training

Ethical Practice

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

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Advancing Knowledge

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

Cultural Competence

- Understand the cultural differences of patients’ attitudes and behaviors toward health care
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to work respectfully and effectively with diverse populations and in a diverse work environment

Professionalism

- Advocate for the profession
- Demonstrate honesty and integrity
- Exhibit compassion and empathy
- Demonstrate effective interpersonal communication skills
Appendix G

Tuition Benefits for Clinical Faculty
Tuition Benefits for Clinical Faculty

For clinical faculty, if you supervise students in the clinical setting for at least 40 hours, then you qualify for a maximum of 6 credit hours the following semester. This was not clearly explained on the attached form, so I clarified this policy with Human Resources. If you are supervising more than one student at once for an hour, it would still only count as one hour. You do not need to track or document these hours, as the students already do this on their clinical hour sheets.

If you plan to seek tuition benefits, please contact Matthew Donahue at least 2 months in advance, if possible, so that we can enter your supervision hours into the system, creating your eligibility for the benefit. (matthewdonahue@weber.edu or 801-626-7656)

If you have questions, feel free to call Human Resources directly at 801-626-6034 or Matthew Donahue