ADRIAN COLLEGE
Athletic Training Program

Applicant Check-list

To be retained/admitted into the athletic training major, the application must be submitted to Dr. Claiborne by **MARCH 17, 2014.**

AND

An Interview must be completed. You will be notified to sign-up for an interview date/time.

Task	Complete
Completed Application	Yes ☐ No ☐
Enclosed Health Center verification of immunization review	Yes ☐ No ☐
Enclosed Signed Communicable Disease Agreement	Yes ☐ No ☐
Enclosed Signed Technical Standards	Yes ☐ No ☐
Interview with Director & Faculty	*To be completed at a later date*
Complete declaration of Major form (if applicable)	Yes ☐ No ☐
Complete change of advisor form (if applicable)	Yes ☐ No ☐
Enclosed Proof of current CPR for the professional rescuer card/or equivalent	Yes ☐ No ☐ Have taken class, but don't have card yet ☐ Will take class prior to next fall ☐
Enclosed Proof of current first aid card	Yes ☐ No ☐ Have taken class, but don't have card yet ☐ Will take class prior to next fall ☐

****The program utilizes a scoring rubric to determine entry into the Athletic Training Program. You will be evaluated on the following criteria (see below). Retention in the program is performance and space dependent. The program will retain the top students based on availability.****

1. **Interview with program faculty (50 points). You will be scored on:**
   a. Professionalism (dress & demeanor)
   b. Communication skills
   c. Your potential for success based on academic performance, clinical performance, and extra-curricular activities

2. **GPA (50 points):**
   a. A minimum of 2.75 (major and overall) is required for retention; however, a higher GPA will earn you more points.

3. **Grades in required courses (60 points**)
   a. A minimum of a C- is required for retention; however, a higher grade will earn you more points.

4. **Application (10 points). You will be scored on:**
   a. complete application
   b. On-time submission

ADRIAN COLLEGE
ATHLETIC TRAINING PROGRAM

RETENTION APPLICATION
DUE MARCH 17, 2014

NAME: _____

DATE:_____

CAMPUS PHONE:_____ **CELL PHONE:**_____

HOME EMAIL ADDRESS (if different than Adrian College email): _____

_____

CURRENT ADVISOR: _____

GRADE POINT AVERAGE (Overall) : _____ **GRADE POINT AVERAGE (Required Courses Below) :** _____

_____

COURSE INFORMATION: Please indicate the grade you have received for each of the following courses:

ESPE 100 – Principles of Fitness:	Grade _____ Currently Enrolled ☐
ESPE 145 –Clinical Observation and Orthoses	Grade _____ Currently Enrolled ☐
ESPE 201 (or proof of CPR/first aid certifications) Emergency Care and First Aid	Grade _____ Currently Enrolled ☐ Took Class Elsewhere ☐ Need to take ☐ Waiting for Cards ☐
BIO 101 or 103 – Biology and Society or Plant Biology or 104 – Animal Biology	Grade _____ Currently Enrolled ☐
ESPE 115 – Care and Prevention of Athletic Injuries	Grade _____ Currently Enrolled ☐
ESPE 103 – Foundations & Careers in ESPE and AT	Grade _____ Currently Enrolled ☐
ESPE 225 –Anatomy	Grade _____ Currently Enrolled ☐
ESPE 250 – Human Physiology	Grade _____ Currently Enrolled ☐
MATH 101 - Intermediate Algebra	Grade _____ Currently Enrolled ☐ Waived ☐
MATH 115 – Pre-Calculus Mathematics	Grade _____ Currently Enrolled ☐
CHEM 101, 105, 115,or 117 – Chemistry	Grade _____ Currently Enrolled ☐
PSYC 100 – General Psychology	Grade _____ Currently Enrolled ☐

Adrian College
Athletic Training Program

Proof of Immunization Review

I, _____ (printed name of health center authority) certify that

_____ (printed name of student) has the following on file at the

Adrian College Health Center.

- Immunization record showing documentation of immunizations appropriate for health care providers as determined by the college…… ☐ Yes ☐ No

_____ _____
Signature of Health Center Nurse Date

_____ _____
Signature of Student Date

Adrian College
Athletic Training Program
Communicable Disease Policy

The Center for Disease Control (CDC) outlines specific policies for minimizing exposure of communicable diseases within health care facilities and between health care providers and patients. The Adrian College Athletic Training Program educates health care providers and uses the following provisions to manage communicable diseases that may arise during clinical rotations:

Michigan Department of Community Health (MDCH) Recommendations for Infected Health Care Workers (HCW)
http://www.michigan.gov/documents/InfectedHCW____4_106395_7.pdf

Based upon current scientific information, the following recommendations have been adopted by MDCH to provide protection for patients and HCWs alike. These guidelines should become part of the infection control guidelines for all health care facilities.

Infection Control

1. All HCWs must continually adhere to universal precautions developed by CDC including the appropriate use of hand washing and personal protective equipment.
2. Care must be observed in the use and disposal of needles and sharp instruments to minimize percutaneous exposure to infected blood. Devices with engineered safety features should be utilized wherever possible to prevent unnecessary risks to HCWs and patients.
3. HCWs must comply with current recommended guidelines for disinfection and sterilization of reusable devices.
4. HCWs who have exudative lesions or weeping dermatitis of the hands, forearms, or other body locations that may touch patients, should refrain from performing invasive procedures, and from handling patient care equipment and devices used in invasive procedures until the condition resolves.

Training

5. Training of HCWs in proper infection control technique should begin in professional and vocational schools. All HCWs should receive training on universal precautions, personal protective equipment, and other scientifically accepted infection control practices. Ongoing training should be conducted to continually reinforce proper infection control practices and to inform practitioners of any new infection control procedures and safety devices.

- *It is the program's policy that formal blood-borne pathogen training for Athletic Training Students (ATS) must occur before students are placed in a potential exposure situation. This includes placement at any clinical site, including observational experiences.*

Hepatitis B Vaccination

6. All HCWs who are susceptible to HBV infection should undergo Hepatitis B vaccination, as prescribed by the Occupational Safety and Health Administration (OSHA) standards on Bloodborne Pathogens**.**

- *All students admitted to Adrian College must have an immunization review on file in the Campus Health Center. This is verified by the program at the time of application to the Professional Phase of the program.*

Medical Devices

7. Medical devices, including sharps with engineered safety protection, and safe work procedures that further reduce the risk of exposure to the blood and body fluids of the patient and the HCW, should be used whenever possible.

Testing of Health Care Workers

8. Routine or mandatory HIV, HBV, and/or HCV testing of all HCWs is not recommended, nor should it be a requirement for employment, credentialing, licensure, or insurance.
9. HCWs are encouraged to be aware of their HIV, HBV (including both HBsAg and HBeAg), and HCV serologic status and **seek treatment to reduce the risk of transmission of bloodborne pathogens through unanticipated occupational exposures.**

- *While infected ATSs are not required to disclose HIV, HBV or HCV status, it is the policy of the program that all students receive training on and properly use universal precautions, personal protective equipment, and other scientifically accepted infection control practices.*
- *In a case where an ATS may be infected with a communicable disease other than HIV,HBV or HCV, it is the ATSs responsibility to get evaluated by a licensed health care professional to determine whether there is a need for exclusion from school or clinical practice.*
- *Any ATS who exposes a patient to his or her blood/body fluids is ethically bound to inform the patient of this exposure and to undergo testing as appropriate.*

Confidentiality and Informed Consent

10. All confidentiality laws must be followed to protect the identity of infected HCWs. Protecting confidentiality will encourage HCWs to be tested. The Michigan Public Health Code (MCL 333.5131, as amended) states that all reports, records and data pertaining to testing, care, treatment, reporting, and research associated with HIV infection and acquired immunodeficiency syndrome (AIDS) are confidential.

Disclosure and Practice Restrictions For Infected Health Care Workers

11. All health care workers who are infected with HIV should be followed up by a medical practitioner who is an expert and experienced in the management of HIV. This medical expert should advise the infected HCW and discuss any practice restrictions that may be appropriate.

Informing Patients of Health Care Worker Status

12. Infected HCWs are not routinely required to disclose their HIV, HBV or HCV status to patients. However, any HCW who exposes a patient to his or her blood/body fluids is ethically bound to inform the patient of this exposure and to undergo testing as appropriate. Facilities should have procedures in place to assure disclosure and appropriate testing and follow-up of patients who are inadvertently exposed to infected HCWs' blood.
13. If an infected HCW's serostatus becomes known, any notification of patients should be considered on a case-by-case basis taking into consideration: 1) whether actual exposure has occurred; 2) an assessment of the specific risks; 3) confidentiality issues; and 4) available resources. Any decision to notify patients should be made in consultation with local and state public health officials along with the infected HCW, if available.

Adrian College Athletic Training Program
Communicable Disease Agreement

- I understand that I must properly use universal precautions, personal protective equipment and other scientifically accepted infection control practices at ALL times during patient care.
- I understand that in the event that I contract any communicable disease (see list below), I have an ethical obligation to protect my patients from disease contraction.
- I understand that in the event that I have a communicable disease where common universal precautions may not completely protect my patients, it is my ethical responsibility to report the potential for disease transmission. In consultation with a license health care professional, I may be removed from clinical exposures by the Clinical Education Coordinator until I am cleared to return to clinical duties. During this time, I will not report to my clinical assignment due to the risk of spreading the infection. This will be considered an excused absence having no effect on the final clinical evaluation.
- I understand that all disclosed medical information will be treated confidentially as directed by HIPAA and FERPA regulations.

Communicable Diseases Sited by the CDC:

~Bloodborne pathogens
~Conjunctivitis
~Cytomegalovirus
~Diptheria
~Gastrointestinal infections
~Hepatitis A
~Herpes simplex
~Measles
~Meningococcal disease
~Mumps
~Parovirus
~Pertussis
~Poliomyelitis
~Rabies
~Rubella
~Scabies and pediculosis
~Staphylococcus aureus infection
~Streptococcus infection
~Tuberculosis
~Vaccinia (smallpox)
~Varicella
~Viral respiratory infections (influenza, respiratory syncytial virus)

I certify that I have read and understand the complete communicable disease policy and agree to comply with the statements therein.

_____ _____
Athletic Training Student's Printed Name **Athletic Training Student's Signature**

_____
Date

Adrian College
Athletic Training Program

Technical Standards

"Certified athletic trainers are health care professionals who specialize in preventing, recognizing, managing and rehabilitating injuries that result from physical activity (www.nata.org)." Students who are preparing for this profession must have the mental and physical capacity to learn and carry out the necessary duties for success and graduation from a Commission on Accreditation of Athletic Training Education (CAATE) accredited program.

Listed below are the essential qualities a student must possess in order to be retained within the Athletic Training Program at Adrian College. Students must be able to meet these standards with reasonable accommodation throughout their academic tenure. If a student feels that they may need special accommodations at any time, they must be evaluated by Academic Services on the Adrian College campus, and must attain verification by a physician or appropriate institution disability officer. A student who is admitted to the major but unable to fulfill these technical standards, with or without reasonable accommodation, will not be able to complete the major. It is important to note that compliance with the program's technical standards does not guarantee a student's eligibility for the Board of Certification (BOC) certification exam.

It is a requirement, for accreditation and retention within the program, that students verify that they meet the following standards. Please check whether or not you meet the following standards, and sign below.

Do you possess the following qualities:

1. ☐Yes ☐No The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. ☐Yes ☐No Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. ☐Yes ☐No The ability to record the physical examination results and a treatment plan clearly and accurately.
4. ☐Yes ☐No The capacity to maintain composure and continue to function well during periods of high stress.
5. ☐Yes ☐No The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
6. ☐Yes ☐No Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
7. ☐Yes ☐No Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

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.

_____	_____	_____
Printed name of Applicant	Signature of Applicant	Date

ONLY FOR STUDENTS REQUESTING SPECIAL 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 Academic Services office 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.

_____	_____	_____
Printed name of Applicant	Signature of Applicant	Date