

Lander University
Athletic Training Education Program
Application Outline

The following items and information is required for admission into the Lander University Athletic Training Education Program (ATEP). All application materials must be submitted to the Director of the Athletic Training Education Program by November 15.

- I. Application Form
 - a. Applicants must fill out the application form and submit with their application letter.

- II. Application Letter
 - a. Applicants must submit a 2 – 3 page typewritten letter of application.

- III. Recommendation Letter
 - a. Applicants must have three individuals submit a (typewritten) letter of recommendation.
 - b. The letters should come from individuals that can address the following:
 - i. Self-confidence, leadership, integrity, communication, responsibility, and ability to act as an athletic training student.
 - ii. Family members are excluded.
 - c. The letters should be sent in a signed and sealed envelope to:
Daniel Hannah, MA, ATC
Department of PEES
Lander University
320 Stanley Ave.
Greenwood, SC 29649

- IV. Technical Standards
 - a. Applicants must submit a signed copy of the Technical Standards for Admissions form.

- V. Athletic Training Student Handbook letter of recognition
 - a. Applicants must submit a signed copy of the ATS Handbook letter of recognition signifying that he/she has read and understands all content in the Handbook.

- VI. Observation Hours
 - a. Applicants must complete a minimum of 25 hours of observation in the Department of Athletics at Lander University. However, it is encouraged that applicants complete more than the minimum required. Applicants will be rewarded with an additional point per 5 hours of observation.
 - b. Applicants must sign up for observation hours via the Director of the Athletic Training Education Program

- VII. Physical Exam
 - a. Applicants must have a physical exam performed by a MD, DO, or FNP that also includes completion of the medical history and immunization review.
 - b. Applicants must have completed or be in current process of completing the hepatitis B vaccination series, or he/she must sign the hepatitis B vaccination declination form. This form can be obtained from the Director of the Athletic Training Education Program.

- VIII. American Red Cross First-Aid and CPR for the professional rescuer
- a. Applicants must submit proof (copy of verification card) that he/she has taken ARC First-Aid and CPR.
- IX. Grade Point Average
- a. Applicants must complete a minimum of 30 semester hours and maintain the following GPA requirements:
 - i. 2.25 with 30-44 semester hours
 - ii. 2.35 with 45-59 semester hours
 - iii. 2.50 with 60 or more semester hours
 - b. Applicants must complete the following courses with a minimum of a C:
 - i. PEES 175 – Wellness for Life
 - ii. PEES 210 – Anatomy and Physiology of Human Movement
 - iii. PEES 221 – Foundations of Athletic Training
 - iv. HCMT 111 – Medical Terminology
- X. Professional Liability Insurance
- a. Applicants must submit proof (copy of policy) that he/she has purchased \$1,000,000 per incident/\$3,000,000 aggregate student professional liability insurance prior to full admission into the ATEP. Athletic Training Students will not be allowed to participate in the required clinical components until he/she provides proof of insurance.
 - b. Athletic Training Students are required to maintain their insurance policy throughout their tenure in the ATEP.
 - c. The two following companies offer policies that meet the requirements of the program
 - i. www.proliability.com
 1. Click on student link on left column
 2. Select 'Student (non-physician)' as your profession and 'No Association/Association Not Listed' as your association
 3. You can select the number of years the policy will cover. For example, sophomores...if you select the 3-year policy you will not have to purchase another policy while you are here!
 - a. Annual - \$35
 - b. 2-year - \$68
 - c. 3-year - \$98
 - ii. www.hpsso.com/professional-liability-insurance/student-coverage-description.jsp
 1. Click on link near bottom of page "Click here for a quick quote and the option to apply"
 2. Answer the question and continue until it gives you the option to apply...select which method and apply.
 3. Annual - \$29
- XI. Interview with Athletic Training Selection Committee
- a. Applicants will be assigned a designated time to meet with the Athletic Training Selection Committee.

Students will be informed of their acceptance/non-acceptance status into the Lander University ATEP shortly after final grades are posted.

Lander University
Athletic Training Education Program
Application Form

Name: _____ Date: _____

Date of Birth: _____ Gender: _____ L Number: _____

School/Cell Phone: _____ Permanent Phone: _____

Local/College Address: _____

Home/Permanent Address: _____

Lander E-mail Address: _____

Please list secondary education institution and any post-secondary institutions that you have attended:

<u>School</u>	<u>City/State</u>	<u>Dates</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As part of the application process, you must have three individuals submit a letter of recommendation on your behalf. Please list below the names and their respective contact information below:

<u>Name</u>	<u>E-mail</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby acknowledge that the above information is correct to the best of my knowledge, and that I agree to comply with all policy and procedures as described in the Athletic Training Student Handbook.

Applicant's Signature

Date

Lander University
Athletic Training Education Program
Technical Standards for Admission

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

Accordingly, the following abilities and expectations must be met by all students prior to being admitted to the ATEP. Compliance with the program's technical standards, however, does not guarantee a student's eligibility for the BOC (Board of Certification, Inc.) certification exam.

Candidates for admission to Level II of the ATEP must demonstrate:

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

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

Lander Universities Student Wellness Center will evaluate a student who states he/she could meet the programs technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

Applicant's Name

Applicant's Signature

Date

The following is an alternate statement for a student applicant requesting accommodations for admission.

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact Lander Universities Student Wellness Center to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Applicant's Name

Applicant's Signature

Date

**Lander University
Athletic Training Education Program
Athletic Training Student Handbook
Letter of Recognition**

I, _____, have thoroughly read and understand all policies, procedures, and contents described in the Lander University ATEP ATS Handbook. I have been given ample time to have any questions or concerns addressed regarding the policies, procedures, and contents in the ATS Handbook. I am aware of the necessary requirements to remain in good standing with the ATEP. I recognize that any infraction with the policies, procedures, and contents will result in disciplinary actions as described in the ATS Handbook.

Student's Signature

Date

Program Director's Signature

Date

Lander University
Athletic Training Education Program
Physical Evaluation

Full Name: _____ Date of Birth: _____

Gender: _____ L Number: _____

School/Cell Phone: _____ Permanent Phone: _____

Local/College Address: _____

Home/Permanent Address: _____

Lander E-mail Address: _____

Person to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Parent information:

Father's Name: _____

Father's Address: _____

Home Phone: _____ Work/Cell Phone: _____

Mother's Name: _____

Mother's Address: _____

Home Phone: _____ Work/Cell Phone: _____

I understand that my duties as an athletic trainer student expose me to the risk of bodily injury and/or permanent disability. I am willing to accept the risks, inherent in the performance of my duties. I hereby grant permission for Lander University or its consultants to render me any emergency care or other medical or surgical care that might be deemed necessary to my health and well-being. Also, when necessary for the provision of such care, permission for hospitalization at an accredited hospital is granted.

Applicant's Signature

Date

Parent/Guardian Signature (if minor)

Date

MEDICAL HISTORY: All questions must be answered fully. Failure to disclose any medical information may invalidate insurance coverage.

	<u>Yes</u>	<u>No</u>	<u>If yes, When?</u>
1. Immunizations			
A. Have you been immunized against measles, mumps and rubella (MMR)?	_____	_____	_____
B. Have you had a tetanus shot in the last ten years?	_____	_____	_____
2. Are you presently taking any medications or pills? (including birth control pills)	_____	_____	_____
3. Do you have any allergies (medicines, hay fever, bee stings)?	_____	_____	_____
4. Have you ever passed out during or after exercise or at any time?	_____	_____	_____
Have you ever been dizzy during or after exercise?	_____	_____	_____
Have you ever had a "racing heart"?	_____	_____	_____
Have you ever had chest pain during or after exercise?	_____	_____	_____
Have you ever been told you have a heart murmur?	_____	_____	_____
Has anyone in your family experienced or died of heart problems before the age of 55?	_____	_____	_____
5. Have you ever been told you have or have been treated for high blood pressure?	_____	_____	_____
6. Have you ever had any type of problem with your heart or your lungs?	_____	_____	_____
7. Have you ever had a head injury?	_____	_____	_____
Have you ever been knocked out or unconscious?	_____	_____	_____
Have you ever had a memory loss from any cause?	_____	_____	_____
Have you ever had a seizure or convulsion?	_____	_____	_____
8. Have you ever had heat or muscle cramps?	_____	_____	_____
9. Have you had any problems with eyes or vision?	_____	_____	_____
Do you wear glasses, contact lens or protective eye wear?	_____	_____	_____
10. Have you ever had a neck injury, numbness or tingling in your hands or feet or complete or partial weakness from a neck injury?	_____	_____	_____

	<u>Yes</u>	<u>No</u>	<u>If yes, when?</u>
11. Have you ever sprained/strained, dislocated, broken or had repeated swelling of any of the following?			
___ Head			
___ Shoulder			
___ Thigh			
___ Neck			
___ Elbow			
___ Knee			
___ Chest			
___ Forearm			
___ Shin/Calf			
___ Back			
___ Wrist			
___ Ankle			
___ Hip			
___ Hand			
___ Foot			
12. Have you ever had surgery for any conditions?			
13. Have you had any other medical problems (mono, diabetes, asthma, etc.)?			
14. Have you ever been hospitalized?			
15. Have you ever been treated for a skin problem?			
16. Have you ever had any menstrual problems? (females)			

I hereby certify that I have no congenital or pre-existing medical condition other than those identified above. Furthermore, I understand that injuries directly related to congenital or pre-existing conditions are not covered by Lander University athletic insurance.

Applicant's Signature

Date

MEDICAL EXAMINATION

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____ Pulse: _____

Vision R _____ L _____ Corrected? Yes No

	Normal	Abnormal	Comments
1. Eyes, (pupils equal)?			
2. Ears, nose and throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular with squat or valsalva			
6. Chest and lungs			
7. Abdomen			
8. Skin			
9. Hernia (male)			
10. Musculoskeletal			
a. neck			
b. spine			
c. shoulders/elbow			
d. arms/hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neurological			

Urinalysis:	Leukocytes	_____	Urobilinogen	_____
	Nitrites	_____	Bilirubin	_____
	Proteins	_____	Blood	_____
	Glucose	_____	pH	_____
	Ketones	_____		

Immunizations:

Please review the patient's immunization record to insure compliance with the following:

Required:

- Red Measles Vaccine (Rubeola) – Students born after 1956 must have documentation of two measles vaccinations (one given after first birthday).
- German Measles Vaccine (Rubella) – Live vaccine or titer.
- Intradermal TB Skin (PPD) Test – Tine Test (prong test) is not acceptable. BCG vaccination is not a contraindication to tuberculin skin testing; therefore, anyone given a history of BCG vaccination is required to have a tuberculin test (Mantoux method).
- Tetanus Diphtheria – Booster in past 10 years.
- Hepatitis B Vaccine – Applicant must either have completed the vaccination series, started the vaccination series, or have a signed Hepatitis B vaccination declination form on file.

Optional/Suggested:

- Bacterial Meningitis Vaccine
- Varicella (chickenpox) Vaccinations
- Meningococcal Vaccine

Physician Evaluation:

_____ It is my opinion that this student is physically capable of performing the duties of an athletic training student.

_____ It is my opinion that this student is not physically capable of performing the duties of an athletic training student.

Explain: _____

Additional Comments: _____

Physician's Name:

Physician's Signature

Date

Physician's Office Name & Address: _____
