



INTRODUCTION

This online document contains the policies and procedures related to all aspects of the Culver-Stockton College Athletic Training Education Program (CSC-ATEP). It is intended to be a reference for applicants, current athletic training students, athletic training faculty and staff, clinical instructors, and administrators. All persons that are stakeholders in the Culver-Stockton College ATEP should read and be familiar with all parts of this handbook. This document will be used to further explain the ATEP as referenced in the 2011-2012 academic catalog.

The Culver-Stockton College ATEP is designed to prepare students for a career as an entry-level athletic trainer and/or pursuit of advanced graduate studies. The student who envisions a career as an allied health professional must accept certain responsibilities beyond those associated with successful academic performance and clinical proficiency. Students within the Culver-Stockton College ATEP are expected to uphold appropriate professional standards as outlined by the National Athletic Trainers' Association Code of Professional Ethics (<http://www.nata.org>) and the ATEP handbook. Athletic training students involved in the pre-professional and professional phase of this program are required to read the handbook and have a working knowledge and understanding of the information contained within.

All policies and procedures outlines in this handbook are in congruence with the Culver-Stockton College Academic Catalog. Specific policies within the handbook may be outlined in more detail in an effort to minimize confusion and ambiguity.

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Culver-Stockton College

Athletic Training Education Program

Mission Statement

The mission of the Culver-Stockton College Athletic Training Education Program is to professionally prepare students of promise for successful careers or advanced studies in Athletic Training by integrating a CAATE-accredited curriculum into a high quality liberal arts education.

In congruence with Culver-Stockton College's **EXP** motto, students can:

- **EXP**ect an exceptional and challenging education with personal attention and directed mentorship
- **EXP**lore opportunities beyond the traditional boundaries of the classroom, while fostering professional growth and intellectual curiosity
- **EXP**erience an outstanding and diverse clinical education encompassing a wealth of allied-health professions and settings

Expect:

Goals-

1. Students will be prepared to successfully challenge the BOC examination.
 - a. 80% pass within 2yrs of graduation
 - b. 70% first-time pass rate
2. Students will receive high quality classroom instruction
 - a. 85% IDEA rating on teaching excellence
 - b. 85% IDEA rating on course excellence
3. Students will be of high academic merit
 - a. >3.2 mean collaborative cum GPA
 - b. 70% students receive Dean's List Honors (3.5 GPA) or higher in at least one semester each year
4. Students will be prepared for successful careers in AT
 - a. 80% of graduates will pursue an AT career
 - b. 85% satisfaction from employers
5. Students will receive exceptional personal and professional mentorship
 - a. 8-10:1 student/faculty ratio
 - b. 1-4:1 student/CI ratio (FB 6-8:1)

Explore:

Goals-

1. Students will have a continued interest in advanced studies
 - a. 80% will pursue advanced degrees upon graduation
2. Students will be actively involved in professional organizations

- a. 80% will be involved in professional organizations
 - i. NATA
 - ii. SATO
- b. 75% will have attended, volunteered, or presented in 2 or more professional conferences upon graduation

Experience:

Goals-

1. Students will receive high quality clinical instruction
 - a. 85% clinical effectiveness rating
 - i. ACI/CI
 - ii. Site
2. Students will demonstrate high quality clinical performance
 - a. 80% performance rating
3. Students will actively pursue additional clinical preparation opportunities
 - a. 80% will participate in internships in alternate settings off-campus
 - b. 50% of students will participate in an EXP trip

Non-discriminatory Statement

Culver-Stockton College admits students, awards financial aid and administers its academic and extra-curricular programs without regard to race, color, creed or religion, gender, marital status, national origin, military status, disability, age, or any other characteristic protected by law.

Accreditation Status

The Commission on Accreditation of Athletic Training Education (CAATE) currently accredits the Culver Stockton College ATEP. The ATEP received its initial accreditation in April 2005 and sought affirmation in spring of 2010. Results from the reaccreditation process granted CSC with full CAATE accreditation status through 2019-2020.

**ATHLETIC
TRAINING
EDUCATION
PROGRAM:**

**PRE-PROFESSIONAL
PHASE**

Culver-Stockton College Athletic Training Education Program Admission Policy

Application materials for formal admittance into the athletic training education program may be obtained from the Athletic Training Education Program Director. Students being considered for the program must attain a cumulative GPA of at least 2.75; a grade of "C" or higher in Atr 150, Atr 175, Bio 210, and Bio 211; and accumulate at least 100 observation hours before entrance into the professional phase. Applications should be submitted by April 1st for a student to be considered for fall semester admission. However, a rolling admission process will be used for any additional spaces available in the athletic training education program, assuming that students have met all admission criteria. Students will be notified of admission upon release of final grades, completion of candidate interviews, and receipt and evaluation of all supporting application materials. Once notified of acceptance, students should also provide the following information to the Athletic Training Education Program Director:

- Record of recent physical examination which shows that the student is capable of handling physical duties required of an athletic trainer and that the student is free of communicable diseases.
- Current immunization record which shows rubella vaccinations or evidence of an immune titer, a mumps and polio vaccination or evidence of having had the disease, a history or evidence of an immune titer to varicella (chicken pox), and a tetanus inoculation within the last five years. Students are also strongly encouraged to receive the Hepatitis B vaccinations. Students choosing not to do so will be required to sign a waiver.
- Current CPR/AED for the Professional Rescuer certification. Certification must remain current throughout participation in the program.
- Technical standards signature page.

Acceptance will be based on total points earned on a scored rubric, which corresponds to areas evaluated in the application. Areas evaluated include overall quality and completeness of application materials, overall GPA, performance in the introductory level tool and athletic training courses, and an interview with the selection committee. **Fulfillment of these criteria does not guarantee admission into the program. Space available in the program will also be considered.**

Transfer Students

Transfer students must submit to the same selection process and will be evaluated on the same criteria as other candidates. The registrar and the Athletic Training Education Program Director will evaluate all transcripts. Some courses may be accepted if the candidate can provide sufficient evidence such as course syllabi or competency/proficiency check-sheets showing that the course is similar in scope and content to courses offered at Culver-Stockton College. Transfer students must be willing to commit a minimum of four semesters following acceptance into the program. Those transferring in with no previous athletic training coursework or clinical experience should expect to spend a minimum of six semesters at Culver-Stockton College. The first two would be considered pre-professional semesters and allow students to meet the criteria for admission consideration. All transfer students must take athletic training courses above the one hundred level at Culver-Stockton College.

Culver-Stockton College Athletic Training Education Program

POLICY FOR ATHLETIC TRAINING STUDENT PARTICIPATION IN INTERCOLLEGIATE ATHLETICS

PURPOSE:

Many students who come to Culver-Stockton College and declare a major in Athletic Training are also interested in participation in intercollegiate athletics. The Athletic Training Education faculty and staff are committed to encouraging students to take advantage of co-curricular activities available on campus. They are also dedicated to ensuring that all athletic training students meet the requirements for the Athletic Training Education Program and that clinical experiences are of the quality to enable students to become skilled health care professionals. Because the clinical component of the Athletic Training major is significant, conflicts often occur between the student's sport and their opportunity for clinical experiences. This is especially so during afternoons, evenings, weekends and during non-traditional competitive seasons. For this reason, the following guidelines have been established to help students accomplish both:

GUIDELINES:

- The guidelines will be provided to students upon their application to the program. A student's decision to participate in intercollegiate athletics will not factor into the admission decision for the Athletic Training Education Program.
- Students admitted into the Athletic Training Education Program may participate in intercollegiate athletics.
- Athletic Training Students shall limit intercollegiate athletic participation to one team.
- Athletic Training Students who participate in intercollegiate athletics will participate in the traditional competitive season ONLY.
- Athletic Training Students who participate in intercollegiate athletics will fulfill the same didactic and clinical requirements as other students prior to graduation. Early planning will be critical for the student to graduate on time.
- All Athletic Training Students are required to have an equipment intense clinical experience (football, ice hockey or men's lacrosse). Students have two options for completing this requirement:
 1. **Atr 202 – Equipment Intense Clinical Experience, which typically involves fall football, but may involve a sport mentioned above. *This may have obvious implications for fall sport athletes.***
 2. **Atr 203 & 204 – Equipment Intense Clinical Experience Alternates I & II, which may involve spring football, one of the sports mentioned above, or a combination thereof.**
****With either option, students must complete a minimum of 80 clock hours as required to complete this clinical rotation(s).**

Any questions regarding this policy should be directed to the Athletic Training Education Program Director.

Culver-Stockton College

Athletic Training Education Program

Technical Standards for Admission

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

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

- the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
- sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
- 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.
- the ability to record the physical examination results and a treatment plan clearly and accurately.
- the capacity to maintain composure and continue to function well during periods of high stress.
- the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
- flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
- affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. The Office of the Academic Dean will evaluate a student who states he/she could meet the program's technical standards with accommodation and

confirm that the stated condition qualifies as a disability under applicable laws. If a student states he/she can meet the technical standards with accommodation, then the College will determine whether the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation. In making the determination whether the student can meet the technical standards with reasonable accommodation, the College may seek expert opinions from third parties who are knowledgeable in the field of athletic training education, and may rely on those opinions.

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.

Signature of Applicant _____

Date _____

**Alternative statement for students requesting accommodations:

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

Signature of Applicant _____

Date _____

Athletic Training - Suggested Degree Plan

Total hours for degree program: 122.5-123.5

Athletic Training Clinical Education Plan

Freshman Year			
Fall		Spring	
ATR150 AT Explorations	3	Atr175 Care & Prevention	4
Com115 Fundamentals of Speech	3	BIO 211 Anatomy & Physiology I	4
Bio210 Anatomy & Physiology I	4	Psy101P General Psychology	3
FYE101 Freshman Year Experience	3	Mat Elective	3
Bio220P Medical Terminology	2	ENG 110 Writing & Literature	3
Ped100P Lifetime Physical Fitness	1		
Total Hours	16	Total Hours:	17
Sophomore Year			
Fall		Spring	
ATR 201 Foundations of Clinical Exp.	1	ATR275 LE Assessment	4
ATR 250 UE Assessment	4	ATR301 UE Clinical Experience (CE)	2
Che125 or 251 Chemistry	4	Elective P Creativity/Arts	3
Soc102 Introduction to Sociology	3	PED 336 Kinesiology	3
Elective P	3	HLT 333 Nutrition	3
		^ATR 425P Pharmacological Aspects	2
		Elective	3
Total Hours:	15	Total Hours:	17-18
Junior Year			
Fall		Spring	
ATR 202 Equip Intense CE	2	ATR 375 Org & Adm in AT	3
ATR 350 Med Aspects	3	ATR 450 Therapeutic Modalities	4
Ped318 Exercise Physiology	3	ATR 402P General Medical CE	.5
ATR 475 Basic Concepts in Rehab	3	ATR 480 Advanced Concepts in Rehab	3
^ATR 305P Psychosocial Aspects	2	BIO 310 Pathophysiology	3
Western Culture P	3	^ATR 425P Pharmacological Aspects	2
		(*ATR 203 Equip Intense Alt CE)	(1)
Total Hours:	14-16	Total Hours:	13.5-15.5

Senior Year			
Fall		Spring	
*ATR490P Senior Seminar in AT	1	*ATR476 Prof Internship	2
^ATR305P Psychosocial Aspects	2	ATR401 Outreach CE	1
ATR 302 LE Clinical Experience	2	Diverse Populations	3
Phy 201 or Nas	3-4	Elective	3
REL 101, 102, or 103	3	Elective P	3
Elective	3	Elective	3
		(*ATR 204 Equip Intense Alt CE)	(1)
Total Hours:	12-15	Total Hours:	15

*Suggested Electives

(**Italics*)= *suggested alternative for Atr202*

^course offered on alternating years

Culver-Stockton College

Athletic Training Education Program

Clinical Education/Progression

Each student should expect to accumulate approximately 500-1,000 clinical field experience hours as part of the Athletic Training Education Program. This experience will take place in the athletic training room; varsity athletic game and practice venues at Culver-Stockton College; as well as various physical therapy, physician, and other allied health care facilities in Canton, MO; Quincy, IL; and surrounding areas. Students will be required to purchase professional liability insurance prior to beginning their clinical experience. Students should be aware of licensure/registration requirements for the state(s) in which they intend to practice, as the hours accumulated during the student's time in the C-SC ATEP may be well below that of some state requirements.

Pre-Program Admission/Transfers

(Freshman Year or 1st two semesters for transfers)

Students who have not been accepted to the program or who are transferring to Culver-Stockton College are required to have a minimum of 100 supervised observation hours as a program admittance requirement. Students must complete at least 50 of the required 100 observation hours at the C-SC athletic facilities (with the exception of a student who is transferring from another institution and applying directly into the ATEP). A maximum of 50 hours are allowed to be transferred from approved sites other than C-SC. In addition, students must also successfully complete the following courses with a grade of "C" or better: Atr 150 - Athletic Training Explorations and Bio 210- Anatomy & Physiology I during the first semester; and Atr 175 - Care and Prevention of Athletic Injuries and Bio 211 - Anatomy & Physiology II during the second semester.

A certified athletic trainer or other approved allied health care provider must verify all observation hours. Students will not receive clinical evaluations while completing these hours.

Program Years 1-3

(Sophomore-Senior Years or 2/3 years after admittance for transfer students)

**These clinical experiences may occur in any sequence. Enrollment in clinical experience courses and sport assignments will be determined by the clinical coordinator and other athletic training staff based on need of the student. Each student must successfully complete all six specified clinical rotations in order to meet the requirements of the ATEP. Each student must also complete at least one clinical with a male athletic population and one with a female athletic population (which will be accomplished during one of the six specified rotations)

Foundations of Clinical Experience (ATR 201 -- 1 credit)

This course will typically be the first clinical experience for most athletic training students upon entering the ATEP. The student will complete a minimum of 40 clock hours under the supervision of a qualified clinical instructor. The majority of these experiences will take place on the Culver-Stockton College campus. This clinical is designed to familiarize the student and staff with each other as well as the operations of the collegiate athletic department. Students may be assigned to more than one clinical instructor during this clinical experience. In addition, students may meet with a faculty member in a classroom setting on a regular basis. Students will also have skill proficiencies and/or clinically integrated proficiency (CIPs) requirements associated with this clinical experience. All skill proficiencies and CIPs must be evaluated by an Approved Clinical Instructor. A certified athletic trainer, or other allied health care provider, must verify all hours. The student will receive a clinical evaluation from each

clinical instructor they are assigned to. Students must attain a grade of “C” or better to successfully complete this experience. Failure to do so will result in the student having to repeat this experience. This course is also repeatable for up to a total of three credit hours; however, a repeated course will be completed under different clinical instructors or at another athletic training or sports medicine site.

**Equipment Intense Clinical Experience (ATR 202 – 2 credits)
(Football)**

All athletic training students will be eligible for this clinical experience following successful completion of ATR 175- Care and Prevention of Athletic Injuries. The student will complete a minimum of 80 clock hours under the supervision of a qualified clinical instructor. This experience will take place with a collegiate football team. This clinical is designed to familiarize the student with an equipment intense sport (specifically one that has the use of helmets, shoulder pads and other protective equipment). In addition, students may meet with a faculty member in a classroom setting on a regular basis. Students will also have skill proficiency and/or clinically integrated proficiencies (CIPs) requirements associated with this clinical experience. All skill proficiencies and/or CIPs must be evaluated by an Approved Clinical Instructor. A certified athletic trainer, or other allied health care provider, must verify all hours. The student will receive a clinical evaluation at the midpoint and conclusion of this experience. Students must attain a grade of “C” or better to successfully complete this experience. Failure to do so will result in the student having to repeat this experience or take the ATR 203 & 204 courses.

**Equipment Intense Clinical Experience—Alternates I and II (ATR 203 & 204- 1 credit each)
(Spring Football, Men’s Lacrosse, Ice Hockey)**

All athletic training students will be eligible for this clinical experience following successful completion of ATR 175-Care and Prevention of Athletic Injuries. This course is available specifically for the student who has conflicts or circumstances that do not allow them to complete ATR 202 (i.e. fall sport athletes). The student will complete a minimum of 40 clock hours for each course, under the supervision of a qualified clinical instructor. This experience may take place with a collegiate football, men’s lacrosse or ice hockey team. Sites other than C-SC or QU must be approved by the Program Director and Clinical Coordinator. This clinical is designed to familiarize the student with an equipment intense sport (specifically one that has the use of helmets, shoulder pads, and other protective equipment). In addition, students may meet with a faculty member in a classroom setting on a regular basis. Students will also have skill proficiency and/or clinically integrated proficiencies (CIPs) requirements associated with this clinical experience. All skill proficiencies and/or CIPs must be evaluated by an Approved Clinical Instructor. A certified athletic trainer, or other allied health care provider, must verify all hours. The student will receive a clinical evaluation at the conclusion of this experience. Students must attain a grade of “C” or better to successfully complete this experience. Failure to do so will result in the student having to repeat this experience or take the ATR 202 course.

***Students will take ATR 202 or 203 & 204. Students are not required to do both.**

**Upper Extremity Clinical Experience (ATR 301 – 2 credits)
(Volleyball, Baseball, Softball, Football)**

All athletic training students will be eligible for this clinical experience following successful completion of ATR 250- Upper Extremity Assessment. The student will complete a minimum of 80 clock hours under the supervision of a qualified clinical instructor. This experience will take place with a collegiate team with heavy focus on the upper extremity. In addition, students may meet with a faculty member in a classroom setting on a regular basis. Students will also have skill proficiency requirements and/or clinically integrated proficiencies (CIPs) associated with this clinical experience. All skill proficiencies and/or CIPs must be evaluated by an Approved Clinical Instructor. A certified athletic trainer, or other allied health care provider, must verify all hours. The student will receive a clinical evaluation at the

midpoint and conclusion of this experience. Students must attain a grade of “C” or better to successfully complete this experience. Failure to do so will result in the student having to repeat this experience.

**Lower Extremity Clinical Experience (ATR 302 – 2 credits)
(Soccer, Basketball, Track & Field, Volleyball, Football)**

All athletic training students will be eligible for this clinical experience following successful completion of ATR 275- Lower Extremity Assessment. The student will complete a minimum of 80 clock hours under the supervision of a qualified clinical instructor. This experience will take place with a collegiate team with heavy focus on the lower extremity. In addition, students will meet with a faculty member in a classroom setting on a regular basis. Students will also have skill proficiency requirements and/or clinically integrated proficiencies (CIPs) associated with this clinical experience. All skill proficiencies and/or CIPs must be evaluated by an Approved Clinical Instructor. A certified athletic trainer, or other allied health care provider, must verify all hours. The student will receive a clinical evaluation at the midpoint and conclusion of this experience. Students must attain a grade of “C” or better to successfully complete this experience. Failure to do so will result in the student having to repeat this experience.

**Outreach Clinical Experience (ATR 401 – 1 credit)
(Advance Physical Therapy, Quincy Medical Group)**

All athletic training students will be eligible for this clinical experience following successful completion of ATR 475- Basic Concepts in Rehabilitation. The student will complete a minimum of 40 clock hours under the supervision of a qualified clinical instructor. This experience will take place at a physical therapy/sports medicine clinic and a high school or junior collegiate setting. The majority of these experiences will take place in Canton, MO or Quincy, IL. In addition, students may meet with a faculty member in a classroom setting on a regular basis. Students will also have skill proficiency requirements and/or clinically integrated proficiencies (CIPs) associated with this clinical experience. All skill proficiencies CIPs must be evaluated by an Approved Clinical Instructor. A certified athletic trainer, or other allied health care provider, must verify all hours. The student will receive a clinical evaluation at the conclusion of this experience. Students must attain a grade of “C” or better to successfully complete this experience. Failure to do so will result in the student having to repeat this experience.

**General Medical Clinical (ATR 402 – ½ credit)
(Quincy Family Practice Center)**

All athletic training students will be eligible for this clinical experience following successful completion of ATR 350- Medical Aspects of Athletic Training. The student will complete a minimum of 20 clock hours under the supervision of a qualified clinical instructor. This experience will take place at a general medical/family practice physician’s office. The majority of these experiences will take place in Quincy, IL. Students will be assigned to several clinical instructors during this experience. In addition, students may meet with a faculty member in a classroom setting on a regular basis. Students will also have skill proficiency requirements and/or clinically integrated proficiencies (CIPs) associated with this clinical experience. All skill proficiencies and/or clinically integrated proficiencies (CIPs) must be evaluated by an Approved Clinical Instructor. A certified athletic trainer, or other allied health care provider, must verify all hours. The student will receive a clinical evaluation at the conclusion of this experience. Students must attain a grade of “C” or better to successfully complete this experience. Failure to do so will result in the student having to repeat this experience

Note for clinical experiences:

Prior to beginning clinical experiences, students must attend the yearly Fall Pre-Season Orientation, or other equivalent training. This orientation will discuss and review concepts such as blood-borne pathogen training, emergency action plans, and ATEP policies. If a student cannot attend the Fall Pre-Season Orientation, alternate arrangements to complete this requirement must be made with the Program Director and/or Clinical Coordinator. All training must be finished prior to beginning any clinical

assignment. All orientation and training hours will count toward a clinical course and/or toward any state licensure requirements.

**Atr 476 - Professional Internship in Athletic Training is an elective course and is purely a field experience opportunity. It is similar to the internship program for all other majors on campus and follows the same institutional guidelines. It is designed to expose students to a setting(s) that they express interest in as a possible employment setting. It will be determined that the student is placed with an appropriate clinical supervisor, however; there are no competencies or proficiencies formally instructed or evaluated during this course. To be eligible for the professional internship, the student must have reached the second semester of their junior year and have a cumulative GPA of at least 2.5.*

Clinical Rotation Travel Requirements/Policies

Several off-campus clinical rotations with various health care specialties will be required in order to successfully complete this program. Students should be aware that due to the lack of adequate health care practitioners in the Canton community, travel to other communities will be necessary. The majority of this travel will be to Quincy, IL. This destination is about 20 from campus. Students are expected to provide their own means of transportation and will not be reimbursed from the ATEP for any travel expenses. Note that transportation costs associated with clinical experience courses are available for reimbursement through the EXP rewards program.

Culver-Stockton College

Athletic Training Education Program—Clinical & Graduation Requirements

Clinical Hour Minimum Requirements:

- 100 Observation Hours (required for entrance into the ATEP)
- ATR 201: Foundations of Clinical Experience—40 hrs
- ATR 202 or ATR 203/204: Equipment Intense Clinical Experience – 80 hours
- ATR 301: Upper Extremity Clinical Experience – 80 hours
- ATR 302: Lower Extremity Clinical Experience – 80 hours
- ATR 401: Outreach Clinical Experience – 40 hours
- ATR 402: General Medical Experience – 20 hours

The above listed requirements are the minimum hour requirements for completion of the ATEP. This minimum totals 440 clinical hours. Students should understand that several states require over 1000 clinical experience hours for state licensure. Any excess clinical hours a student accumulates will qualify for extra credit towards a clinical course.

Program Requirements for Graduation from the ATEP:

- Completion of the minimum hour requirement
- Successful completion of all ATR and tool courses with a “C” or better

Requirements for BOC examination endorsement:

- All graduation requirements met
- Successful completion of all clinical proficiencies
- Current CPR/AED certification

Culver-Stockton College

Athletic Training Education Program

Clinical Supervision Policy

Purpose:

The purpose of the clinical supervision policy is to maintain and ensure the educational integrity of the clinical experience for the ATS. The clinical experience should be one of deliberate, facilitated learning and directed mentorship from the ACI/CI.

Definitions:

1. Clinical Experience- those clinical exposures for the ATS that involve patient care and the application of athletic training skills under the supervision of a qualified instructor (CAATE, 2008).
2. Clinical Supervision- is consistent and direct auditory/visual interaction between the ACI/CI and the ATS during the clinical experience.

Guidelines:

1. The ACI/CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient to provide a safe clinical environment as well as on-going and consistent education.
2. At no time should a student be left unsupervised or utilized in a capacity to replace or provide services of an ATC.
3. The ratio of ATS to ACI/CI will not exceed 8:1
4. The ACI/CI will maintain regular communication with ATEP administrators, including a formal visit and assessment twice a semester.
5. All ACI/CI must verify at least one year of professional credentialing in an allied health profession.

Culver-Stockton College

Athletic Training Education Program

Dress Code

**This policy is the minimal standard! At any point in time a clinical instructor has the right to request a more professional appearance for specific situations. Violations of the dress code policy will be handled under the disciplinary action code

I. Practices

Appropriate shorts/pants would be those that are neat, clean, and free of rips, holes, tears, stains, etc. . . This could include khaki pants/shorts, athletic pants/shorts, jeans. All shorts must be of appropriate professional length (example: no more than 4” above knee).

Inappropriate shorts/pants would be cut-off sweat pants, cotton sweat pants, cut-off jeans, or anything resembling pajamas. Shirts with any references to alcohol, fraternities or sororities are inappropriate.

II. Practices & ATR

Appropriate

- C-SC t-shirts, polo, or sweatshirt (shirts should be tucked in!)
- Khaki or athletic pants/shorts (must be of appropriate professional length-- example: no more than 4” above knee)
- Closed toed shoes/Sneakers
- Jeans (free of rips, holes, tears etc . . .)
- Name tag worn at all times in the ATR
- C-SC hats allowed at practice/games only (not in ATR)

Inappropriate

- Cut-off shorts, sweat pants or jeans
- Shirts with references to fraternities or sororities or inappropriate social behaviors
- Cleavage or skin showing at the waist
- Underwear exposed or sagging pants (pants must fit at the waist)

III. Games/Competition

- ATS should refer to the above policy and discuss appropriate attire with ACI.
- Professional Dress will be required for some indoor games (example: basketball)

* Jewelry, make-up, piercings, etc. . . should be worn in good taste to present a professional appearance.

In an effort to assist athletes, coaches and staff members, the athletic training department will establish a routine for dress during practices and ATR coverage.

-Monday & Wednesday: Black t-shirts or Polo

-Tuesday & Thursday: Blue t-shirts or Polo

-Friday: ATS choice (must be Culver related) if no dress code violations—otherwise Polo

-Weekends & Games: Discuss with ACI

Dress Code for Off-Campus Rotations
(General Medical/Outreach/ Internship)

Dress Code (Please consult with the ACI/CI at each individual site regarding appropriate attire prior to your first day of attendance)

General Guidelines: Males

- Dress shirt, dress shirt with tie (must be tucked in!)
- Dress slacks/khaki pants
- Dress shoes
- Name tag must be worn at all times
- No jeans, shorts, sweats, wind pants
- No tennis shoes or open-toed sandals
- No Greek clothing
- All tattoos must be covered

General Guidelines: Females

- Dress shirts (shirts should tuck in sufficiently as to not reveal any skin at the back or waist line at any time or should have a tank top underneath.)
- Dress slacks/skirts/suit
- Close Toed Dress shoes
- Name tag must be worn at all times
- No jeans, shorts, sweats, wind pants
- No tennis shoes or open-toed sandals
- No Greek clothing
- All tattoos must be covered
- Skirts must be worn at/below the knees
- Absolutely no cleavage/halter tops/or sleeveless shirts

In all cases male or female, jewelry, make-up, etc. should be worn in good taste to present a professional appearance.

Punctuality

- Make a habit of being at your location 10 minutes early. You never know when you will have to deal with road construction and/or traffic. Being a few minutes early will benefit you immensely. (Examples: When it comes time to ask for letters of recommendations, signatures, praise). These are all medical professionals who are helping our program by allowing us to do rotations at their places of business. You will determine if they invite us back year after year. Represent our Athletic Training Education Program with honor and respect and you will get the same in return. You must notify the clinical coordinator if you cannot make an assigned day.

Culver-Stockton College

Athletic Training Education Program

General Program Policy

Conduct Policy

Athletic Training Students will conduct themselves in a manner that is consistent with the National Athletic Trainers' Association Code of Ethics, Board of Certification Standards of Practice, Missouri Licensing Board for the Healing Arts, and Culver-Stockton's conduct policy. The conduct policy is linked to qualifying for ATEP admission, retention, and graduation, and the Athletic Training Services Work Study positions.

Cell Phone Usage

No cell phones shall be used or heard in the athletic training room or during any clinical experiences. Exceptions may be made with prior notification to a supervising ACI/CI. Cell phones are NOT to be used during practices or games unless it is an emergency!

E-mail Policy

All students are expected to check their e-mail on a daily basis. This will be the main source of communication (ie, practice time changes, rain-outs, etc.). The excuse of "I haven't had a chance to check my e-mail" is not acceptable.

Student Healthcare Policy

The following policies are designed to protect both the athletic training student and the student athlete or patient from the spread of communicable diseases.

- Athletic training students with contagious or potentially contagious illnesses should avoid direct patient contact, regardless of the clinical setting.
- Students suffering from a cold, sore throat, respiratory illness, intestinal illness, or other condition with an oral temperature of 100° or greater should report to a doctor.
- If a student must miss a class or clinical assignment due to illness, they should contact their instructor or CI prior to their absence. If unable to contact their instructor prior to class, students should contact him/her as soon as possible after the conclusion of their class. The Clinical Coordinator and/or ACI should also be contacted regarding any absences from clinical experiences. If a student does not attend class due to illness they should not attend clinical.
- Athletic training students should always practice sound prevention techniques when working in the healthcare environment (i.e., regular hand washing, secretion and cough management, etc.).
- Athletic training students should always cover all open wounds or cuts before treating a student athlete or patient.
- If an athletic training student suspects that he/she has a medical condition that may impact the safety of the student or patient, the student must inform the clinical instructor and the Clinical Coordinator as soon as possible.

Culver-Stockton College Athletics

Student-Athlete/Athletic Training Social Networking Policy

Public Media

Public media refers to technologies used to communicate messages (dissemination of fact, opinion, and entertainment) and whose mission is to serve or engage a public. Public media domains include print outlets (such as newspapers, books, magazines, posters, flyers, etc.), traditional public and commercial broadcasts (such as TV, radio, film), digital (such as the Internet, e-mail, social networks, podcasting, chatrooms and blogging), and any new platforms and distribution mechanisms to expand reach and engage audiences (listeners, users).

When utilizing any public media outlets, student-athletes are expected to conduct themselves responsibly as members of their respective team, the Athletics Department, the College and the community.

Social Networks

Social network sites such as Facebook, Myspace, Friendstar, Xanga, Twitter and Bebo and other new digital platforms and distribution mechanisms facilitate students communicating with other students. Participation in such networks has both positive appeal and potentially negative consequences. It is important that C-SC student-athletes be aware of these consequences and exercise appropriate caution if they choose to participate. **Student-Athletes/ATS are not restricted from using any on-line social network sites and digital platforms (such as the Internet, e-mail, podcasting, chatrooms, and blog sites).** However, users must understand that any content they make public via on-line social networks or digital platforms is expected to follow acceptable social behaviors and also to comply with federal government, the State of Missouri, Culver-Stockton College (C-SC), Heart of America Athletic Conference (HAAC) and National Association of Intercollegiate Athletics (NAIA) rules and regulations. Facebook and similar directories are hosted outside the Culver-Stockton College server. Violations of university policy (e.g., harassing language, college alcohol or drug policy violations, etc.) or evidence of such violations in the content of on-line social networks or digital platforms are subject to investigation and sanction under the *Code of Ethics for Student-Athletes/Handbook Policies for the ATEP*, and other policies. They are also subject to the authority of law enforcement agencies. It is incumbent upon student-athletes/ATS to be aware of college regulations. **Ignorance of these regulations does not excuse student-athletes/ATS from adhering to them.**

Guidelines

The following guidelines are intended to provide the framework for student-athletes to conduct themselves safely and responsibly in an on-line environment. As a student-athlete/ATS at C-SC you should:

1. Be careful with how much and what kind of identifying information you post on on-line social network sites. Virtually anyone with an *edu* e-mail address can access your page. It is unwise to make available information such as full date of birth, social security number, address, residence hall room number, phone number, cell phone numbers, class schedules, bank account information, or details about your daily routine. All can facilitate identity theft or stalking.

Facebook and other sites provide numerous privacy settings for information contained in its pages; use these settings to protect private information.

2. Be aware that potential current and future employers often access information you place on on-line social network sites. You should think about any information you post on Facebook or similar directories potentially providing an image of you to a prospective employer. The information posted is considered public information. Protect yourself by maintaining a self-image that you can be proud of several years from now.

3. Be careful in responding to unsolicited e-mails asking for passwords or PIN numbers. Reputable businesses do not ask for this information in e-mails.

4. **Be sure to not have a false sense of security about your rights to freedom of speech.**

Understand that freedom of speech is not unlimited. The on-line social network sites are not a place where you can say and do whatever you want without repercussions.

Prohibited Conduct

Student-athletes/ATS are highly visible representatives of the college and are expected to uphold the values and responsibilities of the college while meeting all requirements set forth by the HAAC, the NAIA, C-SC, and the C-SC intercollegiate athletics program. The C-SC Department of Athletics prohibits malicious and reckless behavior when utilizing public media outlets. It is important that student-athletes recognize the power of public media domains and the potentially negative image that they can portray about student-athletes, coaches, the athletics program, and the college. The malicious use of on-line social networks or any public media domain shall not be tolerated by the C-SC Department of Athletics and may result in disciplinary action. Such malicious uses include, but are not limited to:

1. Derogatory language and remarks about their teammates or coaches; other C-SC student-athletes or coaches; student-athletes, coaches, athletics administrators or representatives of other universities or colleges; C-SC faculty or staff; or other athletics officials, administrators, or representatives.
2. Demeaning statements about, or threats to, any third party.
3. Incriminating photos or statements depicting violence; hazing; sexual harassment; vandalism, stalking; underage drinking; selling, possessing, or using controlled substances; or any other inappropriate behaviors.
4. Creating a serious danger to the safety of another person or making a credible threat of serious physical or emotional injury to another person.
5. Indicating knowledge of an unreported felony theft or felony criminal damage to property.
6. Indicating knowledge of an unreported NAIA violation regardless if the violation was unintentional or intentional. If a student-athlete is found to be inappropriately using an

on-line social network, he or she will be in direct violation of this policy and subject to the appropriate sanctions administered by the college or the Athletics Department.

Sanctions

Any activity or language in violation of the above prohibitions, including first time offenses, is subject to investigation and possible sanction by C-SC and/or the Athletics Department, as well as civil authorities. Sanctions imposed by the Director of Athletics may include, but are not limited to, the following:

- Written notification from the Director of Athletics/Program Director of ATEP to the student-athlete/ATS outlining the policy and requiring that the unacceptable content be removed or the social network account be deactivated.
- Temporary suspension from the team (or clinical rotation for ATS) until prescribed conditions are met.
- Suspension from the team (or clinical rotation/program for ATS)for a prescribed period.
- Indefinite suspension from the team/ATEP.
- Dismissal from the team/ATEP.
- Non-renewal of athletic grant-in-aid.

Appeals

1. A student-athlete/ATS may appeal suspension/dismissal from the team/ATEP or non-renewal of Grant-in-Aid. For these sanctions, the Director of Athletics/ATEP Program Director will give notice in writing of the sanction, of the student-athlete/ATS right to appeal, and of the prescribed appeal process.

2. The appeal process for suspension or dismissal from a team is handled by the C-SC Director of Athletics, Faculty Athletic Representative and the President of the Student-Athlete Leadership Team. The appeal process regarding Athletic Training Students will be handled by the ATEP faculty, Athletic Director and possibly a SATO officer.

3. The appeal process for non-renewal of an athletic grant-in-aid is handled by the C-SC Financial Aid Office.

Agreement

I, _____ understand and agree that I am
(Print Name)
required to know, understand and follow the standards contained in the *Culver-Stockton College Department of Athletics Student-Athlete/ATS Social Network Policy*.

Signature

Date

Culver-Stockton College Harassment Policy

Culver-Stockton College is committed to providing an environment free of discrimination. In keeping with that commitment, the College maintains a strict policy prohibiting unlawful harassment, sexual or otherwise. Harassment may exist even though there is no sexual content if actions unnecessarily create a hostile, threatening, or intimidating work environment that unreasonably interferes with an individual's work or performance. This policy prohibits sexual harassment in any form, including verbal, physical, and visual harassment. This policy applies to the entire college community, including but not limited to faculty, staff, administration, students, vendors, and visitors associated with the College.

Specific behaviors that are prohibited include, but are not necessarily limited to: inappropriate physical contact; repeated offensive sexual flirtations; advances; propositions; continued or repeated verbal abuse of a sexual nature; graphic verbal commentaries about an individual's body; sexually degrading words used to describe an individual; inappropriate display in the work place of sexually suggestive objects, pictures or literature.

Any employee or student who believes he or she has been harassed by an employee or agent of the College should promptly report the facts of the incident or incidents and the names of the individuals involved to the Vice President for Academic Affairs or to the Chief Financial Officer. Any person to whom a report of harassment is made will immediately report such incident to a vice president or to the President.

All such claims will be promptly investigated and corrective action taken, if warranted, to ensure that further harassment does not occur. The appropriate administrator will conduct an investigation as is necessary to determine the validity of the complaint. Confidentiality will be observed to the extent possible while still allowing a thorough investigation.

No retaliatory action shall be taken against any person who shall make a good faith report of alleged harassment, whether the report is shown to have been valid or not. Complaints which may result in disciplinary action against a student must follow procedures of due process and appeal as found in the student handbook.

Further information can be found at the following location:

www.culver.edu/blueprint

- Harassment/Hazing
- Code of Conduct
- Student Bill of Rights



Culver-Stockton College Athletics Hazing Policy

The Culver-Stockton College athletic department expressly prohibits all forms of negative student-athlete hazing in team initiation practices. Such behavior violates the Code of Conduct for Student-Athletes/AEP Handbook and is subject to disciplinary actions administered by the Athletic Advisory Committee and/or AEP Faculty. The following examples of unacceptable hazing initiation activities include, but are not limited to:

- **Participation in drinking contests**
- **Providing alcohol to student-athletes under the age of 21**
- **Making prank calls or harassing others**
- **Destroying or stealing property**
- **Engaging in or simulating sexual acts**
- **Being tied up, taped or confined in a small space**
- **Being paddled, whipped, beaten, kicked or beating others**
- **Being kidnapped, transported and abandoned**
- **Yelling or cursing at an individual**
- **Being forced to wear inappropriate clothing**
- **Tattooing, piercing, head shaving or branding**
- **Acting as a personal servant to teammates off the field or court**
- **Being forced to deprive oneself of food, sleep or hygiene**
- **Consuming extremely spicy or disgusting food or concoctions.**
- **Requiring individuals to participate in humiliating or personal degrading acts.**

Student-athletes/ATS and/or athletic department staff who have knowledge of hazing initiating practices are expected to report such information to the Director of Athletics.

The Culver-Stockton College athletic department supports the concept of real, serious and challenging team initiation practices. Team initiation rights should be a positive experience for all members of an athletic team, while maintaining the dignity and integrity of the individuals involved. The following are considered acceptable initiation activities:

- Attending pre-season training.
- Testing for skill, endurance, or performance in a sport
- Keeping a specific grade point average
- Dressing up for team functions (besides uniforms)
- Attending a skit night or team roast
- Doing volunteer community service as a team
- Taking an oath or signing a contract of standards
- Completing a ropes course, team trip or confidence course

All proposed team initiation activities must be approved by the head coach and the Director of Athletics in advance of the event. Team captains are expected to submit a written proposal to their head coach which details plans for team initiations.

I, _____ understand the Culver-Stockton
(Print Name)

College Athletics Hazing Policy and will abide by the standards set forth in the policy. I also understand that participating in negative team initiation activities can result in sanctions which could include removal from my athletic team/ATEP and loss of my athletic financial aid.

Signature

Date

**ATHLETIC
TRAINING
EDUCATION
PROGRAM:**

**PROFESSIONAL
PHASE**

Culver-Stockton College

Athletic Training Education Program

Retention/Probation/Dismissal Policy

Academic

Students will be evaluated academically each semester in the program. The following criteria must be met in order for the student to remain in good standing in the program:

Students must maintain a cumulative and major GPA of 2.5 (2.75 for students entering college in during the 2011-2012 academic year). Students will not receive grades lower than 'C' in required courses. Students receiving a grade of "D" or "F" shall retake the course(s) and attain a grade of "C" or better.

Failure to comply with these standards at any time is grounds for probation at which time the student will be removed from clinical rotations. Courses that are prerequisites for the clinical experiences must be passed with a "C" or better, in addition to completion of any course competencies, in order for the student to qualify for said clinical. Students should realize that being placed on program probation or failure to meet required course prerequisites could necessitate additional semesters in the program to complete all clinical requirements. Students, who are unable to rise above probationary standards within a second semester of probation, will be dismissed from the program. Probation and/or dismissal from the program could also be a result of violation(s) of the student discipline policy found in the Athletic Training Student Handbook. Students dismissed from the program have the right to appeal the action and should refer to the Academic Catalog and/or Academic Dean for recourse. Any student dismissed from the program also has the right to reapply for admittance following completion of any deficiencies and/or guidelines set forth by the program director. Re-admittance would then be based on the same admission criteria as any student applying to the ATEP.

Clinical

Any student may be probated/dismissed from the clinical experience and/or program as deemed appropriate. Reasons for probating or dismissing a student may include, but are not limited to, the following:

- unprofessional or unethical behavior on the part of the student (as defined by the clinical instructor, ATEP handbook, or the NATA Code of Ethics);
- possession or use of alcohol, illegal or controlled substances, or other toxic or foreign agents which may tend, in the reasonable judgment of the college, program, and/or affiliate, to limit or adversely affect the student's performance of any activities associated with the student's clinical experience;
- arrest or conviction for any felony, or for any misdemeanor involving alcohol or drug use, moral turpitude, theft, or other such infractions of the law;
- personal good cause, including but not limited to medical emergencies

Culver-Stockton College

Athletic Training Education Program

Disciplinary Action: Athletic Training Student

The following violations may be reason for disciplinary action. This list serves as a guideline although recognizing that action may be taken for other instances not defined

- Dress Code violation (1)
- Violation of General Athletic Training Education Program Policies (1-2)
- Violation of Code of Ethics or Unprofessional Behavior (3)
 - Examples (breach of confidentiality, practice out of scope . . .)
- Tardiness (1/2) & Unexcused Absences (1.5)
- Possession of Alcohol/Tobacco or Illegal Substances or appearing under the influence during academic or clinical experiences (3)
- Insubordination (2)

Students who accumulate three violation points within one academic year will be required to meet with the Program Director, Clinical Coordinator and supervising Clinical Instructor. A contract to ensure clinical success will be prescribed and agreed upon by all members before the student is allowed to continue with any clinical experiences. A student who accumulates between three to six violation points during their professional phase may be placed on program probation. Any student receiving more than seven violation points during their time in the ATEP may be subject to dismissal. Students have the right to appeal any actions or decisions of the ATEP staff and should follow the appropriate appeal and grievance guidelines as outlined in the College Catalog.

Culver-Stockton College

Athletic Training Education Program

Athletic Training Student Responsibilities and Duties

- Attendance at all practices and home games for the sport you are assigned regardless of the academic calendar. (Alternate arrangements may be made with clinical instructors) Travel opportunities will be made available provided there will be a traveling staff ATC.
- Pre-practice/pre-game arrival to the athletic training room will be determined by the clinical instructor for each individual sport.
- Dress in a professional manner while representing yourself and the program as an athletic training student. (See ATS dress code)
- If you should have to miss a practice or home game you must ask for permission before doing so. Advance notification is required. The student will be responsible for finding a replacement.
- Direct, daily communication (verbal and written) with the C-SC athletic staff: certified athletic trainer, head coach, and team members for the athletic team you are assigned.
- Prepare adequate supplies for practice and games (ice, water, cups, full kit, AED).
- Contact a C-SC certified athletic trainer before any athletes are referred to a physician and/or hospital (except in emergency situations). In the case of an emergency, call 911 and then contact the ATC after the athlete is stabilized/transported.
- ATS should not give therapeutic treatment (other than immediate first aid) to any athlete unless a C-SC certified athletic trainer is present and has approved the therapy.
- When hosting a visiting team, introduce yourself to the team's acting athletic trainer/ATS or head coach. Provide an adequate area for visiting athletic trainer/athletic training student to administer pre-game treatment/taping. Provide ice, water, cups, etc... for visiting team. **** A written note by an ATC (or presence of the ATC) must accompany visiting team for use of modalities. Teams requesting to be taped MUST provide the tape and materials to be used.**
- ATS is responsible for conducting the initial injury report form, with direct supervision from the CI. No injury report (or any official documentation) should be filed until approved by an ATC.
- Act as a mentor/role model for younger students: review taping, stretching, therapy, and rehab techniques and skills.

- The ATS is responsible for assisting the ATC in ensuring that injured athletes are scheduled for daily treatments in the athletic training room.
- The ATS is responsible for keeping a small handy log to write any concerns down (i.e. complaints, visual observations, questions, etc.).
- Make sure the athletic training room is picked up and clean at the end of each practice and game.

Culver-Stockton College

Athletic Training Education Program

ATS/Athletic Training Room Policy

1. Priorities when in the ATR

- a. Athlete's Treatments & Rehab (Documentation)
- b. Athletic Training Room Maintenance/ATS Duties
- c. Personal & Skill Development/ Mentoring

2. ATS Duties

Each ATS will have assigned duties regarding ATR maintenance. It is your responsibility to make sure that your duty has been done before you leave the ATR for the day. Duties will be rotated throughout the semester.

3. ATS & Observation Students

As an ATS that has been accepted into the ATEP it is with understanding that you will assist and mentor observation students (remember what it was like to be in that position). Show them around, involve them in treatments and rehab, teach them new skills, etc.... They are the future of our program.

4. Athletic Training Room Key

If you are given a key to the athletic training room you have been entrusted by the Athletic Training Staff. Do not misuse that trust. ATS are not to be unattended in the ATR without permission of a staff member. Do not allow coaches, athletes, or friends into the athletic training room.

5. Equipment & Supplies

Equipment (crutches, braces, TENS units, etc ...) is not to be given to an athlete or coach without permission of a staff member. All equipment handouts must be documented.

6. Documentation

Daily Sign-In Sheets: Please make sure that all athletes sign in each time they report to the Athletic Training Room. Athletes should sign in for treatments, rehabilitation, evaluation, taping & ice or heat (before and after practices).

Treatment & Rehabilitation Logs: Any time an athlete receives treatment or rehabilitation, it should be recorded in their treatment log. If an athlete comes in twice a day, each time should be logged separately. Before starting a new treatment/rehabilitation log an ATS should discuss with a staff member on the adjustment or addition to the athlete's program. (Do not allow an athlete to do the exact same rehab protocol for 2 weeks – Adjustments to rehab should be made accordingly). The ATS should not make any changes in treatment or rehab protocol without the approval of a staff member.

Injury/Illness Reports: All injury/illness reports must be handed to your ACI/CI and must be signed by an ATC. After your supervisor has read the report it should be filed in the appropriate sport binder.

Progress Notes: Athletes receiving extended treatment or rehabilitation following an injury or illness should be re-evaluated and assessed on a regular basis. Unique

circumstances or situations that cause a deviation from protocol should be documented. This documentation may also include communications with physicians.

Medication Administration: All medication must be administered by an ATC or with ATC permission. All administration information must be documented using the appropriate paperwork.

***Note: The CSC ATEP will be utilizing SportsWare Online beginning in the Fall 2011. Upon full transition into this system, many of the documentation formats listed above will be integrated into SportsWare.**

**ATHLETIC
TRAINING
GENERAL
SERVICE
POLICIES**

**Culver-Stockton College
Athletic Training
Mission Statement**

The mission of CSC Athletic training is to utilize the knowledge and expertise of its staff to provide appropriate athletic training services, given the available resources, for the safe and timely return of the student-athlete to physical activity.

Culver-Stockton College

Athletic Training Service Policy (Academic Sessions Aug 20-May 20)

***Athletic Trainers will have a maximum of 25 hours per week dedicated to service of athletics**

Athletic Training Room Operating Hours

Monday – Friday: 9-noon, 1-4 (Treatment/Rehabilitation)— may vary based on season & academic term

**Treatment & Rehabilitation should be done on an appointment basis (posted on ATR door)

Saturday (as needed)

Sunday (Games only or AT staff discretion)

Team Physician Clinic

Monday Afternoon: Athletes must set up an appointment with a certified athletic trainer before seeing the doctors.

Practice Coverage for In-Season Sports

Practice coverage will normally occur between the hours of 8:00am and 6:30pm. We will do our best to make sure coaches have access to ice/ice bags and a medical kit if practices fall outside of these hours. The athletic training staff requires 24 hour notice regarding changes to practice times. Insufficient notification may result in no athletic training services.

***Please note: Athletic training students will not be present outside of these hours. Please refer to the Emergency Action Plan Policy if you practice outside of these hours and need assistance.**

Practice Coverage for Out-of-Season Sports

There will be no coverage available. If supplies are needed such as ice, ice bags, or a medical kit please let us know. The coach/team is responsible for attaining and returning supplies. ***Spring football is the only exception due to its high risk. Please refer to the Emergency Action Plan Policy if you need assistance.**

Practice Coverage for Overlapping Seasons (Soccer/Volleyball vs. Men's/Women's Basketball)(Men's/Women's Basketball vs. Softball/Baseball)

When there are overlapping sports (Fall to Winter, Winter to Spring) the in-season sport that concludes will have priority for athletic training coverage. This includes staff and students. Any teams practicing outside of the designated times will not receive coverage as stated above.

Practice Coverage for Junior Varsity Sports

Practice coverage will be available **as long as** the junior varsity teams practice at the same time as the varsity and practice is during regular coverage hours.

Game Coverage for In-Season Sports

As required by the HAAC conference, a certified athletic trainer will be present at all conference home games/matches (with the exception of Golf). In addition, a certified athletic trainer will be present at all non-conference home games/matches. If changes in games are not communicated to the certified athletic trainer, coaches must realize that this may affect coverage.

Game Coverage for Out-of-Season Sports

There will be no requirement for certified athletic trainers to be present at any games/scrimmages out of season.

Team Travel

Certified athletic trainers are not required to travel to any away games/scrimmages/matches in or out of season (FB is an exception). If a certified athletic trainer travels with a team it is on a volunteer basis that falls outside of contract obligations. ***Please note: Athletic training students are not allowed to travel with any team without the presence of an ATC.**

Culver-Stockton College Athletic Training Room Policies and Procedures

As student-athletes at Culver-Stockton College, there will be occasion to seek the services of the athletic training room and the athletic training staff. The primary functions of this facility and staff are to educate athletic training students enrolled in the athletic training education program, and to provide care and management of injuries and illnesses that may affect the student-athlete during their participation at this institution. **All athletes should have completed the following information prior to their return to school: a medical history questionnaire, emergency contact information, treatment and liability waiver, and proof of current health insurance coverage.** All athletes will also be required to undergo a physical exam by a C-SC's team physician. **Athletes will not be allowed to begin practice or any conditioning in the presence or direction of the coach or team until these documents have been completed and on file with the Athletic Training Staff.** Athletes who are trying-out for a team, but are not officially on the C-SC team roster, must sign a try-out waiver form prior to athletic participation.

The following policies and procedures have been developed to better assist our athletes and coaches in the proper handling and management of athletic injuries.

I. Athletic Injury and Illness Procedures

- All injuries and illnesses should be directed to the athletic training room for evaluation.
- When an athlete is injured, the athletic trainer will evaluate the situation as quickly as possible. The coach will then be informed of the situation and the athlete's status for that game or practice.
- Athletes should notify the athletic training staff of medical appointments if the condition affects athletic participation. Appointments for illnesses may also be facilitated by a certified athletic trainer if the athlete so chooses. Athletes are responsible for establishing any preauthorization requirements necessary by their insurance company
- Athletes will be responsible for their own transportation to and from any health care appointments
- Athletes are responsible for all bills and payments for medical services. Culver-Stockton College does NOT provide any secondary health insurance.

II. Athletic Training Room Policy

- Sports in their competitive season (1st official day of practice through playoffs) will have priority in utilizing the services of the athletic training facility and staff. In cases where sports overlap, the sport which concludes first will have priority.
- All taping, bandaging, and injury care will be handled in the athletic training room by the athletic training staff. We will not make athletes late for practice. It is their responsibility to arrive early enough to complete all treatments and/or taping. If an athlete is arriving late due to class they must first communicate with the coach before coming to the athletic trainers.
- The athletic training room hours will be varied based on season and academic calendar. Hours will be posted on the front athletic training room door. Therapy treatments will be

on an appointment basis between posted times. If an athlete cannot make posted open times they should speak to a staff athletic trainer for alternate arrangements.

- Athletes are expected to adhere to these appointments and complete all treatments designated by the athletic trainer (this includes pre- and post-practice ice, heat, etc.). Adherence, or lack of, will be reported to head coaches on a daily basis.

III. Travel and Game Policy

- Home events will receive priority consideration for scheduling of athletic trainer coverage. Athletic training staff should be notified as soon possible regarding any time and date changes.
- There is no requirement for staff athletic trainers or athletic training students to travel with any team except Football. All other travel is completely voluntary. Athletic trainers and athletic training students traveling with a team will adhere to the dress code and team policies set forth by the coach of that sport or the athletic training staff. It is the team's responsibility to ensure that any athletic training staff is provided with meals and lodging.

IV. Athletic Training Staff -- Coaching Staff Relations

- Injury prevention is one of our primary concerns. At times a member of our staff may make suggestions to accomplish this. Please accept these in a constructive manner. We also appreciate and accept any suggestions that you may have to help us.
- If you are dissatisfied with the services you and/or your athletes are receiving, direct this displeasure to the certified athletic trainer, then the Athletic Director. Remember, many problems occur through a lack of communication.
- The team physician(s) will have the final decision on an athlete's playing status following an injury. If no team physician is present, the certified athletic trainer will make this decision. If there are any concerns by the coaching staff with this decision, please express them to the certified athletic trainer. This should be done in a professional manner, away from the event and the involved athlete. We are looking out for the best interest of the athlete.
- Please keep the athletic training staff abreast of any schedule changes or events that need our coverage. The certified athletic trainer or the athletic training student that is working with your sport should be in contact with you on a daily basis. This should be an ideal opportunity to communicate this as well as other concerns that either party may have (an injury update, travel arrangements, etc.).
- Athletic training students have good backgrounds and are interested in the care of your athletes. Be patient with them and they will become an important part of your team. Remember, they are still learning. Athletic training students cannot provide services without direct supervision of a staff athletic trainer.
- A pat on the back or a quick word of thanks will go a long way in making the athletic training student's efforts worthwhile. Please include them in special events such as team pictures and other special events. They take pride in being a part of your squad.

Culver-Stockton College Athletic Training Room Rules

The following rules and guidelines have been established in order to maintain a safe and efficient environment in the athletic training room. These rules apply to everyone and they are expected to be followed.

- Shorts, T-shirt, and sneakers are the proper attire for the athletic training room. Some exceptions may be made for males with upper extremity injuries. Leave all extra clothing or belongings in designated lockers.
- No cleats or spikes of any kind will be worn in the athletic training room.
- Profanity and horseplay will not be tolerated.
- Self treatment will not be allowed. All treatments, taping, bandaging, etc., will be done by the athletic training students or staff.
- DO NOT remove any equipment or supplies from the athletic training room without the permission of the athletic trainer. There will be a designated supply area for your use including tape scraps and bandages.
- ALL athletes will shower before treatments unless the athletic trainer indicates otherwise.
- Tobacco use of any kind is prohibited in the athletic training room.
- No food or drink will be allowed in the athletic training room.
- Please do not come into the athletic training room unless you are receiving treatment or meeting with a staff member.
- Return all equipment (crutches, braces, etc.) as soon as possible to avoid being charged for them.
- If you are late for treatment, you may not receive treatment that day. If you know ahead of time you are going to be late, please call and let us know.
- Make sure before you leave that you are scheduled for the following day if needed.
- Unless otherwise indicated by the athletic trainer, you are expected to be in full dress for practice regardless of the injury or illness.
- Injured athletes may receive daily treatments. Open athletic training room hours will be posted on the door and may vary due to sport season and the academic calendar. It is highly recommended that athletes sign up for an appointment time each day. Adherence to your appointments and your daily progress may be reported to the coach on a daily basis.
- Athletes are to wait outside the athletic training room until a taping table is open, then enter one at a time.

Certified Athletic Trainers — On Campus Phone:

Rob Carmichael (573) 288-6304

Christe Thomas (573) 288-6332

Jay Hoffman (573) 288-6342

Dana Hoffman (573) 288-6549

Role Delineation of the Coach, Staff Athletic Trainers and Athletic Training Students

- Athletic training students are under the supervision of the Certified Athletic Trainers.
- The Certified Athletic Trainers are in charge of athletic related injury and emergency situations with consultations from the coach and athletic director.
- Athletic training students will be educated in managing injury situations and emergencies and will be given the opportunity to use their skills with staff supervision.
- In emergency situations, the coach is ultimately responsible for all situations when a certified athletic trainer is not available.

Management of Athletic Injuries during Road Trip

IF AN ATHLETE BECOMES INJURED ON AN AWAY TRIP THE PROPER PROCEDURE IS AS FOLLOWS:

- Athlete will be evaluated by a Culver-Stockton College certified athletic trainer.
- If CSC's certified trainer is not present then the host institution's certified athletic trainer is to evaluate the severity of the injury.
- If for some reason the host institution does not have a certified athletic trainer on site the coach is to act appropriate to the situation. If the injury is to the head, neck, spinal column, an acute illness or another life threatening situation seek medical attention immediately. If the injury is not life threatening use practical knowledge (example: apply ice packs to a sprain).
- If an injury occurs when one of CSC's certified athletic trainers is not on the road then they should be notified immediately by phone. This conversation will determine when the injured athlete will be seen and re-evaluated at our facilities.

IF AN ATHLETE BECOMES INJURED ON AN AWAY TRIP AND REQUIRES OFF CAMPUS MEDICAL SERVICES THE PROCEDURE IS AS FOLLOWS:

- The staff athletic trainer will make proper arrangements with the appropriate medical services. The team bus or van(s) is to remain until the athlete's prognosis is determined.
- If a staff certified athletic trainer is not present the host institution's certified athletic trainer will/should make arrangements. The team bus or van(s) is to remain until the athlete's prognosis is determined.
- CSC's certified athletic trainer must be notified following the contest by phone. This conversation will determine when the injured athlete will be seen and re-evaluated at our facility or by another health care professional.

IF AN ATHLETE BECOMES INJURED ON AN AWAY TRIP AND REQUIRES OVERNIGHT STAY AT A HEALTH CARE FACILITY THE PROCEDURE IS AS FOLLOWS:

- The staff athletic trainer will make proper arrangements with the appropriate medical services.
- If staff athletic trainer is not present, the coach, will make necessary hospital arrangements (insurance, contacting parents, etc...).
- The Head Team Athletic Trainer must be notified by phone.

- Once the prognosis has been determined the bus or van(s) with the rest of the team may depart for campus. If possible, a member of the coaching staff is to remain with the athlete unless a parent or other family member is present. If, in the coach's judgment, he/she must return with the team, a member of the department must make every effort to be at the hospital the following day either to visit or transport the athlete back to our campus.
- Contact the athletic director if more assistance is needed.

Directions & Phone Numbers to Medical Sites

Blessing Hospital – Quincy, IL 217-223-1200

61 S. to 24 E. (Quincy, IL exit). Follow 24 into Quincy, at the 2nd stoplight turn left. Go three blocks to Broadway and turn right. The hospital will be approximately 8 blocks up on the left.

Hannibal Regional Hospital- Hannibal, MO 573-248-1300

61 S. through Palmyra, 24 W. to 24/36 intersection , turn on 36 E. and travel approximately 3 miles to Shinn Lane Exit. The hospital can be seen on the south (right) side of the road.

Body Motion Center (Quincy Sports & Occupational Medicine & Advance Physical Therapy)- 927 Broadway St., Quincy, IL 62301-- (217)224-8933, Advance (217)-222-9300

Go to Quincy get on Broadway going East. Turn left onto 10th street. Turn into the parking lot on the left.

Quincy/SIU Family Practice Center/ – 612 N. 11th St., Quincy, IL 62301 (217)224-9484

Go to Quincy and get on Broadway going East; turn left at the light on 12th St.; take the first left and back one block; the clinic will be on the right.

Quincy Medical Group: Orthopedics (x 3127) Sports Medicine and Physical Therapy Clinic (x3282) –1118 Hampshire Quincy, Illinois 217-222-6550.

You are on Maine St. when you cross the bridge into Quincy. Turn left onto 12th street, turn left onto Hampshire. Parking is on the right and the QMG clinic is on the left, first floor

Midwest Orthopedic Specialists (Upstairs)/Hannibal Regional Hospital Physical Rehabilitation & Hand Center (Downstairs) – 188 Medical Dr., Hannibal, MO 63401 (573)248-1010

Hwy 61 S. through Palmyra; Hwy 24 W. (toward Monroe City- US 61-S) to Hwy 24/36 intersection; turn left on Hwy 36 E.; Right onto MO-MM, Left onto County Rd 437, L onto Forest Drive, L onto Medical Drive

Advance Physical Therapy & Sports Medicine – 3032 Broadway, Quincy, IL 62301 (217)222-6800

Go to Quincy and get on Broadway going East; turn in the Staples parking lot; Advance is a couple of doors to the right of Staples.

Advance Physical Therapy – Canton, Mo (573)288-3311; Frontage road next to County Market

Stratton Chiropractic Center – 1515 Broadway, Quincy, IL 62301 (217)224-4500

Go to Quincy and get on Broadway going East; turn left on 16th Street; take next immediate left down the alley; entrance and parking are off the alley; you can see and building from Broadway.

Quincy Medical Group Canton Clinic – Canton, MO 63435 (573)288-5949; Frontage road next to County Market and Advance Physical Therapy

OTHER IMPORTANT PHONE NUMBERS

LEWIS COUNTY AMBULANCE/DISPATCH		911
ROB CARMICHAEL	OFFICE	573-288-6304
	CELL	217-242-1134
CHRISTE THOMAS	OFFICE	573-288-6332
	CELL	217-653-2710
JAY HOFFMAN	OFFICE	573-288-6342
	CELL	319-551-9801
DANA HOFFMAN	OFFICE	573-288-6549
	CELL	319-551-5054
GREG McVEY (AD)	OFFICE	573-288-6424
	CELL	217-779-8550

Culver-Stockton College Athletic Training Visiting Team Letter

August 11, 2011

Dear Visiting Athletic Trainer,

We would like to take the opportunity to welcome you and your team(s) to Culver-Stockton College and Canton, Missouri. We look forward to an enjoyable and injury free contest.

Our athletic training facilities are located in Charles Fieldhouse. We have most of the modalities that you would need including, ice, hydrocollator packs, ultrasound, whirlpools, and electrical muscle stimulation. The athletic training room will be open 1 ½ to 2 hours prior to most events. **No electrical modality or ultrasound treatments will be given without either the presence of or a note from a certified athletic trainer or team physician.** If no one will be traveling with your respective squads, please notify us ahead of time and make sure that they bring appropriate supplies (medical kit).

The following equipment and supplies will be available on your sidelines or readily accessible if needed:

Cold drinking water & cups or water bottles

Injury ice on your bench or sideline

Ice towels (when needed)

Emergency Equipment (splints, spine board, crutches)

Biohazard Container on your sideline

A certified athletic trainer will be present for all home events. For all contests, we will have a team physician and ambulance on call. A team physician and ambulance will be on the sideline at all varsity home football games.

Emergency Phone Numbers:

Blessing Hospital (Quincy, IL) (217)223-1200

Hannibal Regional Hospital (Hannibal, MO) (573)248-1300

Certified Athletic Trainers

Rob Carmichael W (573)288-6304, C (573)242-1134 (Football)

Christe Thomas W (573)288-6332, C (217)653-2710 (Basketball & Track & Field)

Jay Hoffman W(573)288-6342, C (319)551-9801 (Soccer & Baseball)

Dana Hoffman W(573)288-6549, C (319) 551-5054 (Volleyball & Softball)

If you have any questions, feel free to contact our office. We look forward to your visit. Good luck, and have a great season!

Sincerely,

Rob Carmichael, MA, ATC
Athletic Training Education Program Director/Senior Lecturer

Jay Hoffman, DHSc, ATC
Asst Professor/Associate Athletic Trainer

Christe Thomas, MS, ATC
Clinical Coordinator/Senior Lecturer

Dana Hoffman, ATC
Assoc Athletic Trainer

Culver-Stockton College Athletic Training Personnel

Team Physician: The team physician will have total medical responsibility for the intercollegiate athletic programs. The team physician will see injured athletes in the athletic training room once a week and will provide on-call coverage for some home athletic events. This person will evaluate all pre-participation physical examinations. The team physician may prescribe medications and treatments for the injured athletes. The team physician along with the respective certified athletic trainer, in consultation with the head coach, will have final recommendation on all injuries or medical matters regarding an athlete's participation.

Consulting Physicians: The Athletic Training Department has a team of physicians in different specialties to assist them in the evaluation of all illness and injuries. Referrals will be made to the following specialist and medical facilities in the community.

General Medical or Internal Medicine/Sports Medicine

217-224-8933 (BMC/Blessing Office) or 217-224-8957 (SIU Family Practice Office)

Dr. James Daniels, M.D.

Dr. Merle Muller, M.D.

Athletic Training Staff

The athletic training staff is comprised of four certified athletic trainers who also serve as: Program Director, Clinical Coordinator, and Approved Clinical Instructors. Each respective associate athletic trainer is responsible for the coordination and oversight of all the athletic training services for their particular intercollegiate sports. The associate athletic trainers will consult with the Team Physician regarding athletic injuries and illnesses. The athletic training staff is also responsible for creating a positive environment for the students involved in the Athletic Training Education Program.

ON CAMPUS TELEPHONE NUMBERS

Athletic Office: 573-288-6443

Athletic Fax Number: 573-288-6442

Greg McVey (A.D.): 573-288-6424

Rob Carmichael: 573-288-6304

Christe Thomas: 573-288-6332

Jay Hoffman: 573-288-6342

Dana Hoffman: 573-288-6549

SERVICES PROVIDED

The athletic training room is an allied health care facility and should be treated as such. The following is a list of services provided to C-SC athletes, as budgetary restrictions allow:

- Provide preventive and functional athletic taping.
- Coordinate pre-participation physical examination and interim health histories for all athletes.
- Maintain athlete health records to include insurance and emergency contact information
- Complete evaluation of all athletic injuries.

- Provide treatment for all athletic injuries.
- Provide immediate care and/or first aid in emergency situations.
- Referral of athletes to the Team Physician and/or Consulting Physicians.
- Provide rehabilitation and/or reconditioning programs for all athletic injuries.
- Maintain records of injuries, treatments, and rehabilitations.
- Provide consultation for athletes: medical, nutritional, exercise, fitness, and personal.
- Communication with athletes, coaches, administration, health care providers, and parents.
- Provide medical coverage for practices and home athletic events (according to coverage policy).
- Maintenance of all athletic training facilities and equipment.

Culver-Stockton College

Athletic Training Inclement Weather Policy

Heat, Cold, & Lightning

The nature and severity of weather has a significant impact on the safety and suitability of the environment for practice or competition. Not unlike other contact or non-contact injuries, environmental illness and safety is a primary concern of the CSC Athletic Training Department. Each guideline is based upon validated research and professional position statements endorsed by the NATA. The following guidelines will determine appropriate participation status for CSC sponsored events.

Game Stoppage:

The decision regarding stoppage of play during an official game or contest is the domain of the official or referee officiating the game or contest. It should also be stated that the head coaches of the home or visiting teams, or the certified athletic trainer of the home institution should be able to confer with the game official to bring stoppage of play during dangerous activity. Stoppage of play should be based on the following guidelines.

***Any person who feels he or she is in danger during activity should have the right to leave the field or event site to seek safe shelter.*

If the decision has been made to stop play, instructions from the event coordinator should be given to the spectators, competitors, and all intercollegiate athletics' personnel as to where to go and what to do until the hazard has passed.

Heat Guidelines:

A WBGT reading will be taken daily by an ATC or ATS within one hour of the scheduled practice time. Decisions for participation status will be determined according to the chart below.

WBGT Reading	Practice Status	Work to Rest Ratio	Comments
78-82 F	Modified	2:1	Work should not exceed 20 min.
82-86 F	Limited	1:1	Work should not exceed 15 min.
86-89.9 F	Limited – No Pads for FB	1:1	Work should not exceed 15 min.
>90 F	<i>Delayed/Rescheduled/Re-located</i>	None	Reschedule or move to appropriate location.

*WBGT = 0.7T_{wb} + 0.3T_{db}

For additional information on exertional heat illness you may refer to the NATA position statement located at <http://www.nata.org/statements/position/exertionalheatillness.pdf> or the Manual of Naval Preventative Medicine.

Cold Guidelines:

A wind chill reading will be taken daily by an ATC or ATS within one hour of scheduled practice time. Decisions for participation status will be determined according to the chart below.

Wind Chill Temp	Practice Status	Duration	Comments
7 to -2 degrees F	Modified	Less than 60min	Cover exposed skin. Re-warm immediately after exercise bout.
-7 to -17 degrees F	Limited	Less than 30 min	Cover exposed skin. Re-warm immediately after exercise bout.
-18 to -29 degrees F	Significantly Limited	Less than 10 min	Cover exposed skin. Re-warm immediately after exercise bout.
<-29 degrees F	<i>Delayed/Rescheduled</i>	None	Reschedule or move to appropriate indoor location.

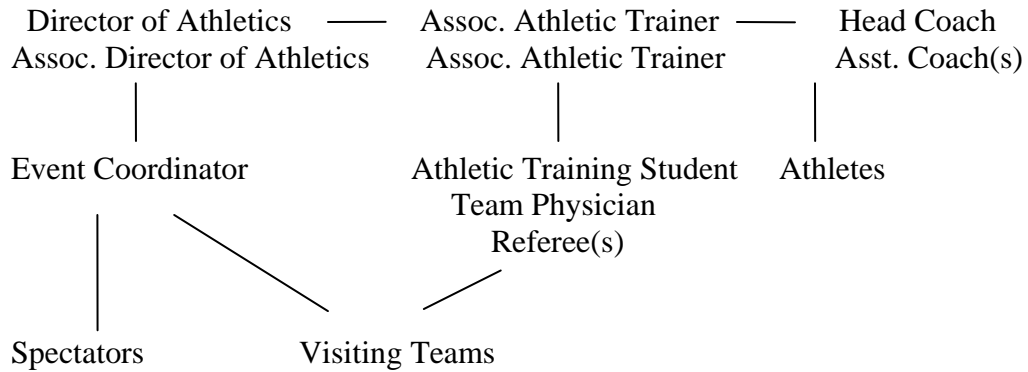
*Wind chill = $35.74 = 0.6215T(v.16) + 0.4275T(v.16)$ or use web link <http://www.springfrog.com/weather/wind-chill.htm>

The above calculations are generally associated with air temperatures <25 degrees F. For additional information on environment cold injuries you may refer to the NATA position statement located at <http://www.nata.org/statements/position/environmentalcoldinjuries.pdf>

Lightning Guidelines:

The ATC/ATS should check the weather daily prior to practice. A weather report can be obtained from the National Oceanographic and Atmospheric Administration (NOAA) weather radio or on the Internet at various sites such as www.weather.com. In addition, a lightning detection device can be used to help determine the location of lightning in the area. These reports should be monitored for storms that may develop during scheduled practice times. The National Weather Service will often issue thunderstorm “watches” and “warnings.” Watches mean that the conditions are favorable for the development of thunderstorms, while warnings mean that thunderstorms have formed in the area and precautions should be taken. In the event of lightning the following guidelines should be followed.

- A. Monitor weather conditions prior to and during the course of outdoor activities.
- B. Should inclement weather be approaching, be prepared to activate and follow the chain of command.



C. When lightning or thunder is detected, suspend activity with a **Flash to Bang** count of **30 seconds or less**. A lightning detector indicating a storm in the **3-8 mile** range should also be cause to suspend activity and seek shelter.

D. Leave the field and seek safe shelter.

- Safe Areas:
- Football Practice: Fraternity Houses, Fieldhouse, Enclosed Vehicle
 - Football Game: Fieldhouse, ARC
 - Cross Country/Track & Field: Fieldhouse, ARC
 - Soccer: Fraternity Houses, Enclosed Vehicle
 - Golf: Clubhouse
 - Baseball: Fraternity Houses, Enclosed Vehicle
 - Softball: Enclosed Vehicle

- Unsafe Areas:
- open fields
 - metal bleachers
 - near fences, light poles or tall trees
 - standing water
 - dugouts, sheds

E. Resume activity **30 minutes** following the last sight of lightning or sound of thunder.

F. Activate emergency procedures if someone is struck by lightning.

For additional information on environment cold injuries you may refer to the NATA position statement located at <http://www.nata.org/statements/position/lightning.pdf>

Culver-Stockton College Athletic Training Emergency Action Plan (EAP)

The following emergency action plan (EAP) should be read and understood by all coaches, faculty, staff, administration, and students that will have direct contact with the athletic training and intercollegiate athletics program at Culver Stockton College. This plan was designed as a reference for CSC campus venues should any emergency arise. In the case of an emergency, every effort should be made to follow the procedures outlined in the proceeding EAP. It is understood that every emergency is not the same, and actions may have to be taken beyond the scope of this plan to ensure the safety of those involved. In every circumstance it is necessary that all coaches, faculty, staff, administration, and applicable students remain calm and act prudently in the case of an emergency to ensure the safety of the individual(s) involved, as well as fellow competitors and spectators. *Emergencies at away venues will follow that of the host institution's EAP, with the exception of follow-up notifications.*

What is an Emergency?

A medical emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long term health. Examples include but are not limited to, difficulty breathing, thoracic pain or pressure beyond two minutes, unusual or cessation of pulse or heart rate, loss of consciousness, difficulty speaking, change in mental status, uncontrollable bleeding, or changes in skin color (red/white/ or blue),

Emergency Telephones:

Many athletic fields/venues do not have immediate access to landline telephones; therefore it will be the responsibility of the primary care provider to have a cell phone available. The Athletic Trainer (ATC) will be the responsible party for any supervised athletic participations (refer to the Athletic Training Coverage Policy for clarification of coverage). When athletic participations are NOT supervised by an ATC, the coach is the primary care provider and responsible for having a cell phone available.

Emergency Equipment:

Emergency equipment, including but not limited to, AED, spine board, splints, and protective barriers will be the responsibility of the ATC for supervised participations. Due to limited resources not all emergency equipment can be provided on-site for all scheduled participations. Therefore this equipment is located in the Charles Fieldhouse ATR, and will be dispersed according to venue needs and activity risk. Equipment may be checked out by a coach if requested.

AED Locations

Charles Fieldhouse-	in lobby and ATR
Baseball/Soccer/FB Practice Field-	in lobby of fieldhouse/on locale for competition
FB/Track & Field/ARC -	in ARC/on locale for competition
Softball Field-	N/A for practice/on locale for competition

Emergency Contact Numbers:

In the event of an emergency, 911 should be contacted immediately and care should be rendered according to the proceeding procedures. *The AD will serve as the primary contact. All CSC campus office numbers begin with prefix (573) 288-_____.

Ambulance/Fire /Police	911
Campus Safety	x6300

*Greg McVey x 6424 Office
Athletic Director 217-779-8550 Cell

Rob Carmichael (FB/GLF) x 6304 Office
Staff Athletic Trainer 217-242-1134 Cell

Dana Hoffman (VB/SB) x6549 Office
Staff Athletic Trainer 319-551-5054 Cell

Jay Hoffman (SOC/BSB) x 6342 Office
Staff Athletic Trainer 319-551-9801 Cell

Christe Thomas (BB /TK) x6332 Office
Staff Athletic Trainer 217-653-2710 Cell

Dr. Merle Muller 217-224-8933 Office
Team Physician

Culver-Stockton College Athletic Field and Complex Emergency Action Procedures

Emergency Action Procedures:

1. The Athletic Trainer (ATC) will be the primary care provider. In absence of ATC, the Coach or Athletic Director is the care provider.
2. The care provider will designate someone to call 911. The involved individual(s) should be continually monitored and is(are) not to be left alone unsupervised unless absolutely necessary. The following should be given to the dispatcher:
 - a) Is the athlete conscious, breathing, or have a pulse.
 - b) Detailed information regarding the nature of the injury.
 - c) What care is being administered
 - d) Exact location of the injured.
 - e) Exact location of where the ambulance should arrive.
3. The care provider will designate someone to stand at the venue entrance to direct the ambulance.
4. At all times the integrity or the safety of those around should be ensured. An individual designated by the care provider should control any crowd or distressed athletes that may compromise the safety of the scene.
5. Every attempt should be made to have a college representative accompany an athlete to the hospital. An assistant coach or athletic training student may be most appropriate. The primary provider should remain on-site until a qualified replacement can take over his/her duties.
6. After transport of the injured athlete, the care provider should remain at the scene to ensure the safety and supervision of the remaining athletes. For no reason should an athlete be permitted to leave practice or competition to follow the injured to the hospital. If anyone witnessing the event should become seriously distressed, the individual should be referred to the CSC counselor.
7. Following activation of this EAP, the primary care provider should notify the Athletic Director and staff Athletic Trainer of the incident, and the AD will determine appropriate notifications

Ambulance Directions:

Charles Fieldhouse:

The ambulance should take **S. Monticello Rd to Hilltop Dr.** arrive at the **south parking lot of Charles Fieldhouse.** Emergency personnel should be directed through the **South lobby** doors.

Baseball/Soccer/FB Practice Outdoor Complex:

The ambulance should take **Wildcat Dr.** to the **gravel parking lot adjacent the baseball/soccer/FB practice fields.**

FB/Track & Field/ARC:

The ambulance should take **S. Monticello Rd to Hilltop Dr., left at Henderson Hall** toward physical plant, arriving at the **large west gravel parking lot** of the ARC. For access to FB/Track field continue past physical plant on small winding gravel road to north side of the field.

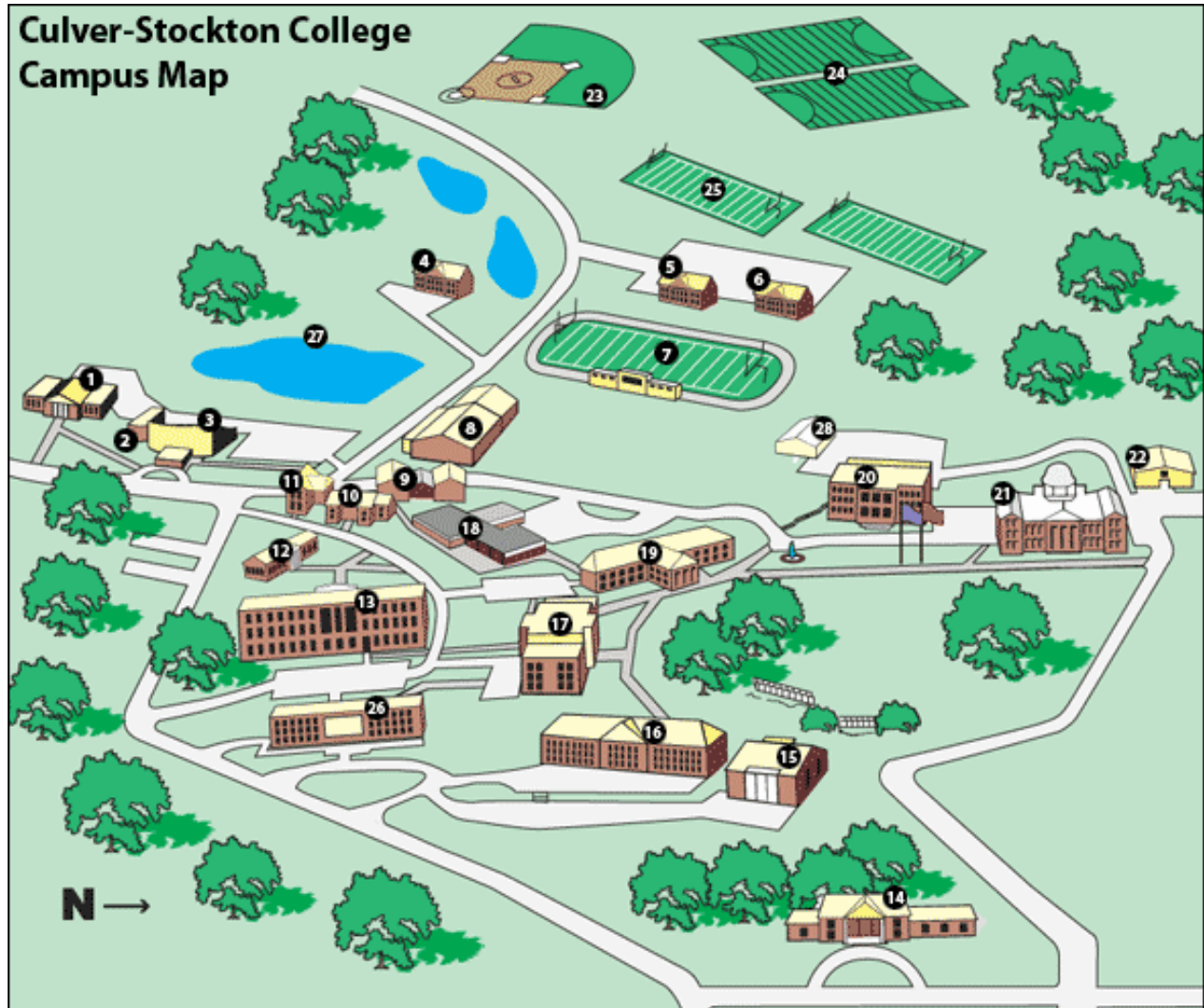
Softball Field (Cotton Bowl):

The ambulance should take **White St., go north on to 10th St.,** arriving at **east or north parking** of Cotton Bowl Softball Field.

Golf Course:

Take **Highway B** south out of Canton, go west onto 220th St. to **Riverview Country Club** clubhouse. The ambulance will be directed to appropriate location.

Athletic Complex and Facilities Map



Location #

- 8. FB/Track & Field
- 9. Charles Fieldhouse
- 23. Baseball Field
- 24. Soccer Fields
- 25. FB practice Fields
- 28. ARC

*Golf Course & Cotton Bowl/Softball Field not pictured

The following roles will need to be performed in the case of any emergency. Before each season each role needs to be designated to someone, please fill in the blanks with names or titles of people who will be responsible for each task.

Culver-Stockton College Athletic Training Biohazard Concerns and Universal Precautions

I. The OSHA/VOSH 1910.1030 Blood borne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B. virus (HBV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses. Through routes like needle-stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials, in the course of their work. Occupational transmission of HBV occurs much more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent exposure of workers. This exposure control plan has been established in order to minimize and to prevent, when possible, the exposure of everyone assisting in the athletic training room to disease-causing microorganisms transmitted through human blood, and as a means of complying with the Blood borne Pathogen Standard.

All employees who are exposed to blood and other potentially infectious materials as a part of their job duties are included in this program. Basic components of this exposure control plan include:

Exposure Determination
Methods of Compliance
Hepatitis B Vaccination Policy

II. EXPOSURE DETERMINATION

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (listed below) will be included in this exposure control plan. Exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment)

METHODS OF COMPLIANCE

A. Universal Precautions

All blood or other potentially infectious materials shall be handled as if contaminated by a blood borne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. The following engineering controls will be utilized: Sharps containers: will be maintained or replaced on a regular schedule.

B. Hand washing and Other General Hygiene Measures

Hand washing is a primary infection control measure that is protective of both the employee and the patient. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious material, the skin shall be washed with soap and water; the mucous membranes shall be flushed with water, as soon as possible. Eating, drinking, smoking, applying cosmetics or lib balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other

potentially infectious materials. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. Employees shall use practices to minimize splashing, spraying, spattering and generation of droplets during procedures involving blood or other potentially infectious materials.

C. Sharps Management

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited. Sharps containers must be able to close, puncture resistant, labeled or color-coded, leak-proof on sides and bottom and maintained upright throughout use. Containers are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found. Contaminated disposable sharps shall be discarded as soon as possible after use in the disposable sharps containers. Contaminated broken glass is also to be placed in disposable sharps containers. As soon as possible after use, reusable contaminated sharps are to be placed in the reusable sharps container until properly processed. Sharps containers are located in the exam room and the athletic training room. Overfilling of sharps containers creates a hazard when needles protrude from openings. Nearly full containers must be promptly disposed of (or emptied and decontaminated in the case of reusable sharps). Disposal of hazardous materials will be disposed of by the Team Physician(s) in cooperation with Blessing Hospital.

D. Precautions in Handling Specimens

Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping. The container must be closed before being stored, transported or shipped. If outside contamination of the primary container occurs or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container, which prevents leakage and/or resists puncture during handling, processing, storage, transport or shipping.

E. Management of Contaminated Equipment

Assess equipment for contamination and decontaminate as necessary and if possible before servicing or shipping. Equipment, which has not been fully decontaminated, must have label attached with information about which parts remain contaminated. Athletic training students or staff assesses and decontaminates equipment with a Clorox preparation.

F. Personal Protective Equipment: General Guidelines

All personal protective equipment will be provided, repaired, cleaned and disposed of by the employer at no cost to employees. Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks are available. A variety of sizes are in stock. Employees who have allergies to regular gloves may obtain hypoallergenic gloves. If blood or other potentially infectious material penetrates a garment, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All person protective equipment shall be removed before leaving the work area; it shall be placed in assigned containers for storage, washing, decontamination or disposal (red trash can with or biohazard bag).

Protection for Hands

Gloves shall be worn in the following situations:

- When it can be reasonable anticipated that hands will contact blood or other potentially infectious materials, mucous membranes and non-intact skin;

- When performing vascular access procedures;
- When handling or touching contaminated items or surfaces.

Disposable Gloves

- Replace as soon as feasible when gloves are contaminated, torn, punctured or when their ability to function as a barrier is compromised.
- Do not wash or decontaminate single use gloves for re-use.

G. *Exposure Incident Protocol*

Any athletic trainer or athletic training student who incurs an exposure incident should report the incident to the medical direction. All athletic trainers and athletic training students will then be offered a post-exposure evaluation and follow-up according to the OSHA standard. A copy of the Exposure Incident Form should be filed with the Program Director and Athletic Training Staff

III. Hepatitis B Vaccination

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. Athletic training students are required to begin the series of injections, or signing of a Hep B waiver, prior to application to the Athletic Training Education Program.

Culver-Stockton College Athletic Training Over-the-Counter (OTC) & Drug Administration Policy

The C-SC athletic training staff is committed to providing the best possible healthcare to our athletes and athletic teams. Due to many changes in the healthcare system and legal responsibilities it is necessary for the athletic training staff to limit any over-the-counter (OTC) drug administration.

- C-SC athletic training will only provide OTC medicines such as sudafed, tylenol, ibuprofin & anti-histamine.
- Administration of any medications must be documented on the appropriate form.
- OTC medicines will not be readily accessible for athlete use. Only a certified athletic trainer will be able to provide any medicine.
- Individual dosing packages will be given to the athlete per instructions listed by the manufacturer. Athletic trainers will not increase dosages past the manufacturer's instructions without approval of a team physician.
- Athletes will only be given a maximum of 24 hours worth of medications.
- It is highly recommended that athletes not combine any OTC medications. They should follow the ATC's specific instructions. Overdosing or combining medications can cause serious or unwanted side effects.
- It is highly recommended that athletes who consume three or more alcohol beverages a day avoid taking OTC medications without physician approval.
- Athletic training students will not be allowed to administer any medications without approval of a certified athletic trainer.

Pseudophedrine (Sudafed): sinus & nasal congestion

Acetaminophen (Aminofen): pain relief

Ibuprofin (Addaprin): anti-inflammatory

Culver-Stockton College

Athletic Training Work Study

Work Study: Athletic Training Students have the opportunity to apply for a work study position. Students must meet the minimum requirements for each position. Positions are re-evaluated each academic semester. Students are not guaranteed a position.

Work Study #1

Description of Position: This position will entail all aspects of athletic training maintenance and some administrative work. Clinical hours are not a part of this position. Responsibilities will vary by week based on the needs of the athletic training room and staff.

- ATR Maintenance Coordinator (1-2 positions)
- ATR Administrative Assistant (Paperwork, Sportsware Data Entry)
- ATEP Academic Assistant (Clinical Filing, Hour Logging for ATEP)
- Off-Season Sports Coordinator (1-2 positions)

Requirements: You must meet all these requirements in order to be considered for this position

- Admitted student in the ATEP
- Minimum cumulative GPA of 3.0
- Must be able to maintain a consistent weekly schedule
- Demonstrate initiative and ability to work on your own
- Demonstrate high level of reliability, trustworthiness

Work Study #2—Teaching Assistants

Description of Position: This position will enable the athletic training student to gain supervised experience as a teaching assistant. Responsibilities will vary by week based on the laboratory schedule and needs of underclass students. This position will require a high degree of confidentiality, confidence and excellent skills related to the coursework. Some hours will require the TA to be in the classroom or athletic training classroom, while other times work may be done at the TA's convenience.

- Explorations in ATR (MWF 8-903am)
- Upper Extremity Assessment (R 8-11am)
- Therapeutic Exercise (MWF 1020-1123am)

Requirements: You must meet all of the following requirements in order to be considered for this position

- Must have completed coursework necessary to assist with course and passed all sections with at least a "B"
- Minimum core GPA of 3.0
- Upperclass student in the ATEP
- Demonstrate ability to perform all aspects of CPR, first aid and injury evaluation, or rehabilitation skills

Responsibilities: This position will have a maximum of 10 paid hours per week at a rate of \$7.05.

Responsibilities will include:

- Assisting with all skill activities & testing
- Assist with designing and grading skill tests, quizzes, and homework
- Some (supervised) teaching of skills
- Conduct study sessions with students
- Assist with monitoring and scheduling of observation students

**APPENDIX A
ATHLETIC
TRAINING
EDUCATION
PROGRAM:**

**PRE-PROFESSIONAL
PHASE**

**Culver-Stockton College
Athletic Training Education Program
Handbook Acknowledgement**

Form A-1

I, _____, hereby acknowledge that I have read and understand all of the policies and procedures contained within the 2011-2012 Culver-Stockton College ATEP Policies & Procedures Handbook. I further understand that these policies and procedures govern all aspects of the academic and clinical components of the ATEP.

I further understand that failure to abide by these written policies and procedures may result in my dismissal from the ATEP and the academic major of athletic training at Culver-Stockton College.

Student Signature

Date

Program Director

Date

Culver-Stockton College
Athletic Training Education Program
Hepatitis B Vaccination Declination

Form A-2

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been strongly advised to obtain the Hepatitis vaccine. However, I decline Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can do so at any time.

Student Name

Student Signature

Date

Witness Name

Witness Signature

Date

**Culver-Stockton College
Athletic Training Education Program
Confidentiality Agreement**

Form A-3

I _____ understand that it is my responsibility to maintain complete confidentiality with regard to all information related to Athletic Training Services (on campus and off) both during and after my period of involvement with the Athletic Training Education Program. I will not directly, or indirectly use, reveal, publish, disclose or transfer any confidential information to any person/entity, or utilize any information for any purpose, except in the course of my work for Culver-Stockton College. All athletic training students may be exposed to sensitive and confidential information regarding other students and athletes. I understand that no information, without written and expressed consent from the athlete, can be released to anyone other than C-SC athletic training and medical staff. By providing my signature below, I acknowledge and agree to this confidentiality policy and understand that violation of this policy may result in disciplinary action or dismissal from the Athletic Training Education Program.

Date: _____

Signature: _____

Program Director Signature: _____

Culver-Stockton College
Athletic Training Education Program
Letter to Applicants

Form A-4

Dear Applicant:

Thank you for your interest in the Athletic Training Education Program at Culver-Stockton College and your request for application materials. Please refer to the course catalog regarding the selection/retention/probation/termination procedures. Enclosed please find a copy of the application form and an application checklist. The major is officially recognized as a Bachelor of Science degree in Athletic Training and is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Sophomore enrollment is strongly recommended, as the comprehensive major requires a minimum of 43.5 semester hours in athletic training course work, 28-29 semester hours in support courses, and a minimum of four semesters of clinical experiences once admitted to the program, in addition to completing the college's general education requirements.

Admission into the Athletic Training Education Program is competitive and requires completion of the application and submission of all requested documents by April 1, for consideration. Selection will then be made from the pool of all qualified applicants to enter the program in their second year of attendance. Students will be notified of formal admission upon the release of final grades, completion of candidate interviews, and receipt and evaluation of all supporting application materials.

The comprehensive major has been designed to provide a sound academic basis for Athletic Training while offering numerous practical and clinical experiences with college athletic teams and in other athletic training settings. The vastness of expertise found in the Quincy and Hannibal medical community and the cooperation with physicians and allied health personnel offer numerous opportunities for professional development. We think we offer an exciting and challenging major to prepare students for a career in Athletic Training. If our office can provide further assistance, please contact us.

Sincerely,

**Robert W. Carmichael, MA, ATC
Athletic Training Education Program Director
Culver-Stockton College
One College Hill
Canton, MO 63435
(573) 288-6304 Fax (573) 288-6442
Email rcarmichael@culver.edu**

Culver-Stockton College
Athletic Training Education Program
Candidacy Application Checklist

Please follow the instructions below for completing the application process. Your application must include all of the information and materials requested below. Incomplete applications will not be considered. It is the applicant's responsibility to ensure all application materials are received in the Athletic Training office prior to the deadline date.

COMPLETED APPLICATION FORM

This includes the following:

Completed application form

Essay addressing the questions outlined on the application form

Three letters of reference sent under separate cover to the Athletic Training Education Program Director.

OFFICIAL ACCEPTANCE OR PENDING STATUS TO CULVER-STOCKTON COLLEGE

ALL APPLICATION MATERIALS MUST BE RECEIVED IN OUR OFFICE BY APRIL 1.

****Transcripts and standardized testing scores are on file in the office of the registrar, but it is the applicants responsibility to ensure that requested application materials be submitted to the Athletic Training Education Program by April 1.**

Please return completed application by April 1 to:

**Athletic Training Education Program
Culver-Stockton College
One College Hill
Canton, MO 63435
(573) 288-6304 (573) 288-6442 fax**

**Culver-Stockton College
Athletic Training Education Program
Application for Program Admission**

Name _____ Date _____

Social Security Number _____

Permanent Address _____ Phone _____
STREET

Email _____

CITY STATE ZIP

College Address _____ Phone _____
STREET

Email _____

CITY STATE ZIP

EDUCATION

HIGH SCHOOL

Name of High School _____ Attendance Dates _____

Rank in Class _____ / _____ Graduation Date _____

ACT/SAT Score _____ Grade Point Average _____

Academic Honors: (Use additional sheet or send resume if necessary)

Extracurricular Activities: (Use additional sheet or send resume if necessary)

COLLEGE/UNIVERSITY (If applicable)

Name of College/University _____ Attendance Dates _____

Year in College _____ Major(s) _____

Cumulative GPA _____ Minor/Concentration _____

Academic Honors: (Use additional sheet or send resume if necessary)

Extracurricular Activities: (Use additional sheet or send resume if necessary)

OTHER EDUCATIONAL EXPERIENCES:

WORK EXPERIENCE:

ATHLETIC TRAINING EXPERIENCE:

Number of years as an athletic training student: _____ H.S. _____ College _____

List athletic training or other related experiences including sport assignments/responsibilities, clinics/workshops attended, clinical observation, volunteer work, etc.:

ESSAY QUESTION

Please type (12 pt font, double spaced) a one page minimum two page maximum response to the following statement:

Please discuss your background and experiences relative to the athletic training profession and how your future goals and ambitions will benefit the college, community, and field of athletic training.

GENERAL INFORMATION:

RECOMMENDATIONS:

Please list the names of persons whom you have requested to complete a letter of reference for admission into the Athletic Training Curriculum Program.

1. _____
Name Address Job Title
2. _____
Name Address Job Title
3. _____
Name Address Job Title

Culver-Stockton College

Athletic Training Education Program

Technical Standards for Admission

Form A-5

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

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

- the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
- sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
- 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.
- the ability to record the physical examination results and a treatment plan clearly and accurately.
- the capacity to maintain composure and continue to function well during periods of high stress.
- the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
- flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
- affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. The Office of the Academic Dean will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. If a student states he/she can meet the technical standards with accommodation, then the College will determine whether the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation. In making the determination whether the student can meet the technical standards with reasonable accommodation, the College may seek expert opinions from third parties who are knowledgeable in the field of athletic training education, and may rely on those opinions.

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.

Signature of Applicant _____

Date _____

**Alternative statement for students requesting accommodations:

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

Signature of Applicant _____

Date _____

Culver-Stockton College
Athletic Training Education Program
Physical Examination Form for Student Admittance

Form A-6

Prospective students and examining physicians should be aware that the Athletic Training Education Program at Culver-Stockton College is a rigorous and intense program that will place specific requirements and demands on the students enrolled in the program. This document is intended to determine if students can meet the physical demands of the program, either with or without reasonable accommodations. Specific questions regarding these demands may be answered by referring to the Technical Standards for Admission document, or by inquiries directed to the Athletic Training Education Program Director. An athletics physical completed by a CSC team physician will also suffice.

Name: _____ **Birthdate:** _____

Height: _____ **Weight:** _____ **Blood Pressure:** _____ **Pulse:** _____

Vision: R _____ **L** _____ **B** _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Mouth/Teeth	_____	_____
Cardiovascular	_____	_____
Chest/Lungs	_____	_____
Abdomen	_____	_____
Skin	_____	_____
Genitalia	_____	_____
Musculoskeletal	_____	_____
Neck	_____	_____
Spine	_____	_____
Shoulders	_____	_____
Arms/Hands	_____	_____
Hips	_____	_____
Thighs	_____	_____
Knees	_____	_____
Ankles	_____	_____
Feet	_____	_____
Neuromuscular	_____	_____

Comments on Abnormal Findings: _____

Physician's Signature: _____ **Date:** _____

**Culver-Stockton College
Athletic Training Education Program
Blood-bourne Pathogens Training**

Form A-7

Course Outline

- A. The Standards
- B. Epidemiology and Symptoms of Bloodborne Diseases
- C. Modes of Transmission
- D. Recognizing Potential Exposures
- E. Use and Limitations of Exposure Control Methods
- F. Personal Protective Equipment (PPE)
- G. Selection of PPE
- H. Hepatitis B Virus Immunization
- I. Emergencies Involving Blood or Other Potentially Infectious Material
- J. Exposure Follow-up Procedures
- K. Post Exposure Evaluation and Follow-up
- L. Signs and Labels
- M. Opportunity to Ask Questions

Person Conducting Training: _____

Qualifications of Trainer: _____

Name:	Date:	Signature	Initial Training	Retraining
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**APPENDIX B
ATHLETIC
TRAINING
EDUCATION
PROGRAM**

**PROFESSIONAL
PHASE**

Culver-Stockton College Athletic Training Education Program Clinical Education Affiliation Agreement

Form B-1

The purpose of this Agreement is to govern the working relationship between the two designated parties, Culver-Stockton College (hereinafter referred to as the COLLEGE) and _____ (hereinafter referred to as the AFFILIATE) in providing supervised clinical experiences in athletic training as part of the curricular requirements of the Bachelor of Science Degree in Athletic Training at the COLLEGE. The COLLEGE and the Athletic Training Education Program (hereinafter referred to as the PROGRAM) faculty gratefully acknowledge the contribution of the AFFILIATE to the students' educational experience.

This Agreement is made and entered into this ____ day of _____, 20__ between the two parties designated above. The PROGRAM Director shall serve as the COLLEGE's agent for this Agreement and as the COLLEGE's liaison with the AFFILIATE. The AFFILIATE hereby designates the following employee(s) as the Clinical Instructor(s) (hereinafter "CI") for students assigned to the AFFILIATE under this Agreement. Each AFFILIATE will work in cooperation with the PROGRAM in providing clinical experience for students in compliance with this Agreement. Designated Clinical Instructors:

Name ___ NATACert.# _____
Name ___ NATACert.# _____
Name ___ NATACert.# _____
Name ___ NATACert.# _____
Name ___ NATACert.# _____
Name ___ NATACert.# _____
Name ___ NATACert.# _____
Name ___ NATACert.# _____

Whereas the COLLEGE and the AFFILIATE desire to cooperate for the purpose of providing the PROGRAM's students with appropriate athletic training clinical experiences, the two designated parties of this Agreement accept the following terms and responsibilities:

MUTUAL RESPONSIBILITIES

The COLLEGE will provide the AFFILIATE with materials explaining the content, objectives and goals of the PROGRAM and the course designated to which this agreement applies. Prior to each academic term, the COLLEGE and the AFFILIATE will mutually agree on the number of students to be placed at the facility for clinical experience for that term and the period(s) of time to be spent in the clinical experience for each student. The time schedule for each student will be arranged cooperatively and agreed to by the COLLEGE and the AFFILIATE or their designees. The AFFILIATE will accept the students designated by the COLLEGE in accordance with the above provisions and will provide each student with the appropriate supervised clinical instruction and experience within the ongoing functions of the AFFILIATE. The two parties agree that "Clinical Experience" for students includes but is not limited to supervised patient care, pre- and post- athletic contest and practice preparation, and administrative functions related to these matters.

The COLLEGE and the AFFILIATE agree that all Clinical Instructors will have at least one year of clinical experience, and for high school clinicals the Clinical Instructors will be a NATABOC certified athletic trainer with at least one year of certification who is currently active in a sports medicine outreach program.

All policies and regulations of the Clinical Facility shall be applicable to each assigned COLLEGE student, and the COLLEGE will make reasonable efforts to see that all students comply with these policies and regulations. The AFFILIATE has full authority to enforce policies and regulations with COLLEGE students while they are under the Clinical Instructor's supervision.

The COLLEGE, employees, and students, in so far as they are subjects of this agreement, are deemed to be independent contractors in relation to the AFFILIATE and shall in no case be considered as employees of the AFFILIATE under the terms of this Agreement. No COLLEGE employee or student under this Agreement shall be entitled to any compensation for any services performed under this Agreement, nor shall any COLLEGE employee or student under this Agreement be entitled to participate in any AFFILIATE benefit program or in any other AFFILIATE employee program. The COLLEGE will advise all student participants under this Agreement that its purpose is instructional and that they remain students of the COLLEGE and not employees of the AFFILIATE for the duration of their assignments under this Agreement.

The COLLEGE and the AFFILIATE will share, exchange, and review student educational records and materials which are relevant to the student's clinical education. All such records and materials will be treated by both parties in compliance with the Family Educational Rights and Privacy Act and will not be disclosed to any other party without the expressed written consent of the student involved.

Since supervised clinical experiences are an integral part of each student's education, supervision of the student's experience is a cooperative and joint function of the COLLEGE and the AFFILIATE. In instances where national and/or state professional certification is a prerequisite to function as a Clinical Instructor, the AFFILIATE will provide the COLLEGE with written documentation of each designated Clinical Instructor's certification status.

Both the COLLEGE and the AFFILIATE shall be responsible for providing their employees who are involved with the Agreement and all students designated under this Agreement with adequate orientation and understanding of the terms and obligation of their participation at the beginning of the clinical experience. The AFFILIATE shall also provide students with adequate orientation to their policies, procedures and operations.

The AFFILIATE retains all responsibility and liability for all services provided, and for all other obligations, to the AFFILIATE's clients, patients, participants or consumers. To support this responsibility, the AFFILIATE has full authority to maintain professional and administrative supervision of students designated under this Agreement. The COLLEGE will provide reasonable support of the AFFILIATE's exercise of this responsibility with all students.

Neither party will allow students to perform any task or act for which a license to practice is required except under the direct supervision of a Clinical Instructor registered and approved by the AFFILIATE. The AFFILIATE agrees not give any instructions to or supervision of students except in the presence of or the designated Clinical Instructor.

The AFFILIATE will provide the COLLEGE with a list of required immunizations, special training, certifications (such as CPR, first aid, and blood-borne pathogen) and any other requirements which students must meet in order to begin their clinical experience together with dates by which such requirements must be met. Each student will be responsible for providing to the AFFILIATE timely and accurate documentation that all such requirements have been met. The COLLEGE will advise all student participants prior to their clinical experience assignment that all expenses for medical care or treatment for illness or injury during their participation in clinical experiences covered by this Agreement are solely the responsibility of the student and not the responsibility of either the COLLEGE or the AFFILIATE.

To the extent permitted and/or required by law, the COLLEGE and the AFFILIATE remain responsible for the acts and conduct of their respective agents and employees, and further, nothing in this Agreement shall be construed as any waiver of any sovereign, official, governmental immunity on the part of either party.

The COLLEGE and/or the AFFILIATE, acting either separately or jointly, have the authority and the right to terminate any student's participation in any or all clinical experiences provided under this Agreement for any reasons they separately or jointly deem appropriate. Either party exercising this authority and right agrees immediately to notify the other party of such termination and to provide reasons for this action.

The COLLEGE and the AFFILIATE agree to comply with all federal and state non-discrimination requirements, including non-discrimination on the basis of race, color, religion, sex, national origin, age or federally defined disability in the recruitment, admission, and operation of any program or activity associated with this Agreement.

The two parties agree to conduct a review of the operation of this Agreement at least annually and to cooperate in mutually acceptable changes for the improvement of its operation.

ADDITIONAL RESPONSIBILITIES OF THE COLLEGE

The COLLEGE will ensure that all students under this Agreement are assigned appropriately by evaluating their competence and knowledge prior to their assignment to clinical experience and assigning to clinical experience or internship only those students who have satisfactorily completed the appropriate prerequisites for such assignments. The COLLEGE retains final responsibility of the education of its students.

All of the COLLEGE's agents under this Agreement will be duly licensed, certified, or otherwise appropriately qualified for the duties they carry out under this Agreement.

The COLLEGE will advise each student to carry appropriate professional liability insurance of at least One Million Dollars (\$1,000,000) per occurrence and Five Million Dollars (\$5,000,000) annual aggregate and will require each student participating in the Agreement to provide written evidence thereof to the AFFILIATE prior to beginning any clinical experience under this Agreement.

The COLLEGE will advise all participating students that they are entirely responsible (a) for providing all of their own transportation, and for scheduling and maintaining appropriate arrival and departure times to meet their clinical experience obligations, and (b) for paying for all expenses they may incur, including but not limited to lodging and meals, during the time they are fulfilling the requirements of their clinical experience.

The COLLEGE will advise all participating students that they are subject to all the policies, rules, regulations, and schedules of the AFFILIATE, including professional standards of practice, and that they may be required to sign a Statement of Responsibility and/or Confidentiality in a form acceptable to the AFFILIATE.

ADDITIONAL AFFILIATE RESPONSIBILITIES

The AFFILIATE will notify the COLLEGE in a timely manner and as far in advance as possible of any changes in the AFFILIATE's ability to accept assigned students.

The AFFILIATE will maintain standards for appropriate health care services and will provide _____ hours of clinical experience at a _____ setting to students it accepts from the PROGRAM.

The AFFILIATE will provide reasonable information requested by the PROGRAM on each student's clinical performance. The AFFILIATE will complete and return to the COLLEGE all student evaluations, using the evaluation forms and standards provided by the COLLEGE, in accordance with a reasonable time schedule provided in advance by the COLLEGE. Students will be given the opportunity to discuss their performance evaluations with the Clinical Instructor.

Whenever possible, the AFFILIATE will provide time for Clinical Instructors to attend clinical supervisory meetings and conferences called by the COLLEGE for the operation or improvement of the clinical experience program established by this Agreement.

The Clinical Instructors will encourage students to attend professional meetings and allow students access to journals, books, and periodicals available at the AFFILIATE's site, but students will not be permitted to take any such materials from their assigned location without written approval from the AFFILIATE .

The AFFILIATE shall be under no obligation to maintain any facilities for purposes of this Agreement other than those it ordinarily maintains in the course of its business.

The Clinical Instructor will contact the PROGRAM's director in a timely manner regarding any questions, grievances, or problems which arise regarding terms of the Agreement or students assigned under this Agreement, and the Clinical Instructor and PROGRAM's director shall seek to resolve such issues for the two parties.

STUDENT RESPONSIBILITIES AND TERMINATION OF A STUDENT'S PARTICIPATION

Each student assigned to the AFFILIATE under this Agreement is responsible for all of the student requirements set forth in the Agreement including all responsibilities and requirements stated as part of the COLLEGE's PROGRAM and the policies, rules and procedures stated by the AFFILIATE.

Any student may be removed from the clinical experience assigned under this Agreement at any time by either the COLLEGE or the AFFILIATE, as they separately or jointly deem appropriate. Reasons for removing a student from an assigned clinical experience include but are not limited to the following:

- unprofessional or unethical behavior on the part of the student;
- failure on the part of the student to meet any necessary academic requirements;
- possession or use of alcohol, illegal or controlled substances, or other toxic or foreign agents which may tend, in the reasonable judgment of the COLLEGE, PROGRAM and/or the AFFILIATE, to limit or adversely affect the student's performance of any activities associated with the student's clinical experience;
- arrest or conviction for any felony, or for any misdemeanor involving alcohol or drug use, moral turpitude, theft, or other such infractions of the law;
- personal good cause, including but not limited to medical emergencies.

E. CONFIDENTIAL INFORMATION

At no time during the term of this Agreement or after the date that this Agreement terminates shall the COLLEGE or PROGRAM or any of its agents, employees, or students, disclose to any third party any confidential or private information gained on the basis of activities performed as a part of the Agreement concerning the AFFILIATE, unless required to do so by legal authority. Such confidential or private information includes but is not limited to financial information; personnel information; trade secrets; any processes, methods, procedures or operations which are not already public knowledge; any new product developments or patents; any marketing, sales, advertising or other such concepts or plans of the AFFILIATE.

F. TERM OF AGREEMENT

The term of the Agreement shall be for one (1) year commencing on the date and year first above written. After the initial one-year term, this Agreement shall automatically renew for successive one (1) year terms unless either party gives written notice of the intent not to renew the Agreement at least sixty (60) days prior to the next renewal date. The Agreement may be terminated (1) by mutual, written consent by the two parties at any time, (2) by either party, with or without the consent of the other party, upon sixty days prior written notice, with or without cause, or (3) as otherwise set forth herein. Both parties agree that all students participating in any clinical experience at the time this Agreement terminates will be provided with the opportunity to complete the clinical assignments committed under this Agreement.

G. NOTICE

All notices hereunder by either party to the other shall be in writing, delivered personally or by U.S. Mail and shall be deemed to have been duly given when delivered personally or by one (1) day after postmarked by U.S. Mail, with charges pre-paid and properly addressed, to the respective parties at the addresses shown following each party's signature to the Agreement.

H. GOVERNING LAW

This Agreement shall be interpreted, construed, and enforced in accordance with the laws of the State of _____. Notwithstanding the above, the parties expressly incorporate any requirement of federal, state, or local law required to make this Agreement valid and enforceable.

I. BINDING EFFECT

This Agreement shall be binding and shall inure to the benefit of the parties hereto, and their respective successors and assignees, and no student or other party shall have any right under or by virtue of this Agreement.

J. ENTIRE AGREEMENT

This Agreement contains the entire agreement of the parties in connection with the subject matter hereof and supercedes any and all prior and contemporaneous agreements between the parties on the terms contained herein, whether written or oral. Any revision or modification of this Agreement shall be in writing and shall be signed by both parties hereto.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the date and year first above written.

COLLEGE'S PROGRAM AFFILIATE

Director, Athletic Training Education Program

Facility Supervisor

Dean of the College

Director or Principal of the Affiliate

Date

Date

Address

Address

Culver-Stockton College

Athletic Training Education Program

Acknowledgement of Program Conditions

Form B-2

Please read and initial each condition and sign and date the document at the bottom. The following conditions must be met to remain in good standing in the Athletic Training Education Program (ATEP).

1. A 2.5 (2.75 for those entering the college in 2011) overall grade point average and a C or above in each required major/tool course. Students must demonstrate clinical progression as documented via clinical evaluations, checklists, and proficiency completion. Students not in good standing may be placed on probation or suspension.

_____Initials

2. The stipends that athletic training students may qualify for (Work Study) are competitive and based on available resources. You may not qualify for an award every semester based on this and other criteria.

_____Initials

3. The ATEP Technical Standards must be signed and on file with the Program Director.

_____Initials

4. Immunization records must be on file with the Program Director.

_____Initials

a. If you choose not to vaccinate for HBV, a declination of hepatitis B vaccine must be on file with the Program Director if immunization is not on file.

_____Initials

5. Liability insurance is required for all clinical assignments. Proof of liability insurance must be on file with the Program Director prior to starting your assignment.

_____Initials

6. Blood-borne Pathogen Training and Confidentiality Contract must be updated annually prior to starting clinical experiences.

_____Initials

7. Athletic training students must comply with ATEP conduct requirements, the College Student Handbook, and the NATA Code of Ethics. Not complying with any of these established guidelines may jeopardize continued enrollment in the ATEP.

_____Initials

8. Athletic training students must understand that each state has specific hour requirements necessary for state licensure. These required hours may differ than the amount needed to complete the ATEP. Each student is responsible for ensuring that they acquire the hours necessary to fulfill state licensure requirements.

_____Initials

9. All students must have membership and access to Atrack Online. This tracking system is used to log hours and clinical proficiencies.

_____Initials

Print Name _____

Student Signature _____

Date _____

Culver-Stockton College
Athletic Training Education Program
Disciplinary Action: Written Warning

Form B-3

Student Name:

This is a written warning regarding a violation as a Culver-Stockton College Athletic Training Student. Please note that further disciplinary actions may lead to team suspension, dismissal from a clinical experience, program probation or program dismissal.

Date/Semester violation occurred: _____

Type of Violation/Points: _____

Violation Points Received to Date: _____

Athletic Training Student's Signature: _____

Certified Athletic Trainer's Signature: _____

Comments/Success Plan: _____

Culver-Stockton College
Athletic Training Education Program
Work Study Application- Athletic Training

Form B-4

There are several work study positions available associated with athletic training: several teaching assistant and ATR assistant positions. Please make sure you meet the minimum requirements before you apply. It is expected that students chosen for these positions will demonstrate adherence to ALL ATEP policies and dress codes. Candidates must possess high work ethic, punctuality, trustworthiness, initiative and good time management skills. These positions are only good for one semester. Students will need to reapply in December to be considered for a Spring Work Study position.

1. Please Rank in order of preference the position(s) you are applying for. Again, please make sure you meet the minimum requirements.
2. Please explain your qualifications (academic- if applicable, and personal) related to the position(s) you are applying for. (Include your cumulative & core GPA)
3. Please explain why you should be considered over other applicants.
4. Have you been written up for any disciplinary actions (absenteeism from ATR hours/clinicals, tardiness, failure to adhere to dress code) regarding athletic training? If so, please explain.
5. Are there any reasons in which you may not be able to perform the responsibilities of the position(s) you are applying for? (ex: academic/extracurricular/personal conflicts)
6. Do you have any other on-campus work study positions? If so please describe.
7. Any other Comments?

Work Study Documentation Log

Form B-5

*All work study students must fill out this log completely in order to be paid for their shift. All WS students should follow the ATEP guidelines.

ATS Name	Date & Hours Worked	Location	Services Provided

C-SC ATEP
ATHLETIC TRAINING CLINICAL CONTRACTS

Form B-6

ATS Section: please fill out the top portion of this contract

Student: _____

Year: _____

ACI/CI: _____

Site: _____

Clinical: Foundations Equip Intense Upper Ext Lower Ext Outreach Gen Med

Hours Required for Clinical Rotation: _____

Classes Completed/Enrolled: check each class that you have completed or write the word “now” on any class in which you are currently enrolled (this section is used to provide the student and ACI/CI with the eligible proficiencies that may be attempted)

_____ Explorations in AT
_____ Care & Prevention
_____ Upper Ext Assessment
_____ Lower Ext Assessment
_____ Basic Rehabilitation
_____ Advanced Rehabilitation

_____ Medical Aspects of AT
_____ Psychosocial Aspects of AT
_____ Therapeutic Modalities
_____ Org & Admin of AT
_____ Nutrition

Number of Proficiencies Required for the Clinical Rotation: _____

Plan to complete proficiencies:

Clinical Requirements/Assignments:

ACI & Student: please meet and fill out this portion of the contract together

General Rotation Schedule:

ACI/CI Expectations (of the student and experience)

ATS Expectations (of the ACI/CI and experience)

ATS Clinical Goals (3)

Where is the bloodborne pathogen disposal equipment located (for practices & games):

Where is the bloodborne pathogen protective equipment located (indoor & outdoor):

ACI please sign below to indicate that the topic has been completed or discussed with the ATS (or date of anticipated completion):

- Emergency Action Plan _____
- Introduction to Necessary Coaching Staff _____
- Introduction to other athletic/AT staff _____
- Tour of ATR facility _____
- Tour of related athletic facilities _____
- Introduction to athletic teams _____
- Discussion of paperwork & documentation system _____

This contract is designed to facilitate discussion between the ACI/CI and the athletic training student. Both parties are responsible for knowing the clinical requirements however it is ultimately the athletic training student's responsibility to ensure that the requirements are completed as assigned (see course syllabi). Please sign below indicating that you have reviewed and agreed to the information presented on this clinical contract.

ACI/CI Signature

Date

ATS Signature

Date

Midpoint Review (if needed)

Culver-Stockton College
Athletic Training Education Program
Off-Campus Clinical Instructor and Clinical Site Evaluation

Form B-7

Clinical Site & Instructor _____

Semester & Year of Attendance _____

Date of Review _____

Please use the following scale to rate the Clinical Instructor and/or Clinical Site.

0. Not Observed 1. Never 2. Sometimes 3. Often 4. Always

- 1. The clinical instructor served as a professional role model (dress, attitude, practice). _____
- 2. The clinical instructor served as an effective physical role model (knowledge, consistent practices, helpfulness). _____
- 3. The clinical instructor/site provided me with challenges in which I could use my clinical skills. _____
- 4. The experiences I encountered at the clinical site reinforced the information and skills I learned in my coursework. _____
- 5. On-going changes were made in my learning experiences based on the level of skill competency I demonstrated. _____
- 6. I had various opportunities to interact with health care professionals besides my supervisor. _____
- 7. The clinical instructor provided appropriate supervision and individual attention. _____
- 8. The clinical instructor communicated with me on a regular basis throughout the day. _____
- 9. The clinical instructor worked with me on my skill performance and introduced/reinforced knowledge and skills. _____
- 10. The clinical instructor was receptive and prepared to answer my questions and seemed genuinely interested in my learning. _____
- 11. The clinical site had adequate supplies for the care of the patients and also for my educational needs. _____

*Please explain any above rankings of a 1 or 2 in the associated areas below

Please answer the following questions and elaborate when possible:

- 12. Were you provided with an orientation to staff, facility and procedures of the clinical site?

- 13. Did the clinical instructors understand your education and skill level and needs? Please explain.

- 14. What new subject matter were you exposed to during this clinical experience?

15. How would you describe your experience with both this clinical instructor and clinical site?

16. What were the strengths of your clinical instructor?

17. What were the weaknesses of your clinical instructor?

18. What were the strengths of your clinical site?

19. What were the weaknesses of your clinical site?

20. Suggestions for improvement or other comments?

Reviewed by C-SC ATEP Staff Member: _____

Date: _____

Culver-Stockton College

Athletic Training Education Program

On Campus Clinical Instructor/Site Evaluation

Form B-8

It is extremely important to the Athletic Training Education Program that we receive feedback from students regarding the quality of your clinical experiences and the performance of your clinical instructor(s). Your information will be helpful in making improvements in the clinical experiences and in the teaching methods of the clinical instructors.

CLINICAL INSTRUCTOR: _____

CLINICAL SITE: _____

SPORT ASSIGNMENT: _____

DATE(S): _____

Please rate the statements below by circling the number that best represents your feelings and beliefs about this clinical instructor or clinical site.

4- Excellent/Always	3-Sometimes/Often	2-Fair/Sometimes
1- Poor/Rarely	0- Not Observed	

CLINICAL INSTRUCTOR: FOUNDATIONAL BEHAVIORS

1.	Promotes professional standards by word & example	0	1	2	3	4
2.	Ability to adapt and work in various situations/populations	0	1	2	3	4
3.	Practices legal and ethical decision making	0	1	2	3	4
4.	Maintains confidentiality	0	1	2	3	4
5.	Is a positive role model for athletes and students	0	1	2	3	4

CLINICAL INSTRUCTOR: INSTRUCTION & SUPERVISORY SKILLS

6.	Analyzes student skills and assists with improvement	0	1	2	3	4
7.	Instills confidence in athletic training students	0	1	2	3	4
8.	General knowledge of athletic training	0	1	2	3	4
9.	Practical & clinical skills	0	1	2	3	4
10.	Promotes individual achievement	0	1	2	3	4
11.	Provides timely and appropriate feedback	0	1	2	3	4
12.	Ability to motivate students	0	1	2	3	4
13.	Shows enthusiasm for athletic training and student education	0	1	2	3	4
14.	Encourages questions	0	1	2	3	4

CLINICAL INSTRUCTOR: PERSONAL ATTRIBUTES

15.	Sensitive to the needs of students	0	1	2	3	4
16.	Demonstrates personal control in stressful situations	0	1	2	3	4

17.	Organizational skills	0	1	2	3	4
18.	Communicates effectively	0	1	2	3	4
19.	Respects others as individuals	0	1	2	3	4
20.	Treats others fairly	0	1	2	3	4
21.	Admits to own weaknesses and deficiencies	0	1	2	3	4
22.	Is personable and cares about others	0	1	2	3	4
23.	Dresses appropriately and professionally	0	1	2	3	4
24.	Is an effective leader	0	1	2	3	4
25.	Uses humor appropriately	0	1	2	3	4

COMMENTS: (Please explain any rankings of a 1-2). Please list any other strengths, weaknesses or areas of concern that you may have.)

CLINICAL SITE/EXPERIENCE:

1.	The site/experience was a stimulating learning environment	0	1	2	3	4
2.	Equipment and supplies were adequate to meet expectations	0	1	2	3	4
3.	There were a variety of athletes/patients to work with	0	1	2	3	4
4.	Opportunity for interaction with other health care professionals	0	1	2	3	4
5.	Opportunity to utilize your skills as an athletic training student	0	1	2	3	4
6.	Expectations of you were reasonable	0	1	2	3	4
7.	Setting was appropriate to your educational background	0	1	2	3	4
8.	The experience reinforced information from your coursework	0	1	2	3	4
9.	Policies and procedures of the setting were explained to you	0	1	2	3	4
10.	Appropriate protective measures for bloodborne pathogens and OSHA guidelines were available to you	0	1	2	3	4
11.	Appropriate guidelines from various governing bodies (NCAA, etc.) were followed in treating athletes/patients	0	1	2	3	4
12.	The experience was a comfortable work environment	0	1	2	3	4
13.	The Athletic Training Education Program should continue to utilize the clinical site/experience.		YES		NO	

COMMENTS: (Please list additional strengths, weaknesses or other concerns about this particular clinical site/experience. Also list what you perceive to be overall strengths, weaknesses or concerns about the Athletic Training Education Program.)

_____ ____/____/____
Clinical Instructor Signature Date

_____ ____/____/____
Program Director/Clinical Coordinator Signature Date

Culver-Stockton College

Athletic Training Education Program

Athletic Training Student –Foundations Clinical Rotation Evaluation

Form B-9

Name: _____ Semester/Yr. in Program: _____

Clinical Supervisor: _____ Site/Sport: _____

Hours Completed: _____ Dates of Rotation: _____

- | | |
|--|--|
| <p>4 – (Always)
 3 – (Often)
 2 – (Sometimes)</p> | <p>1 - Never
 0 - (N/A) CI did not have the opportunity to observe</p> |
|--|--|

One of the main focuses of this clinical experience is to ensure that students are properly developing the foundational behaviors necessary to succeed in the field of Athletic Training.

Professional Qualities/Personal Attributes

Punctual and adheres to schedule	Asks relevant questions/seeks information
Follows dress code	Actively pursues skill acquisition
Communicates schedule with supervisor	Follows direction with proper attitude and demeanor
Behaves in ethical & moral fashion	Takes Initiative
Establishes good rapport with patient-athletes	Alert during practices/games
Keeps supervisors informed	Speaks with tact and diplomacy
Is willing to respond/receive constructive criticism	Shows an interest toward work and setting
Establishes good rapport with peers and mentors	Demonstrates good verbal and written communication skills
Follows policies and procedures of the site/supervisor	

*Please comment on any scores below a three.

Comments: _____

- 4 – (Strongly Agree)** student shows strong knowledge integrates this skill on a regular basis (proficient) and has developed confidence necessary for an entry level AT.
- 3 – (Somewhat Agree)** student shows average knowledge and has demonstrated the ability to integrate this skill in some clinical situations (proficient).
- 2 – (Disagree)** student shows general knowledge, has demonstrated competency but has not demonstrated the ability to integrate this skill without assistance.
- 1 – (Strongly Disagree)** student shows a lack of knowledge, has been exposed to this skill but has not yet demonstrated competency.
- 0 – student has not acquired or been exposed to this skill; CI did not have opportunity to observe this skill.**

General Clinical Skills

	Risk Management & Injury Prevention (Taping, Bracing, Environment etc . . .)
	Acute care of Injuries & Illnesses (First Aid, Wound Care, Emergency Care)
	Orthopedic Clinical Exam & Diagnosis (General Evaluation Skills)
	Medical Conditions and Disabilities (General Medical Illnesses)
	Psychosocial Intervention & Referral
	Therapeutic Modalities (Selection, Pt. Explanation, Set-up etc . . .)
	Nutritional Aspects
	Conditioning & Rehabilitative Exercise (Functional testing, Design & Implement Rehab Programs)
	Organization & Administration (SOAP note writing, Documentation, Communication)
	Mentoring & Education of the Athlete and other AT Students

_____ Average Score

Comments: (Please comment on any score below a 3)

Overall Strengths for this AT Student (considering level)

Suggestions for noted Weaknesses for the AT Student (considering level)

The signatures below indicate that the clinical instructor has reviewed and discussed this form with the athletic training student. The purpose of this evaluation is to improve the student as well as our athletic training program.

_____/____/____ **Clinical Instructor's Signature** **Date** _____/____/____ **Program Director's/Clinical Coordinator Signature** **Date**

Student Comments: This evaluation has been reviewed with me and I have read and understand the above comments. I have also been given the opportunity to comment and reflect upon this evaluation as evidenced below.

_____/____/____ **Student's Signature** **Date**

**Culver-Stockton College
Athletic Training Education Program**

Form B-10

Athletic Training Student –Equipment Intense Clinical Rotation Evaluation

Name: _____

Semester/Yr. in Program: _____

Clinical Supervisor: _____

Site/Sport: _____

Hours Completed: _____

Dates of Rotation: _____

Midpoint/Final

4 – (Strongly Agree) student shows strong knowledge integrates this skill on a regular basis (proficient) and has developed confidence necessary for an entry level AT.

3 – (Somewhat Agree) student shows average knowledge and has demonstrated the ability to integrate this skill in some clinical situations (proficient).

2 – (Disagree) student shows general knowledge, has demonstrated competency but has not demonstrated the ability to integrate this skill without assistance.

1 – (Strongly Disagree) student shows a lack of knowledge, has been exposed to this skill but has not yet demonstrated competency.

0 – student has not acquired or been exposed to this skill; CI did not have opportunity to observe this skill.

Specific EI Clinical Skills

Management of Open Wounds	Knowledge of special equipment
Use of Ambulatory Aids (with equipment)	Knowledge of rules for equipment use
First Aid (Initial Injury Assessment)	Observation skills for proper equipment fit
Custom Taping & Wrapping (due to Equipment)	Knowledge of guidelines for taping/wrapping for contact sport
Custom Bracing & Splinting (due to Equipment)	Emergency Equipment Removal
Shoulder Pad Selection & Fitting	Spineboarding with equipment
Helmet/Headgear Selection & Fitting	

_____ **Average Score**

General Clinical Skills

Risk Management & Injury Prevention (Taping, Bracing, Environment etc . . .)
Acute care of Injuries & Illnesses (First Aid, Wound Care, Emergency Care)
Orthopedic Clinical Exam & Diagnosis (General Evaluation Skills)
Medical Conditions and Disabilities (General Medical Illnesses)
Psychosocial Intervention & Referral
Therapeutic Modalities (Selection, Pt. Explanation, Set-up etc . . .)
Nutritional Aspects
Conditioning & Rehabilitative Exercise (Functional testing, Design & Implement Rehab Programs)
Organization & Administration (SOAP note writing, Documentation, Communication)
Mentoring & Education of the Athlete and other AT Students

_____ **Average Score**

Comments: (Please comment on any score below a 3)

Overall Strengths for this AT Student (considering level)

Suggestions for noted Weaknesses for the AT Student (considering level)

*NOTE: The following sets of attributes, while not any less important, are not factored into the student’s objective evaluation. Even though this set of attributes is more subjective in nature, the expectations are very high regardless of the students’ level in the program. Possessing the following qualities are crucial to being an effective and respected health care professional. Clinical instructors will check the boxes that need improvement.

Professional Qualities/Personal Attributes

Reliable and punctual	Accepts responsibility
Adheres to dress code	Verbal communication skills
Follows instructions & accepts tasks	Resourceful (problem solver)
Behaves in ethical & moral fashion	Initiative (looks for tasks to do)
Good rapport with athletes and coaches	Alert during practices/games
Keeps supervisors informed	Speaks with tact and diplomacy
Is willing to respond/receive constructive criticism	Demonstrates effective coping skills/adaptive
Confidence & self image	Leadership
Loyalty & Professional	Attitude & Interest toward work, setting, & athlete
Creative	Enthusiasm
Works within own scope of practice	

Comments:

The signatures below indicate that the clinical instructor has reviewed and discussed this form with the athletic training student. The purpose of this evaluation is to improve the student as well as our athletic training program.

_____/_____/_____
Clinical Instructor’s Signature Date Program Director’s/CC Signature Date

Student Comments: This evaluation has been reviewed with me and I have read and understand the above comments. I have also been given the opportunity to comment and reflect upon this evaluation as evidenced below.

_____/_____/_____
Student’s Signature Date

**Culver-Stockton College
Athletic Training Education Program**

Form B-11

Athletic Training Student – Upper Extremity Clinical Rotation Evaluation

Name: _____ Semester/Yr. in Program: _____

Clinical Supervisor: _____ Site/Sport: _____

Hours Completed: _____ Dates of Rotation: _____ Midpoint/Final

- 4 – (Strongly Agree)** student shows strong knowledge integrates this skill on a regular basis (proficient) and has developed confidence necessary for an entry level AT.
- 3 – (Somewhat Agree)** student shows average knowledge and has demonstrated the ability to integrate this skill in some clinical situations (proficient).
- 2 – (Disagree)** student shows general knowledge, has demonstrated competency but has not demonstrated the ability to integrate this skill without assistance.
- 1 – (Strongly Disagree)** student shows a lack of knowledge, has been exposed to this skill but has not yet demonstrated competency.
- 0** – student has not acquired or been exposed to this skill; CI did not have opportunity to observe this skill.

Specific UE Clinical Skills

	Overall Head/Face Evaluation		Special Tests- Head, Face, C-Spine
	Overall C-Spine Evaluation		Special Tests- Abdomen & Thorax
	Overall Abdomen & Thorax Evaluation		Special Tests- Shoulder
	Overall Shoulder Evaluation		Special Tests- Elbow, Hand & Wrist
	Overall Elbow Evaluation		Signs & Sx- Head, Face & C-Spine Injuries
	Overall Wrist & Hand Evaluation		Signs & Sx- Abdomen & Thorax Injuries
			Signs & Sx- Shoulder Injuries
	Obtains a comprehensive history		Signs & Sx- Elbow, Hand & Wrist Injuries
	Inspection or observation skills		Knowledge of Anatomy- Head, Face & C-Spine
	Palpation skills- Head, Face, C-Spine		Knowledge of Anatomy- Abdomen & Thorax
	Palpation skills- Abdomen & Thorax		Knowledge of Anatomy- Shoulder
	Palpation skills- Shoulder		Knowledge of Anatomy- Elbow, Hand & Wrist
	Palpation skills- Elbow, Hand & Wrist		Vascular & Neurologic Testing Upper Extremity
	Manual Muscle Tests of Upper Extremity		Upper Extremity Postural Assessment

_____ **Average Score**

General Clinical Skills

	Risk Management & Injury Prevention (Taping, Bracing, Environment etc . . .)
	Acute care of Injuries & Illnesses (First Aid, Wound Care, Emergency Care)
	Orthopedic Clinical Exam & Diagnosis (General Evaluation Skills)
	Medical Conditions and Disabilities (General Medical Illnesses)
	Psychosocial Intervention & Referral
	Therapeutic Modalities (Selection, Pt. Explanation, Set-up etc . . .)
	Nutritional Aspects
	Conditioning & Rehabilitative Exercise (Functional testing, Design & Implement Rehab Programs)
	Organization & Administration (SOAP note writing, Documentation, Communication)
	Mentoring & Education of the Athlete and other AT Students

_____ **Average Score**

Comments: (Please comment on any score below a 3)

Overall Strengths for this AT Student (considering level)

Suggestions for noted Weaknesses for the AT Student (considering level)

*NOTE: The following sets of attributes, while not any less important, are not factored into the student’s objective evaluation. Even though this set of attributes is more subjective in nature, the expectations are very high regardless of the students’ level in the program. Possessing the following qualities are crucial to being an effective and respected health care professional. Clinical instructors will check the boxes that need improvement.

Professional Qualities/Personal Attributes

Reliable and punctual	Accepts responsibility
Adheres to dress code	Verbal communication skills
Follows instructions & accepts tasks	Resourceful (problem solver)
Behaves in ethical & moral fashion	Initiative (looks for tasks to do)
Good rapport with athletes and coaches	Alert during practices/games
Keeps supervisors informed	Speaks with tact and diplomacy
Is willing to respond/receive constructive criticism	Demonstrates effective coping skills/adaptive
Confidence & self image	Leadership
Loyalty & Professional	Attitude & Interest toward work, setting, & athlete
Creative	Enthusiasm
Works within own scope of practice	

Comments: _____

The signatures below indicate that the clinical instructor has reviewed and discussed this form with the athletic training student. The purpose of this evaluation is to improve the student as well as our athletic training program.

_____/_____/_____
Clinical Instructor’s Signature Date Program Director’s/CC Signature Date

Student Comments: This evaluation has been reviewed with me and I have read and understand the above comments. I have also been given the opportunity to comment and reflect upon this evaluation as evidenced below.

_____/_____/_____
Student’s Signature Date

**Culver-Stockton College
Athletic Training Education Program**

Form B-12

Athletic Training Student –Lower Extremity Clinical Rotation Evaluation

Name: _____ Semester/Yr. in Program: _____

Clinical Supervisor: _____ Site/Sport: _____

Hours Completed: _____ Dates of Rotation: _____ Midpoint/Final

- 4 – (Strongly Agree)** student shows strong knowledge integrates this skill on a regular basis (proficient) and has developed confidence necessary for an entry level AT.
- 3 – (Somewhat Agree)** student shows average knowledge and has demonstrated the ability to integrate this skill in some clinical situations (proficient).
- 2 – (Disagree)** student shows general knowledge, has demonstrated competency but has not demonstrated the ability to integrate this skill without assistance.
- 1 – (Strongly Disagree)** student shows a lack of knowledge, has been exposed to this skill but has not yet demonstrated competency.
- 0** – student has not acquired or been exposed to this skill; CI did not have opportunity to observe this skill.

Specific LE Clinical Skills

	Overall/General Ankle Evaluation		Special Tests- Ankle/Foot/Lower Leg
	Overall/General Foot, Lower Leg Evaluation		Special Tests- Knee
	Overall/General Knee Evaluation		Special Tests- Hip/Thigh/Pelvis
	Overall/General Thigh Evaluation		Special Tests- Lower Back
	Overall/General Hip, Thigh Evaluation		Signs & Sx- Ankle/Foot/Lower Leg Injuries
	Overall/General Low Back Evaluation		Signs & Sx- Knee Injuries
			Signs & Sx- Hip/Thigh/Pelvis
	Obtains Comprehensive History		Signs & Sx Low Back Injuries
	Inspection or Observation Skills		Knowledge of Anatomy- Foot, Ankle, Leg
	Palpation skills- Ankle/Foot/Lower Leg		Knowledge of Anatomy- Knee
	Palpation skills- Knee		Knowledge of Anatomy- Hip/Thigh/Pelvis
	Palpation skills- Hip/Thigh/Pelvis		Knowledge of Anatomy- Lower Back
	Palpation skills- Low Back		Vascular & Neurologic Testing Lower Extremity
	Manual Muscle Tests of Lower Extremity		Lower Extremity Postural Assessment

_____ **Average Score**

General Clinical Skills

	Risk Management & Injury Prevention (Taping, Bracing, Environment etc . . .)
	Acute care of Injuries & Illnesses (First Aid, Wound Care, Emergency Care)
	Orthopedic Clinical Exam & Diagnosis (General Evaluation Skills)
	Medical Conditions and Disabilities (General Medical Illnesses)
	Psychosocial Intervention & Referral
	Therapeutic Modalities (Selection, Pt. Explanation, Set-up etc . . .)
	Nutritional Aspects
	Conditioning & Rehabilitative Exercise (Functional testing, Design & Implement Rehab Programs)
	Organization & Administration (SOAP note writing, Documentation, Communication)
	Mentoring & Education of the Athlete and other AT Students

_____ **Average Score**

Comments: (Please comment on any score below a 3)

Overall Strengths for this AT Student (considering level)

Suggestions for noted Weaknesses for the AT Student (considering level)

*NOTE: The following sets of attributes, while not any less important, are not factored into the student’s objective evaluation. Even though this set of attributes is more subjective in nature, the expectations are very high regardless of the students’ level in the program. Possessing the following qualities are crucial to being an effective and respected health care professional. Clinical instructors will check the boxes that need improvement.

Professional Qualities/Personal Attributes

Reliable and punctual	Accepts responsibility
Adheres to dress code	Verbal communication skills
Follows instructions & accepts tasks	Resourceful (problem solver)
Behaves in ethical & moral fashion	Initiative (looks for tasks to do)
Good rapport with athletes and coaches	Alert during practices/games
Keeps supervisors informed	Speaks with tact and diplomacy
Is willing to respond/receive constructive criticism	Demonstrates effective coping skills/adaptive
Confidence & self image	Leadership
Loyalty & Professional	Attitude & Interest toward work, setting, & athlete
Creative	Enthusiasm
Works within own scope of practice	

Comments: _____

The signatures below indicate that the clinical instructor has reviewed and discussed this form with the athletic training student. The purpose of this evaluation is to improve the student as well as our athletic training program.

_____/_____/_____
Clinical Instructor’s Signature Date Program Director’s/CC Signature Date

Student Comments: This evaluation has been reviewed with me and I have read and understand the above comments. I have also been given the opportunity to comment and reflect upon this evaluation as evidenced below.

_____/_____/_____
Student’s Signature Date

Culver-Stockton College

Athletic Training Education Program

Athletic Training Student – Outreach Clinical Rotation Evaluation

Form B-13

Name: _____ Semester/Yr. in Program: _____

Clinical Supervisor: _____ Site/Sport: _____

Hours Completed: _____ Dates of Rotation: _____

- 4 – (Strongly Agree)** student shows strong knowledge integrates this skill on a regular basis (proficient) and has developed confidence necessary for an entry level AT.
- 3 – (Somewhat Agree)** student shows average knowledge and has demonstrated the ability to integrate this skill in some clinical situations (proficient).
- 2 – (Disagree)** student shows general knowledge, has demonstrated competency but has not demonstrated the ability to integrate this skill without assistance.
- 1 – (Strongly Disagree)** student shows a lack of knowledge, has been exposed to this skill but has not yet demonstrated competency.
- 0** – student has not acquired or been exposed to this skill; CI did not have opportunity to observe this skill.

Specific Rehabilitation Clinical Skills

	General Upper Extremity Rehabilitation Skills		Exercises to develop Agility
	General Lower Extremity Rehabilitation Skills		Exercises to develop Cardiorespiratory Endurance
	General Core/Trunk Rehabilitation Skills		Exercises to relate to ergonomics
	General Spine Rehabilitation Skills		Sports-Specific Exercises
			Functional Testing
	Range of Motion Evaluation		Establishes effective patient communication
	Exercises to develop Balance, Proprioception, Coordination		Able to demonstrate and evaluate patient exercise technique
	Exercises to develop Muscular Endurance		Able to properly document patient exercises
	Exercises to develop Muscular Speed		Maintains patient confidentiality
	Exercises to develop Muscular Power		
	Exercises to develop Muscular Strength		

_____ **Average Score**

General Clinical Skills

	Risk Management & Injury Prevention (Taping, Bracing, Environment etc . . .)
	Acute care of Injuries & Illnesses (First Aid, Wound Care, Emergency Care)
	Orthopedic Clinical Exam & Diagnosis (General Evaluation Skills)
	Medical Conditions and Disabilities (General Medical Illnesses)
	Psychosocial Intervention & Referral
	Therapeutic Modalities (Selection, Pt. Explanation, Set-up etc . . .)
	Nutritional Aspects
	Conditioning & Rehabilitative Exercise (Functional testing, Design & Implement Rehab Programs)
	Organization & Administration (SOAP note writing, Documentation, Communication)
	Mentoring & Education of the Athlete and other AT Students

_____ **Average Score**

Comments: (Please comment on any score below a 3)

Overall Strengths for this AT Student (considering level)

Suggestions for noted Weaknesses for the AT Student (considering level)

*NOTE: The following sets of attributes, while not any less important, are not factored into the student’s objective evaluation. Even though this set of attributes is more subjective in nature, the expectations are very high regardless of the students’ level in the program. Possessing the following qualities are crucial to being an effective and respected health care professional. Clinical instructors will check the boxes that need improvement.

Professional Qualities/Personal Attributes

Reliable and punctual	Accepts responsibility
Adheres to dress code	Verbal communication skills
Follows instructions & accepts tasks	Resourceful (problem solver)
Behaves in ethical & moral fashion	Initiative (looks for tasks to do)
Good rapport with athletes and coaches	Alert during practices/games
Keeps supervisors informed	Speaks with tact and diplomacy
Is willing to respond/receive constructive criticism	Demonstrates effective coping skills/adaptive
Confidence & self image	Leadership
Loyalty & Professional	Attitude & Interest toward work, setting, & athlete
Creative	Enthusiasm
Works within own scope of practice	

Comments: _____

The signatures below indicate that the clinical instructor has reviewed and discussed this form with the athletic training student. The purpose of this evaluation is to improve the student as well as our athletic training program.

_____/_____/_____
Clinical Instructor’s Signature Date Program Director’s/Clinical Coordinator Signature Date

Student Comments: This evaluation has been reviewed with me and I have read and understand the above comments. I have also been given the opportunity to comment and reflect upon this evaluation as evidenced below.

_____/_____/_____
Student’s Signature Date

Culver-Stockton College
Athletic Training Education Program
Athletic Training Student - General Medical Rotation Evaluation

Form B-14

Student's Name: _____

Clinical Site: _____

Clinical Supervisor: _____

Date: _____

On each of the items below, please rate the student according to the following scales:

0. Not Observed 1. Never 2. Sometimes 3. Often 4. Always

- 1. Arrives promptly for clinical assignments, events, practices, etc. _____
- 2. Demonstrates a positive and professional attitude _____
- 3. Dresses appropriately at all times _____
- 4. Asks relevant and significant questions _____
- 5. Utilizes proper resources to seek unknown information _____
- 6. Readily accepts and learns from constructive criticism _____
- 7. Uses effective verbal communication skills _____
- 8. Uses effective written and non-verbal communication skills when necessary _____
- 9. Follows policies and procedures of the clinical site _____
- 10. Stays within limitations and guidelines of an athletic training student _____
- 11. Demonstrates good rapport with athletes/patients _____
- 12. Demonstrates good rapport with coaches/administrators _____
- 13. Demonstrates good rapport with physicians/other health care providers _____
- 14. Demonstrates appropriate taping/wrapping skills for their education level _____
- 15. Demonstrates knowledge of basic anatomy _____
- 16. Demonstrates knowledge of basic injuries/mechanics of injury _____
- 17. Demonstrates knowledge of basic treatment/first aid principles _____
- 18. Demonstrates knowledge of basic conditioning principles _____

- 19. Demonstrates knowledge of the use of basic modalities (ice, heat, etc.) _____
- 20. Demonstrates knowledge and offers to assist with basic record keeping _____
- 21. Shows evidence of critical thinking skills and problem solving ability _____
- 22. Demonstrates confidence level consistent with education level _____

Overall Strengths of the Student:

Overall Weaknesses of the Student:

Suggestions for Improvement:

How could this experience be improved for you, the student, or the athletic training education program?

Signed: _____
 Clinical Supervisor

Date: _____

Has this evaluation been discussed with the student? Yes No

Please return this form to: _____
 Culver-Stockton College - ATEP
 One College Hill
 Canton, MO 63435

Culver-Stockton College

Athletic Training Education Program

Senior Exit Survey

Form B-15

PART I: ACADEMICS

Please rate your knowledge and skill level in the following areas:

	Strong		Average		Weak
1. Anatomy	5	4	3	2	1
2. Physiology	5	4	3	2	1
3. Physiology of Exercise	5	4	3	2	1
4. Kinesiology	5	4	3	2	1
5. First Aid	5	4	3	2	1
6. CPR	5	4	3	2	1
7. Nutrition	5	4	3	2	1
8. General Medical Conditions	5	4	3	2	1
9. Injury Prevention	5	4	3	2	1
10. Injury Pathology	5	4	3	2	1
11. Therapeutic Modalities	5	4	3	2	1
12. Rehabilitation	5	4	3	2	1
13. Pharmacology	5	4	3	2	1
14. Conditioning	5	4	3	2	1
15. Head/Neck Assessment	5	4	3	2	1
16. Shoulder Assessment	5	4	3	2	1
17. Elbow Assessment	5	4	3	2	1
18. Wrist/Hand Assessment	5	4	3	2	1
19. Back Assessment	5	4	3	2	1
20. Hip/Groin Assessment	5	4	3	2	1
21. Knee Assessment	5	4	3	2	1
22. Ankle Low/Leg Assessment	5	4	3	2	1
23. Psychosocial Intervention	5	4	3	2	1
24. Organization/Administrative Tasks	5	4	3	2	1

My weakness in some of these areas may be due to: (Check all that apply and indicate to which areas above, they are related.)

Lack of study

Insufficient or inadequate note taking

Lack of understanding

Inability to apply learned material

Not given an opportunity to apply or demonstrate the material/knowledge

Failure of instructor to clearly present material

Material was covered inadequately

Presentation style did not match my learning style

_____ Other: Please explain

PART II: PRACTICAL EVALUATION

Please rate your level of confidence in taping, wrapping, strapping, or applying other protective equipment to the following areas:

	Very Confident		Confident		Not Confident
1. Foot/Ankle	5	4	3	2	1
2. Achilles/Low Leg	5	4	3	2	1
3. Knee	5	4	3	2	1
4. Elbow/Forearm	5	4	3	2	1
5. Shoulder/Upper Arm	5	4	3	2	1
6. Hand/Thumb	5	4	3	2	1
7. Wrist	5	4	3	2	1
8. Back	5	4	3	2	1
9. Hip/Groin/Thigh	5	4	3	2	1
10. Head/Face	5	4	3	2	1

Please comment on any area(s) where you feel particularly weak. Refer to the list in Part I above if necessary.

Please rate your level of confidence in evaluating the following areas:

	Very Confident		Confident		Not Confident
1. Unconscious Athlete	5	4	3	2	1
2. Conscious Head Injury	5	4	3	2	1
3. Neck Injury	5	4	3	2	1
4. Foot Injury	5	4	3	2	1
5. Ankle/Lower Leg Injury	5	4	3	2	1
6. Knee Injury	5	4	3	2	1
7. Thigh/Hip Injury	5	4	3	2	1
8. Pelvic/Groin Injury	5	4	3	2	1
9. Back Injury	5	4	3	2	1
10. Shoulder/Upper Arm Injury	5	4	3	2	1
11. Elbow/Forearm Injury	5	4	3	2	1
12. Wrist/Hand Injury	5	4	3	2	1
13. Thorax/Abdomen	5	4	3	2	1
14. General Medical Conditions	5	4	3	2	1

Please comment on any area(s) where you feel particularly weak. Refer to the list in Part I above if necessary.

Please rate your level of confidence in the following areas of emergency care:

	Very Confident		Confident	Not Confident	
1. Splinting	5	4	3	2	1
2. Rescue Breathing	5	4	3	2	1
3. Choking Emergency	5	4	3	2	1
4. CPR	5	4	3	2	1
5. Activating EMS	5	4	3	2	1
6. Spine Board Usage	5	4	3	2	1
7. Care for Shock	5	4	3	2	1
8. Wound Care	5	4	3	2	1

Please comment on any area(s) where you feel particularly weak. Refer to the list in Part I above if necessary.

PART III: PERSONAL ASSESSMENT

When working with or around the following, I feel:

	Very Comfortable	Comfortable	Very Uncomfortable		
1. Male Athletes	5	4	3	2	1
2. Female Athletes	5	4	3	2	1
3. Male Coaches	5	4	3	2	1
4. Female Coaches	5	4	3	2	1
5. Male ATS's	5	4	3	2	1
6. Female ATS's	5	4	3	2	1
7. Underclass ATS's	5	4	3	2	1
8. ATC's	5	4	3	2	1
9. Administrators	5	4	3	2	1
10. Parents	5	4	3	2	1
11. Physicians/Allied Health Care Personnel	5	4	3	2	1

I feel I conduct myself in a professional manner:

5 = Always 4 = Most of the time 3 = When necessary 2 = Occasionally 1 = Never

I feel that athletes have confidence in me as an athletic trainer:

5 = Always 4 = Most of the time 3 = When necessary 2 = Occasionally 1 = Never

I feel that coaches have confidence in me as an athletic trainer:

5 = Always 4 = Most of the time 3 = When necessary 2 = Occasionally 1 = Never

PART IV: GENERAL COMMENTS

Please indicate your level of agreement or disagreement with the following statements:

	Strongly Agree	Undecided			Strongly Disagree
1. Academically, the ATEP has prepared me well to be an AT.	5	4	3	2	1
2. The ATEP has provided me with adequate practical experience.	5	4	3	2	1
3. The ATEP has provided me a chance to get adequate "hands on" experience.	5	4	3	2	1
4. The ATEP provides adequate individual supervision of students.	5	4	3	2	1
5. Clinical instructors are knowledgeable and well prepared.	5	4	3	2	1
6. ATEP faculty provide adequate and helpful academic advising.	5	4	3	2	1
7. ATEP faculty provide adequate and helpful career advising.	5	4	3	2	1

My overall strengths are:

My overall weaknesses are:

The strengths of the Culver-Stockton College Athletic Training Education Program are:

The weaknesses of the Culver-Stockton College Athletic Training Education Program are:

Are there any changes that you feel would improve the classroom and/or clinical experiences for future Culver-Stockton College Athletic Training Students?

Culver-Stockton College Athletic Training Education Program Alumni Questionnaire

Form B-16

Your assistance in providing feedback to the Culver-Stockton College Athletic Training Education Program is greatly appreciated. This information will help us evaluate our program to ensure that its goals and objectives are being met. It will also help us identify programmatic strengths and weaknesses. Your responses will be grouped for analysis and combined into a report provided to program faculty and college administration. All information will be kept strictly confidential.

Name

Last First MI (Maiden Name)

Address

Number Street Apt. No.

City State Zip Code

Home Phone () _____ **Business Phone** () _____

E-Mail _____

Please answer the following questions as they relate to you, your education at Culver-Stockton College, and your current employment.

1. Male Female
2. What year did you graduate from C-SC?
3. Have you received any additional education since graduating from C-SC? If yes, please give details.
4. What is your current employment status?
 Full-time athletic training Full-time outside athletic training
 Part-time athletic training Part-time outside athletic training
 Student Unemployed
 Other (Please Specify) _____
5. Employer _____
Your title _____
6. Are you NATABOC certified? Yes No
How many attempts did/have you make/made at the exam? _____
Would you mind sharing you exam scores for each section and attempt? Yes No
If not, please list them below.

7. List three courses that you took within the Athletic Training Education Program, in order of importance, that you feel have been most useful in your current employment.

8. How would you rate the overall quality of academic advising you received while attending C-SC?

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

9. How would you rate the overall quality of instruction you received while at C-SC?

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

10. How would you rate your clinical experiences at C-SC?

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

11. Please rate the following statement: In comparison to other individuals who have received similar degrees from other institutions and are performing similar job functions, my overall preparation was:

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

12. Please rate the level of preparation that the Athletic Training Education Program at C-SC provided you in each of the following content areas:

	Excellent	Very Good	Good	Fair	Poor
Risk Management & Injury Prevention	5	4	3	2	1
Pathology of Injury & Illness	5	4	3	2	1
Assessment & Evaluation	5	4	3	2	1
Pharmacology	5	4	3	2	1
Therapeutic Modalities	5	4	3	2	1
Therapeutic Exercise	5	4	3	2	1
General Medical Conditions & Disabilities	5	4	3	2	1

Nutritional Aspects of Injury & Illness	5	4	3	2	1
Psychosocial Intervention & Referral	5	4	3	2	1
Health Care Administration	5	4	3	2	1
Professional Development & Responsibility	5	4	3	2	1

13. Please discuss what you feel were strengths of the Athletic Training Education Program while you were at C-SC.

14. Please discuss what you feel were weaknesses of the Athletic Training Education Program while you were at C-SC.

15. Do you have any suggestions for improvement or other comments that you feel would benefit the Athletic Training Education Program at C-SC?

Thank you for your participation and input! Please submit the completed survey to:

Robert W. Carmichael, MA, ATC
Athletic Training Education Program Director
Culver-Stockton College
One College Hill
Canton, MO 63435

Culver-Stockton College Athletic Training Education Program Alumni Employer Survey

Form B-17

We are asking that you complete this survey on _____ who is a graduate of the Culver-Stockton College Athletic Training Education Program. The information in the survey will be kept completely confidential. Information provided by the survey will be used as one of several tools to help us determine whether or not we are properly preparing students for the profession of athletic training. We know your time is valuable and would like to thank you in advance for taking time to complete this survey. (*We realize that this person may not have yet passed the BOC, Inc. certification exam. We would still like your opinion as to how well this person is prepared to function as an entry level athletic trainer, even if not employed as such yet.*)

Employer _____

Name of Supervisor _____

Length of Employment _____

Job Responsibilities _____

The following are the content areas identified in the 2006 National Athletic Trainers' Association Educational Competencies. Please indicate the behavior most exhibited by this employee by using the following scale throughout the survey:

- 5 = Regularly demonstrates knowledge and ability that exceed the expectations of an entry-level athletic trainer in this area.
- 4 = Occasionally demonstrates knowledge and ability that exceed the expectations of an entry-level athletic trainer in this area.
- 3 = Demonstrates knowledge and ability at the level expected of an entry-level athletic trainer in this area.
- 2 = Occasionally demonstrates knowledge and ability that are below expectations of an entry-level athletic trainer in this area.
- 1 = Frequently demonstrates knowledge and ability that are below expectations of an entry-level athletic trainer in this area.
- 0 = Have not observed.

Acute Care of Injury & Illness –Ability to provide immediate care and refer when appropriate, acute injuries and illness of the physically active.

Knowledge and intellectual skills 5 4 3 2 1 0

Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Assessment and Evaluation – Ability to conduct an assessment, formulate an impression to determine proper care; and refer when appropriate, injuries to and illnesses of the physically active.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

General Medical Conditions – Ability to recognize, provide care, and refer when appropriate general medical conditions and disabilities of the physically active.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Health Care Administration – Ability to develop, administer and manage a health care facility and associated venues providing for health care of the physically active.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Nutritional Aspects of Injury and Illnesses – Ability to understand and recognize nutritional aspects of the physically active and refer when appropriate.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Pathology of Injuries & Illnesses – Ability to understand the physiological responses of human growth/development, and the progression of injuries, illnesses, and diseases of the physically active.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Pharmacology – Knowledge and abilities on pharmacological applications including indications, contraindications, precautions, interactions, and governing regulations relevant to the treatment of injuries and illnesses of the physically active.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Professional Development and Responsibilities – Ability to understand professional responsibilities, avenues of professional development, national and state regulatory agencies/standards, to promote athletic training as a professional discipline, and to provide education to students of athletic training, the general public, the physically active, and associated individuals.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Psychosocial Intervention and Referral – Ability to recognize, intervene, and refer when appropriate, the social, mental, emotional, and physical behaviors of the physically active.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Risk Management and Injury Prevention for the Physically Active – Ability to identify injury and illness risk factors that a physically active person may encounter, and the ability to plan and implement a risk management and prevention program.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Therapeutic Exercise – Ability to plan, implement, document, and evaluate the efficacy of therapeutic exercise programs for the rehabilitation/reconditioning of injuries and illnesses of the physically active.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Therapeutic Modalities – Ability to plan, implement, document, and evaluate the efficacy of therapeutic modalities in the treatment of injuries and illnesses of the physically active.

Knowledge and intellectual skills	5	4	3	2	1	0
Manipulation and motor skills	5	4	3	2	1	0
Attitudes and values	5	4	3	2	1	0

Overall, how would you rate the Culver-Stockton College alumni that you are evaluating in comparison to other entry-level athletic trainers that you have employed/supervised?

5=Excellent 4=Above Average 3=Average 2=Below Average 1=Poor

What do you feel are the overall strengths of the person you are evaluating?

What do you feel are the overall weaknesses of the person you are evaluating?

Do you have any suggestions that you feel would help us improve the quality of entry-level athletic trainers coming out of our program?

Thank you very much for you time in completing this survey!

Person completing the survey _____

Position _____

Company/Institution _____

Address _____

City, State, Zip Code _____

Please send completed survey to: Robert W. Carmichael, MA, ATC
Athletic Training Education Program Director
Culver-Stockton College
One College Hill
Canton, MO 63435

**APPENDIX C
ATHLETIC
TRAINING
GENERAL
SERVICE
DOCUMENTS**

Culver-Stockton College Athletics Try-out Waiver

Form C-1

Name: _____

Date of Birth: _____ Social Security Number: _____

I understand that my participation in this try-out involves the risk of injury to myself, and that no amount of precaution by Culver-Stockton College can eliminate such risk. Because of this, and in consideration of Culver-Stockton's willingness to allow me to participate in these try-outs, I agree to the following:

1. I will participate in these try-outs in a careful and prudent manner and will attempt, whenever possible, to minimize the risk of injury to myself and to others.
2. I hereby release Culver-Stockton College, its agents, officers, and employees from liability for any injury to myself or my property that was suffered at or arising out of these try-outs. I give this waiver and release intending to legally bind myself and my heirs, representatives, successors and assigns.
3. If, during the course of my participation at these try-outs, or otherwise, I notice any situation which I believe causes a significant risk of injury to myself or others, I will promptly notify the coach or other member of the staff who is in charge of these try-outs.
4. I authorize the Culver-Stockton College Athletic Training staff to perform preventative measures or necessary immediate medical care in the event of an emergency or injury.

**I have carefully read this release and waiver of liability.
I understand its terms and have signed voluntarily.**

DATE

SIGNATURE OF STUDENT

We agree to the terms of this release.

DATE

SIGNATURE OF PARENT OF GUARDIAN REQUIRED IF THE PARTY

SIGNING THE WAIVER IS UNDER 18 YEARS OF AGE

*This try-out waiver is legally binding. If the try-outs last for a period greater than three days, the participant must get a physical examination by a Culver-Stockton College team physician for clearance to continue participation.

Culver-Stockton College
PHYSICAL EXAMINATION RECORD

Form C-2

Name: _____ Date: _____ Birthday: _____
Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____
Vision: R ____/____ L ____/____

Permission to Treat: I hereby give permission for members of the Culver-Stockton College athletic training staff and/or designated team physician(s) to administer any medical treatment that may be advisable during my athletic participation. I also give permission to such parties to communicate verbally or in writing with the coaching staff, other members of the athletic training staff, team physicians, or other health care providers; about my condition(s), in order to plan for further treatment and/or return to play decisions.

Athlete Signature _____
Parent/Guardian Signature (if athlete is under 18 years old)

Initials Normal Abnormal Findings

- 1. Eyes _____
- 2. Ears, Nose, Throat _____
- 3. Mouth and Teeth _____
- 4. Cardiovascular/Chest and Lungs _____
- 5. Abdomen _____
- 6. Skin _____
- 7. Genitalia _____
- 8. Musculoskeletal _____
 - a. neck _____
 - b. spine _____
 - c. shoulders _____
 - d. arms/hands _____
 - e. hips _____
 - f. thighs _____
 - g. knees _____
 - h. low leg _____
 - i. ankles _____
 - j. feet _____

9. Neuromuscular _____
Comments on Abnormal Findings: _____

- PARTICIPATION RECOMMENDATIONS:
- 1. No Participation in: _____
 - 2. Limited Participation in: _____
 - 3. Requires: _____
 - 4. Full Participation in: _____

Physician Signature: _____ Date: _____

Culver-Stockton College Student Health History Form

Please read carefully. For questions on completion, call 573-288-6334 or e-mail studentlife@culver.edu.
All forms and documentations need to be returned to the Admissions Office. **PLEASE PRINT**

PERSONAL INFORMATION

Student Name: _____ Male ___ Female ___
Permanent Address: _____
City: _____ State: _____
ZIP/Postal: _____ Country: _____
Home Phone: () _____-____ Cell Phone: () _____-____ Date of Birth: ____/____/____ Age: ____
Entering Year: _____ Term: Fall ___ Spring ___ Interim ___ Summer ___

C-SC Athlete

FAMILY/GUARDIAN CONTACT INFORMATION

Father's Name: _____
Father's Employer: _____
Work Phone: () _____-____ Cell Phone: () _____-____ Home Phone: () _____-____
Mother's Name: _____
Mother's Employer: _____
Work Phone: () _____-____ Cell Phone: () _____-____ Home Phone: () _____-____

EMERGENCY CONTACT INFORMATION

Primary Person to Contact in Case of Emergency: _____
Relationship to Student: _____ Emergency Phone: () _____-____
Emergency Contact Address: _____
City: _____
State: _____ ZIP/Postal: _____ Country _____

In case the primary contact cannot be reached, please list a secondary contact.

Secondary Person to Contact in Case of Emergency: _____
Relationship to Student: _____ Emergency Phone: () _____-____
Emergency Contact Address: _____
City: _____
State: _____ ZIP/Postal: _____ Country _____

FAMILY PHYSICIAN INFORMATION

Family Physician: _____
Address: _____ City: _____
State: _____ ZIP/Postal: _____ Country _____
Telephone Number: () _____-____ Fax Number: () _____-____

Please list the primary care physician for insurance purposes, if different from above.

Primary Family Physician: _____
Address: _____ City: _____
State: _____ ZIP/Postal: _____ Country _____
Telephone Number: () _____-____ Fax Number: () _____-____

PERSONAL HEALTH HISTORY

Is there a history of the following in your family? Please circle yes or no.

- | | | |
|-----------------|-----------------------|--|
| Cancer Yes No | Tuberculosis Yes No | Heart Disease/Heart Attack Under 50 Yes No |
| Diabetes Yes No | Kidney Disease Yes No | Sudden Death at Young Age Yes No |
| Fainting Yes No | Hypertension Yes No | Sickle Cell Disease or Trait Yes No |

If yes, explain: _____

Are you taking any medications? If yes, list: _____

Are you allergic to any medication? If yes, list: _____

DISEASE/ILLNESS HISTORY

INJURY HISTORY

Please check the box if you have now or have ever had an injury or illness involving the following. If you check any of the following, please explain below.

- | | | | | | |
|---|---------------------------------------|--------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Abdomen/Pelvis | <input type="checkbox"/> Back | <input type="checkbox"/> Elbow | <input type="checkbox"/> Head | <input type="checkbox"/> Knee | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Calf | <input type="checkbox"/> Foot | <input type="checkbox"/> Heart | <input type="checkbox"/> Neck | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Chest/Breast | <input type="checkbox"/> Hand | <input type="checkbox"/> Hip | <input type="checkbox"/> Shoulder | |

Please check the box if you have now or have ever had. If you check any of the following, please explain below.

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Abnormal Heart Beat | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heat Exhaustion/Stroke | <input type="checkbox"/> Measles | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Menstrual Difficulty | |
| <input type="checkbox"/> Sickle Cell Abnormalities | <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness/Lightheadedness | <input type="checkbox"/> Hernia | <input type="checkbox"/> Mental Health Concerns |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Birth Deformities | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Missing One or More Paired Organs | | <input type="checkbox"/> Small Pox | <input type="checkbox"/> Bone/Joint Weakness | |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> High/Low Blood Sugar | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Stingers/Burners/Pinched Nerves | |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headaches | <input type="checkbox"/> Hives | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Pneumonia | |
| <input type="checkbox"/> Unusual Shortness of Breath | <input type="checkbox"/> Contacts/Glasses/ | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Knocked Unconscious | |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Vision Difficulty/Protective Eyewear | | <input type="checkbox"/> Convulsions | |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Malaria | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Depression |

Culver-Stockton College Immunization Record

Instructions: Complete all three (3) sections of this form. Obtain copies of your immunization records and attach them along with this form. Examples of acceptable documentation include:

- Copies of personal immunization records (baby book with the physician's/health care provider's initials, dates and signatures)
- Copies of physician or health department records
- Copies of high school record or previous college transcript indicating immunizations

Part I. Required of All Students: Measles, Mumps and Rubella

At least two doses of M.M.R. (Two doses required after 12 months of age)

Dates of doses to include month/day/year: _____

Tetanus/Diphtheria (Dtap/DTP) (Primary four doses and a booster within the last 10 years)

Dates of doses to include month/day/year: _____

Polio (A minimum of 3 doses)

Dates of doses to include month/day/year: _____

Part II. Immunizations Recommended: (Please document if obtained)

Hepatitis B (Two doses) _____ **Varicella** (Chicken Pox) _____

Part III. Meningococcal Disease and Vaccination: (Recommended by the Centers for Disease Control for all students living in residential settings)

Missouri Legislation Senate Bill 0686 requires all students who reside in on-campus housing to sign a waiver stating that the institution of higher education has provided the "student, or if the student is a minor, the student's parents or guardians, with detailed written information on the risks associated with the meningococcal disease and the availability and effectiveness of the meningococcal vaccine."

_____ Check here if you have received the vaccination. Date of vaccination: ____/____/____

(Please provide documentation from medical professionals.)

_____ Initial here if you choose to decline obtaining the vaccination.

_____ Initial here that you have viewed information on the Culver-Stockton College website concerning the dangers of meningitis and available vaccination through your health care provider or local health department.

Please review the information at www.culver.edu/health regarding privacy practice, meningitis and vaccinations.

If you have any questions or concerns regarding the Student Health History and Immunization Record, please contact the Student Life Office at Culver-Stockton College at 573-288-6334.

TREATMENT AUTHORIZATION

Authorization of treatment permission is hereby granted for treatment of the above-named student by a qualified health professional in the event of a medical emergency.

(For varsity athletes, this treatment authorization includes, but is not limited to, the athletic training staff, team physician(s) and other allied health care specialists affiliated with the athletic department.)

NOTE: All students (athletes and non-athletes) must complete the following:

Student's Name (Please Print): _____

Student's Signature: _____ Date: ____/____/____

Signature of parent/guardian (if under age 18): _____ Date: ____/____/____

PROOF OF INSURANCE

Insurance Company: _____

Policy Number: _____ Group Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Policyholder's Name: _____

Policyholder's Company: _____ Policyholder's Phone Number: () ____-____

Policyholder's Social Security Number: ____-____-____ Policyholder's Date of Birth: ____/____/____

Does the above mentioned policy cover the following:

Yes No 1. Prescriptions. If yes, what is the policy number? _____

Yes No 2. Dental. If yes, what is the policy number? _____

Yes No 3. Optical. If yes, what is the policy number? _____

Does the above mentioned policy require pre-authorizations for surgery? Yes No

Does the above mentioned policy require pre-authorization for medical care? Yes No

Does the above mentioned policy have a designated primary care physician? Yes No

Please be sure to attach copies of both sides of the health insurance card that indicates health insurance coverage for the student and mail with this form.

Culver-Stockton College Athletic Training Student-Athlete Interim Physical Examination

Form C-3

Name _____ Year in School _____

Date of Birth _____ Sport(s) _____

Since your last physical examination on _____, have you?

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Had a serious injury / been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Had an unfavorable / allergic reaction to a drug, antibiotic, and/or medicine?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Had a sprain / strain and/or fracture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Had a dental injury?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Had a concussion and/or head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Do you have any allergies?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Been unconscious for any other reason other than anesthesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Do you take any medications for pain or a medical condition on a regular basis (> 3 days a week)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Had a neck injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Do you have any ongoing or chronic illnesses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Had a back injury or suffered from back pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Had frequent headaches?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Had any of burners, stingers, numbness in neck, shoulder, and/or hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Experienced coughing, wheezing, shortness of breath, or breathing difficulties during or after exercise?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Had a shoulder, elbow, and/or hand / wrist injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Had an operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Had a hip and/or knee injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Do you wear contact lenses, glasses, and/or safety glasses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Had a lower leg, ankle, and/or foot injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	27. Have you had a history of anorexia, bulimia (forced vomiting), and/or any other eating disorder?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Missed a practice and/or game due to an injury and/or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Do you require any special equipment to participate in athletics?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Are you currently undergoing physical therapy or rehabilitation for an injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	29. Have you been told by a physician to restrict your activity or not to participate in sport?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Been diagnosed with any new medical or surgical problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	30. Had a heat related illness (heat cramps, heat exhaustion, and/or heat stroke) and/or missed time / received special attention (IV fluids, etc.) for a heat related problem?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. While exercising, has your heart ever "skipped" a beat, have you suffered from a "racing heart", severe chest pain, lightheadedness, or fainted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	31. Do you take vitamins, amino acids, creatine, and/or any other dietary supplement on a daily basis and/or as needed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Been diagnosed with any NEW injuries and/or medical problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	32. Been recently diagnosed with infectious mononucleosis ("mono"), hepatitis B or C, HIV/AIDS, and/or any other severe infectious disease / viral infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Been evaluated by a Culver Stockton College athletic trainer and/or physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Been denied clearance by a medical professional to participate in any athletic activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever felt dizzy, passed out, or "blacked out" during or after exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No	34. Do you have any concerns that you would like to discuss with the team physician?

FEMALES ONLY!

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

If you answered "YES" to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain on back *(use additional sheet(s) if necessary)*-

I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I understand and acknowledge that my health and physical welfare may be jeopardized as a result and that I may suffer physical harm.

Student-Athlete Signature

Date

Permission to Treat: I hereby give permission for members of the Culver-Stockton College athletic training staff and/or designated team physician(s) to administer any medical treatment that may be advisable during my athletic participation. I also give permission to such parties to communicate verbally or in writing with the coaching staff, other members of the athletic training staff, team physicians, or other health care providers; about my condition(s), in order to plan for further treatment and/or return to play decisions.

Athlete Signature

Parent/Guardian Signature (if athlete is under 18 years old)

**Culver-Stockton College Athletic Training
Injury/Illness Evaluation Form**

Form C-5

Patient Name: _____ **Phone:** _____
Age: _____ **Date of Birth:** _____ **Sex:** _____ **Sport:** _____
Date Reported: _____ **Date & Time of Injury:** ___/___/20___ :___ AM/PM
Where injury occurred: _____ **Supervising staff/coach:** _____
Onset: *Acute Chronic Reinjury* **Activity:** *Game Practice Other:* _____
Location of injury: *L R B N/A* **Body part injured/System affected:** _____
Hospitalized or Diagnostics: *Y N* **Attending Physician:** _____
If yes to the above, please explain: _____

H: _____

O: _____

P: _____

S: _____

Clinical Diagnosis: _____

Immediate Treatment: _____

Referral: *Y N* **Physician:** _____ **Date of Appointment:** _____

Participation Status: *Full Limited As Tolerated Out*

Instructions: _____

Communicated to Coach and/or supervising ATC: *Y N* **Whom:** _____ **Time:** ___:___ AM/PM

ATS Signature: _____ **Date:** _____

ATC Signature: _____ **Date:** _____

Culver-Stockton College Athletic Training Treatment/Rehabilitation Log

Form C-6

Patient: _____ Sport: _____
 Injury: _____ Date of Injury: _____ Date of Surgery: _____

Date:	/ /20	/ /20	/ /20	/ /20	/ /20	/ /20	/ /20
Treatment/Modalities	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters
E-stim (IFC/PM/HV/Rus/MC/Bi)							
Ultrasound (1,2,3mHz)(Cont/Pulsed) %							
Ice (massage/pack)							
Heat (MHP/Paraffin)							
Whirlpool (Warm/Cold/Con)							
Mechanical (IntComp/Tract)							
Other:							
Other:							
Rehab Exercises	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters	Sets/Reps/Time Parameters
Signature:							/Progress note

*ExplainCustomizations _____

Progress Note: *(To be updated by the individual who supervises and records last treatment on this sheet)*

S: _____

O: _____

A: _____

P: _____

Signature: _____ Date: _____

**Culver-Stockton College Athletic Training
Physician Examination Report**

Form C-7

Name: _____ Sport: _____

Onset Date: _____ Exam Date: _____

Injury Site _____

History: _____

Physical Examination: _____

DIAGNOSIS: _____

TREATMENT/MANAGEMENT: _____

PARTICIPATION STATUS: _____

MEDICATION: _____ POTENCY: _____

DOSAGE: BID TID QID

OTHER: _____

EXAMINING PHYSICIAN: _____

(Date)

ATHLETIC TRAINER: _____

(Date)

I hereby authorize the examining physician to release information acquired in the course of my examination or treatment to the Athletic Training Department at Culver-Stockton College.

PATIENT SIGNATURE: _____

(Date)

CSC Physicians Weekly Appointments

Date:

Appt. Time	Name	DOB	Sport	Reason
2:00				
2:15				
2:30				
2:45				
3:00				
3:15				
3:30				
3:45				
4:00				
4:15				
4:30				
4:45				
5:00				
5:15				
5:30				

**Culver-Stockton College- Athletic Training
OTC Medication Administration Form**

Form C-10

Date	Athlete Name	Medication	Strength	Amount	Exp. Date	Lot #	ATC

Culver-Stockton College Athletic Training Equipment Checkout Form

Form C-11

Patient Name: _____ ID #: _____ Phone: (____) ____ - ____
Equipment: _____ Item#: _____
Checkout Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
Return Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
**For damaged or non-returned items: Student Account Charged ___Y___N Date: ___/___/20___*

Patient Name: _____ ID #: _____ Phone: (____) ____ - ____
Equipment: _____ Item#: _____
Checkout Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
Return Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
**For damaged or non-returned items: Student Account Charged ___Y___N Date: ___/___/20___*

Patient Name: _____ ID #: _____ Phone: (____) ____ - ____
Equipment: _____ Item#: _____
Checkout Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
Return Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
**For damaged or non-returned items: Student Account Charged ___Y___N Date: ___/___/20___*

Patient Name: _____ ID #: _____ Phone: (____) ____ - ____
Equipment: _____ Item#: _____
Checkout Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
Return Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
**For damaged or non-returned items: Student Account Charged ___Y___N Date: ___/___/20___*

Patient Name: _____ ID #: _____ Phone: (____) ____ - ____
Equipment: _____ Item#: _____
Checkout Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
Return Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
**For damaged or non-returned items: Student Account Charged ___Y___N Date: ___/___/20___*

Patient Name: _____ ID #: _____ Phone: (____) ____ - ____
Equipment: _____ Item#: _____
Checkout Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
Return Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
**For damaged or non-returned items: Student Account Charged ___Y___N Date: ___/___/20___*

Patient Name: _____ ID #: _____ Phone: (____) ____ - ____
Equipment: _____ Item#: _____
Checkout Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
Return Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
**For damaged or non-returned items: Student Account Charged ___Y___N Date: ___/___/20___*

Patient Name: _____ ID #: _____ Phone: (____) ____ - ____
Equipment: _____ Item#: _____
Checkout Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
Return Date: ___/___/20___ Signatures: Pt. _____ ATC/S _____
**For damaged or non-returned items: Student Account Charged ___Y___N Date: ___/___/20___*

**Culver-Stockton College
Athletic Training Department
Exposure Incident Form**

Form C-12

Name: _____ Date: __/__/____
Social Security Number: __/__/____ DOB: __/__/____
Home Address: _____ Apt. _____
City: _____ State: _____ Zip: _____
School: _____ Supervising ATC: _____

Location of Incident: _____

Route of Exposure: _____
Source of Exposure: _____

Describe Incident:

Was the Program Director Notified? Yes ___ No ___ NA ___

Testing Performed: _____
Test Results: _____
Treatment Provided: _____

Follow-up:

Recorder Signature: _____
Exposed Signature: _____
Date Recorded: __/__/____

Supervisor Signature: _____
Form Submitted: __/__/____