

UNIVERSITY OF
WISCONSIN



OSHKOSH

Athletic Training

PROGRAM

MANUAL

OVERVIEW

OF THE

ATHLETIC TRAINING

PROGRAM

Introduction

This manual is intended to serve as a guide for the professionals associated with and students enrolled in the UW Oshkosh CAATE (Commission on Accreditation of Athletic Training Education) accredited Athletic Training Program. It outlines expectations and roles of professionals and students, program policies and procedures, and educational requirements. This manual assists in supporting optimal didactic and clinical education for students desiring to become certified and licensed as athletic trainers and seeking to gain employment in the athletic training profession. It cannot possibly account for every conceivable circumstance but should address most issues. The administrative and educational decisions made by the athletic training program personnel are based on the policies and procedures outlined in this manual.

It is the responsibility of each individual associated with the program to become aware of and adhere to the information contained in this document. Please take the time to become very familiar with it. Becoming a Certified Athletic Trainer (ATC)/Licensed Athletic Trainer (LAT) should be the primary goal of every student in the program. Every professional associated with the program should be committed to contributing to that process.

Robert C. Sipes, EdD, ATC, LAT
Director, Athletic Training Program
University of Wisconsin Oshkosh

Overview of the Athletic Training Program

There are three central and vital components comprising the Athletic Training Program. First, the student will receive exposure to a cognitive knowledge base through formal academic coursework. Second, the student will learn psychomotor skills and attain clinical proficiency through laboratory and clinical education. The student will practice and be evaluated on those skills through formal courses and clinical education assignments on and off-campus. Third, students will be given opportunities to apply learned skills through clinical education on and off-campus under the mentorship of the program's preceptors. By completing the program, students will learn all competencies and proficiencies required by CAATE. They will also meet all eligibility requirements for the Board of Certification, Inc. certification exam and State of Wisconsin Licensure. The academic program is designed so that students will complete the program in two years of full-time, year-round enrollment beginning in the summer. Because completing the educational program requirements should be the primary goal, the student is advised to meet with the Program Director regularly, pay close attention to their academic requirements, and remain familiar with the contents of this manual to keep abreast of requirements for progression through the program as well as ongoing changes.

A by-product of Athletic Training education is service to patients at various sites. Students are not directly responsible for providing care to these individuals in place of professional staff. Students complement the rendering of care through clinical education under the direction of assigned preceptors. Students are assigned increasing levels of responsibility as they successfully progress through the clinical program. A final semester student should aspire to function with the competence and confidence required of an entry-level athletic trainer.

Vision Statement

The University of Wisconsin Oshkosh Athletic Training Program exists to provide an effective and interactive learning environment for individuals pursuing a career in athletic training. The program is committed to preparing high caliber graduates equipped to provide quality health care to physically active populations in a changing world.

Mission Statement

The Athletic Training Program at the University of Wisconsin Oshkosh provides students the opportunity to complete the Master of Science degree in Athletic Training and prepare for an athletic training career by utilizing contemporary practices and technologies. The integration of classroom and clinical education will provide students with the knowledge, values, and skills required for professional success. The program seeks to prepare accomplished, entry-level allied health care providers capable of working with physically active populations. Our philosophy is to enhance not only the quality of life for our students, but also for those they will serve. Ultimately, the program aspires to be recognized as a model of excellence in the preparation of allied health care professionals.

Program Goals and Objectives

- 1. Graduates will be able to use Critical and Creative Thinking in order to guide clinical decision making.**
 - a. Students should be able to evaluate current research on a topic in order to draw conclusions.
 - i. KIN 661 Assignments
 - ii. KIN 761 Paper
 - b. Students should be able to conduct an efficient injury/illness evaluation and use critical thinking skills in order to determine a logical diagnosis.
 - i. Preceptor Evaluations
 - ii. Alumni Survey
 - c. Students should be able to develop effective treatment plans independently which factor in patient and activity characteristics and requirements.
 - i. Preceptor Evaluations
 - ii. Alumni Survey
 - d. Clinical preceptors will be effective role models and will encourage all students to engage in critical thinking required to make clinical decisions.
 - i. Student Evaluation of Preceptors
 - ii. Clinical Coordinator Evaluations
 - e. Clinical sites will provide ample opportunities for each student to engage in evaluation and rehabilitation decisions and plans.
 - i. Student Evaluation of Clinical Sites
 - ii. Clinical Coordinator Evaluations

- 2. Graduates will exhibit the Written and Oral Communication necessary to successfully communicate effectively and respectfully with a variety of individuals, professionals and groups.**
 - a. Students should be able to effectively communicate with patients, professionals, and clinical preceptors in order to verbally express issues and concerns to various constituents.
 - i. Preceptor Evaluations
 - ii. Alumni Surveys
 - b. Students should be able to successfully express thoughts and ideas in written communication formats such as papers, abstracts, and manuscripts.
 - i. KIN 661 Case Study
 - ii. KIN 761 CAT Project
 - c. Students should be able to successfully express thoughts and ideas in verbal communication formats such as oral presentations and practical exams.
 - i. ADT Course Practical Exams

- ii. KIN 661 Case Study
- iii. KIN 761 Oral Presentation
- d. Clinical preceptors will be effective role models and will demonstrate professional communication in both written and oral forms.
 - i. Student Evaluation of Preceptors
 - ii. Clinical Coordinator Evaluations

3. Graduates will be able to Integrate and Synthesize the Knowledge, Skills, and Responsibilities required for professional success in athletic training.

- a. Students should be able to synthesize all didactic knowledge from the program coursework and demonstrate acquisition of the latest edition of the Educational Competencies required by the CAATE.
 - i. Written Exit Exam
 - ii. BOC Exam
- b. Students should be able to illustrate their mastery of clinical skills over time by demonstrating “proficiency” of skill application in the clinical education segment of the curriculum.
 - i. ADT Course Practical Exams
 - ii. Clinical Proficiencies
 - iii. Practical Exit Exam
- c. Students should be able to synthesize their educational experiences (both didactic and clinical) and apply their skills to perform as an entry-level athletic trainer.
 - i. BOC Exam
 - ii. Employment Rates
 - iii. Alumni Survey
- d. Faculty will provide quality instruction in each didactic course while providing students the "knowledge and skills" defined in the latest edition of Educational Competencies.
 - i. Student Opinion Surveys
 - ii. Alumni Surveys

4. Graduates will be able to use Teamwork, Leadership, and Problem Solving as a valued allied health professional in the larger healthcare framework.

- a. Students will develop teamwork and problem-solving skills while matriculating through the athletic training program in order to reach graduation.
 - i. Retention/Graduation Rates
 - ii. Preceptor Evaluations
- b. Students should be able to demonstrate leadership in order to gain employment working with other allied health professionals.
 - i. Employment Rates
 - ii. Alumni Survey
- c. Clinical preceptors will be effective role models and will encourage all students to engage in teamwork and problem-solving activities as they develop into allied health professionals.
 - i. Student Evaluation of Preceptors
 - ii. Clinical Coordinator Evaluations
- d. Clinical sites will provide ample opportunities for each student to interact with a variety of allied health professionals, as defined by the CAATE standards.
 - i. Clinical Coordinator Evaluations
 - ii. Clinical Rotations Data

5. Graduates will exhibit Technological, Informational, and Quantitative Literacy as they integrate Evidence-Based Practice (EBP) skills into their clinical decision making.

- a. Students should be able to describe and document informational resources that have informed their clinical decisions.
 - i. KIN 661 Case Study
 - ii. KIN 761 CAT Project
- b. Students should be exposed to and instructed on clinical skills and technologies that have shown to be valid and reliable in the literature.
 - i. Student Evaluations of Preceptors
 - ii. Clinical Coordinator Evaluations
 - iii. Alumni Survey
- c. Clinical preceptors will be effective role models and will encourage all students to engage in evidence-based practice to make clinical decisions.
 - i. Student Evaluations of Preceptors.
 - ii. Clinical Coordinator Evaluations
- d. Students should be able to critically analyze research results, both published and their own, in order to develop and answer a clinical question.
 - i. KIN 661 Case Study
 - ii. KIN 761 CAT Project

Relationship to Other Entities

The Athletic Training Program functions in relation to two larger entities at the University. The program is housed in the Department of Kinesiology. It is structured in the form of a Master of Science degree, in Athletic Training. All facets of the education of Athletic Training Students are under the jurisdiction of the Director of the Athletic Training Program and the Chair(s) of the Department of Kinesiology.

Intercollegiate Athletics also has a relationship with athletic training on campus. Athletics provides some of the clinical staff that is responsible for quality health care for all intercollegiate student-athletes at UW Oshkosh. A comprehensive range of services including physical examinations, evaluation, and referral and rehabilitation of athletic injuries are offered. The staff also provides medical care at events and practices and staffing of on-campus athletic training facilities. The foundation of clinical education for the Athletic Training Program is provided through the association with Intercollegiate Athletics. Students participate in additional clinical education at affiliated off-campus settings.

The University of Wisconsin Oshkosh offers a variety of intercollegiate athletics programs consisting of eight men's teams and eleven women's teams. Men's sports include football, cross country, wrestling, basketball, swimming and diving, indoor track and field, outdoor track and field, and baseball. Women's sports include volleyball, golf, soccer, cross country, tennis, gymnastics, basketball, swimming and diving, indoor track and field, outdoor track and field, and softball.

The Department of Kinesiology is housed in the College of Letters and Science. The Intercollegiate Athletic Department is under the jurisdiction of the Chancellor.

History and Current Status of the Program

UW Oshkosh has enjoyed a rich history in athletic training. Jerry Nauert began his tenure in 1968 and was the first Certified Athletic Trainer employed at the University. In 1977, an academic minor was established to provide students with the necessary background for pursuing BOC, Inc. certification according to internship guidelines. Mr. Nauert remained in the capacity of Head Athletic Trainer until 1990. Jeff Chambers was then

hired to continue coordinating medical care to athletes. Under Jeff's leadership the involvement of students grew tremendously.

In 1997-98, the then Department of Kinesiology and Health made the decision to pursue what was then CAAHEP (Commission on Accreditation of Allied Health Education Programs) accreditation and a UW System approved major. In 1998-99, a national search was conducted and Dr. Hal Strough was hired to coordinate accreditation efforts and direct the Athletic Training Program. Jeff Chambers resigned as Head Athletic Trainer at the conclusion of the 1998-99 academic year. Wade Peitersen, a student of Jeff's and graduate of the University, was hired as the new Head Athletic Trainer/Clinical Instructor/Lecturer in fall 1999.

In 1999-2000 the faculty senate at the University approved a new academic program, which provided students with the opportunity to obtain a Bachelor of Science/Bachelor of Arts degree, major in Physical Education with an emphasis in Athletic Training. An academic major in Athletic Training was approved by the UW System Board of Regents in October 2002, replacing the emphasis. The program was granted CAAHEP accreditation in April 2003. Accreditation transitioned to CAATE (Commission on Accreditation of Athletic Training Education) in July 2006. A new facility in Kolf Sports Center, providing 6479 square feet of academic and clinical space, was completed in October 2003. The facility is well equipped with the latest in technology and rehabilitation equipment. The renovated facility at Titan Stadium was completed in summer 2008.

In 2016, the Athletic Training Program began the process of transitioning the program to offer a Master of Science in Athletic Training, phasing out the undergraduate major. The first cohort of students matriculated into the MSAT program in June 2020.

Wade Peitersen has the longest tenure of current staff, joining UW Oshkosh in 1999. Jack Johnsen (2004) and Jenn Zuberbier (2007), along with Wade Peitersen, serve as preceptors and instructors for the education program. In 2008, Kim Calvert joined the program in a newly created clinical coordinator and lecturer role, which is the second full academic staff member. Dr. Robert Sipes replaced Hal Strough as program director in 2009, as the first tenure-track faculty member in Athletic Training. In 2022, the program was able to add two more faculty members, with Dr. Kyle Petit (an alumnus of the undergraduate program) and Dr. Kevin Biese both joining Dr. Kim Calvert and Dr. Robert Sipes to provide 4 AT faculty members teaching in the new MSAT graduate program.

Current Program Personnel

Dr. Matthew Downs: ATP Medical Director
Aurora Medical Center Oshkosh 855 N Westhaven Drive
Phone: (920) 303-8700 Fax: (920) 303-3285

Dr. Matthew Downs is a Board-Certified pediatrician who has been working with the University of Wisconsin Oshkosh since 2014 as Medical Director for intercollegiate athletics. He is a physician at Aurora Medical Center in Oshkosh. Dr. Downs covers all Titan Football games and other championship events hosted by UW Oshkosh. In 2017-2018, Dr. Downs was approached and agreed to become the Medical Director for the education program as well. This is a good fit as he brings an external perspective to curriculum and educational philosophies. Dr. Downs received his Medical Degree from Marshall University School of Medicine and completed his residency at Penn State Milton Hershey Medical Center - Pediatrics. Dr. Downs and his family reside in Oshkosh.

Dr. Patrick McKenzie: Director of Orthopaedic Medicine
Bellin Health/Green Bay Packers/UW Oshkosh
Phone: (920) 430-4888 Fax: (920) 430-4889
169M Kolf Sports Center (Tuesday Afternoons) - (920) 424-3237 Fax: (920) 424-1068

Dr. Pat McKenzie is an Oshkosh native and has served UW Oshkosh Titan Athletics since 1995. Dr. McKenzie has a medical practice in Green Bay, Wisconsin, where he also serves as Medical Director and Team Physician

for the NFL's Green Bay Packers. He has been in that capacity since 1992. Dr. McKenzie specializes in Orthopedics and arthroscopic surgery. Dr. McKenzie contributes to Athletic Training education through student interaction in his on-campus clinic and surgery observations for UWO patients.

Robert C. Sipes, EdD, LAT, ATC, CSCS: Director, Athletic Training Program / Associate Professor / Kinesiology Department Chair

Albee 106

Office: (920) 424-1298

Fax: (920) 424-1068

Email: sipesr@uwosh.edu

Dr. Robert Sipes joined UW Oshkosh as the Athletic Training Program Director in July 2009. He was previously the Clinical Coordinator at Eastern Illinois University and also taught in Athletic Training Programs at Illinois State University and Trinity International University in Deerfield, IL. Dr. Sipes received his Doctorate of Education (EdD) in Curriculum and Instruction from Illinois State University in 2009, his MS in Kinesiology from California State University, Long Beach in 2002, and his Bachelor's degree in mathematics from Judson College in 1999, while completing the athletic training internship route. He is a BOC Certified Athletic Trainer, a member of the NATA, and holds his CSCS certification through the NSCA. Dr. Sipes is also licensed to practice athletic training in the state of Wisconsin.

Program Responsibilities:

1. Athletic Training Program Director
2. Mentor/Advisement of Pre-Athletic Training Students
3. Member of Accreditation, Admissions, and Curriculum Committees
4. Instructs
 - Kinesiol 610 Introduction and Orientation to Clinical Skills
 - Kinesiol 621 Evidence-Based Medicine in Evaluation
 - Kinesiol 661 Evidence-Based Medicine in Research I
 - Kinesiol 710 Transition to Professional Practice
 - Kinesiol 761 Evidence-Based Medicine in Research II
 - Kinesiol 721 Evidence-Based Medicine in Clinical Practice

Kim Calvert, EdD, LAT, ATC, PES: ATP Clinical Coordinator/Senior Lecturer

169G Kolf Sports Center

Office Phone: (920) 424-3227 Fax: (920) 424-1068 Email: calvertk@uwosh.edu

Kim joined the staff in 2008-09 after serving as Head Athletic Trainer at Alfred University (NY) for the previous 4 years. She was previously Assistant Athletic Trainer. Prior to her time at Alfred, she worked as a Staff Athletic Trainer at Froedtert Sports Medicine Center in Milwaukee. Kim attended Ripon College for 2 years before transferring to Northern Arizona University to major in Health Promotion with a minor in Athletic Training. She received a Master of Science degree in Kinesiology from Indiana University in 2003, and a Doctor of Education in Health Professions from A.T. Still University in 2021. Her research interests include patient-centered care, specifically health literacy and patient-provider communication. Kim is a BOC Certified Athletic Trainer with a current license in the state of Wisconsin. She is also a member of the NATA.

Program Responsibilities

1. Clinical Coordinator: Kinesiol 780, 781, 783, 784, 785
2. Advisement of Athletic Training Students
3. Member: Accreditation, Admissions, and Curriculum Committees
4. Instructs
 - Kinesiol 618 Emergency Medical Conditions and Techniques
 - Kinesiol 710 Transition to Professional Practice
 - Kinesiol 720 Administrative Practices in Athletic Training
 - Kinesiol 741 Assessment, Diagnosis, & Treatment of the Lower Extremity (Rehabilitation)
 - Kinesiol 745 Assessment, Diagnosis, & Treatment of the Head and Spine (Evaluation)

Kyle Petit PhD, LAT, ATC: Assistant Professor

169H Kolf Sports Center

Office Phone: (920) 424-0854 Fax: (920) 424-1068 Email: petitk@uwosh.edu

Kyle joined UWO in 2022 after serving as an Assistant Professor at the University of Mary in Bismarck, ND. Kyle received his Master's in Athletic Training from Illinois State University and his PhD in Kinesiology from Michigan State University. He has clinical experiences with professional football and auto-racing, as well as collegiate track & field, football, and ice hockey. His research interests focus on identifying factors that impact recovery following a sport-related concussion. Additionally, he is interested in the use of physical activity in concussion recovery. Kyle is a certified athletic trainer, licensed in the state of Wisconsin, and a member of the NATA.

Program Responsibilities

1. Mentor/Advisement of Pre-Athletic Training Students
2. Member of Accreditation, Admissions, and Curriculum Committees
3. Instructs
 - Kinesiol 610 Introduction and Orientation to Clinical Skills
 - Kinesiol 721 EBM in Clinical Practice
 - Kinesiol 741 Assessment, Diagnosis, & Treatment of the Lower Extremity (Evaluation)
 - Kinesiol 742 Assessment, Diagnosis, & Treatment of the Upper Extremity (Rehabilitation)
 - Kinesiol 745 Assessment, Diagnosis, & Treatment of the Head and Spine (Rehabilitation)
 - Kinesiol 780/781 Competency sessions

Kevin Biese PhD, LAT, ATC: Assistant Professor

Albee Hall 104

Office Phone: (920) 424-1323 Fax: (920) 424-1068 Email: biesek@uwosh.edu

Kevin became a faculty member at UWO in 2022 after completing his PhD in biomechanics at UW-Madison and a Master's in Athletic Training at University of North Carolina-Chapel Hill. Kevin's clinical athletic training experience includes positions as the assistant athletic trainer for Chapel Hill's varsity baseball and wrestling programs (2015-2017) as well as working as a per diem athletic trainer for UW Health where he mostly covered high school and collegiate club sports events (2018-2022). Kevin's primary research interests are in pediatric sport injury risk assessment and prevention as well as studying the behavioral phenomenon of youth sport specialization. Kevin is a licensed and certified athletic trainer and is a member of the NATA.

Program Responsibilities

1. Mentor/Advisement of Pre-Athletic Training Students
2. Member of Accreditation, Admissions, and Curriculum Committees
3. Instructs
 - Kinesiol 613 Advanced Functional Anatomy
 - Kinesiol 661 EBM in Research I
 - Kinesiol 761 EBM in Research II
 - Kinesiol 741 Assessment, Diagnosis, & Treatment of the Lower Extremity (Modalities)
 - Kinesiol 745 Assessment, Diagnosis, & Treatment of the Head and Spine (Modalities)
 - Kinesiol 780/781 Competency sessions

Wade Peitersen, MA, LAT, ATC: Head Athletic Trainer/Senior Lecturer/Clinical Instructor

169L Kolf Sports Center Email: Peiterse@uwosh.edu

Office Phone: (920) 424-7138 Cell Phone: (920) 420-0091 Fax: (920) 424-1068

Mr. Wade Peitersen joined UW Oshkosh in August 1999 after serving as Assistant Athletic Trainer at UW Stevens Point for 2 years. Prior to his tenure at Stevens Point, Wade was the Director of Training and

Conditioning at Peak Performance Physical Therapy and Sports Medicine in Oshkosh from 1995-97. Mr. Peitersen graduated from UW Oshkosh in 1994 and received a Master's degree from Western Michigan University in 1995. He is a Certified Athletic Trainer, a member of the NATA, and licensed by the state of Wisconsin.

Program Responsibilities

1. Clinical Supervisor for Cross Country and Track & Field.
2. Preceptor: Kinesiol 780, 781, 783, 784, 785

Jack Johnsen, MA, LAT, ATC: Athletic Trainer/Clinical Instructor/Senior Lecturer

169K Kolf Sports Center Email: johnsenj@uwosh.edu

Office Phone: (920) 424-1200 Cell Phone: (920) 279-3666 Pager: (920) 902-0237 Fax: (920) 424-1068

Mr. John "Jack" Johnsen joined UW Oshkosh in August 2004 after serving as Head Athletic Trainer/Senior Lecturer at Carthage College for the previous five years. He was previously with Affiliated Therapies of St. Mary's in Blue Springs, MO, and Calumet Medical Center in Chilton, WI. He is a 1995 graduate of Western Michigan University (MA) and a 1994 graduate of UW Oshkosh (BS). Jack is a Certified Athletic Trainer and member of the NATA. He is licensed by the state of Wisconsin and an American Red Cross instructor for CPR for the Professional Rescuer, First Aid/CPR/AED, and Sports Safety Training.

Program Responsibilities

1. Clinical Supervisor for Football and Softball.
2. Preceptor: Kinesiol 780, 781, 783, 784, 785
3. Instructs
 - Kinesiol 742 Assessment, Diagnosis, & Treatment of the Upper Extremity (Modalities)
 - Kinesiol 746 Assessment, Diagnosis, & Treatment of General Medical Conditions (Evaluation)

Jenn Zuberbier, MS, LAT, ATC: Athletic Trainer/Clinical Instructor/Lecturer

169I Kolf Sports Center

Office Phone: (920) 424-7141 Fax: (920) 424-1068 Email: zuberbij@uwosh.edu

Ms. Jennifer Zuberbier joined the UW Oshkosh staff in August 2007 after serving 5 years as an Assistant Athletic Trainer at St. Norbert College in DePere, WI. While at St. Norbert, she was responsible for covering football, soccer, basketball and baseball. Ms. Zuberbier completed her Bachelor of Science degree in Athletic Training from UW Stevens Point in 2002 and her Masters of Science degree in Educational Administration from UW Oshkosh in 2009. Jennifer is a Certified Athletic Trainer, a member of the NATA, and licensed in the state of Wisconsin.

Program Responsibilities

1. Clinical Supervisor for Women's Soccer and Baseball
2. Preceptor: Kinesiol 780, 781, 783, 784, 785
3. Instructs:
 - Kinesiol 742 Assessment, Diagnosis, & Treatment of the Upper Extremity (Evaluation)
 - Kinesiol 746 Assessment, Diagnosis, & Treatment of the Upper Extremity (Psychosocial)

Athletic Training Facilities

The University of Wisconsin Oshkosh has two athletic training facility sites for clinical instruction and practice. The main athletic training clinic is located in the Kolf Sports Center. Kolf Sports Center's athletic training clinic provides the primary venue for clinical education and health care to a majority of the teams at UW Oshkosh. A satellite athletic training facility in Titan Stadium also helps serve program needs. It primarily serves the Football and Soccer teams in the fall and Track & Field, Baseball, and Softball in the spring.

**PROGRAM
POLICIES
AND
PROCEDURES**

Professional Definitions

Sports Medicine---is an umbrella term that encompasses many different areas of physical activity and sports relating to performance, injury prevention, evaluation, treatment, and rehabilitation. It includes areas of specialization such as athletic training, biomechanics, exercise physiology, orthopedics, physical therapy, sports nutrition, and sports psychology. The clinical application of these disciplines is intended to enhance the capacities of individuals who exercise and compete in sport and physical activity. Prevention, treatment, and rehabilitation are components of this area. Sports Medicine and Athletic Training are not one in the same. The terms should not be used interchangeably.

Athletic Training---is recognized by the American Medical Association (AMA) as an allied health care profession. It is concerned with the health and well-being of physically active individuals. It includes the areas of injury and illness prevention and wellness protection; examination, assessment and diagnosis; immediate and emergency care; therapeutic intervention; and healthcare administration and professional responsibility.

Athletic Trainer---is an allied health care professional concerned with the health and well-being of physically active individuals. The modern athletic trainer is a well-prepared professional who has completed a rigorous program of study including both academic and clinical experiences and has attained certification and state regulation.

Athletic Training Room/Facility/Clinic---are terms used to refer to the area where athletic training services and clinical education of Athletic Training Students occurs.

Athletic Training Student (ATS)---is a student enrolled in an educational program. The term implies that the student is learning to be an athletic trainer rather than an “apprentice,” replacement, or surrogate for a certified/licensed athletic trainer.

Preceptor ---is an allied health care provider who has agreed to supervise and engage students in clinical education and participates in all program-specific preceptor training. These individuals are responsible for the evaluation of students in the clinical setting.

Role Delineation

The Role Delineation Study defines the professional duties of athletic trainers and is part of the foundation of the educational preparation of Athletic Training Students across the country. The purpose of the study is to establish and validate appropriate content for the certification examination. It is intended to provide a comprehensive analysis of work that Certified Athletic Trainers perform. The following domains were identified in the 7th and most recent edition of the role delineation study.

- 1) Injury and Illness Prevention and Wellness Protection
- 2) Examination, Assessment and Diagnosis
- 3) Immediate and Emergency Care
- 4) Therapeutic Intervention
- 5) Healthcare Administration and Professional Responsibility

Expectations of Staff and Preceptors

Program staff and preceptors should constantly work to make the student’s educational experience as positive and beneficial as possible. Specifically, they should:

1. Observe NATA Code of Ethics; BOC, Inc. Standards of Professional Practice; CAATE accreditation standards; State of Wisconsin Licensure guidelines; and Program Expectations, Policies, and Procedures.
2. Promote the NATA and the Athletic Training profession, particularly the educational reforms.
3. Have good rapport with all constituents of the program.

4. Have appropriate expectations of students, requiring the students to follow ATP Policies and Procedures, and refrain from expecting students to perform duties the staff member does not wish to do.
5. Work to enhance their knowledge of the profession and associated disciplines, as well as that of their colleagues and students.
6. Structure learning experiences/opportunities on a daily basis in conjunction with learning moments and unstructured learning experiences.
7. Provide a positive learning environment for students.
8. Give timely and constructive feedback regarding student performance.
9. Maintain an appropriate physical working environment.
10. Serve as a model of professional conduct and attire/appearance.
11. Be available and accessible for student interaction.

Expectations of Athletic Training Students

Program faculty and staff expect the following from students:

1. A consistent effort to conduct themselves in a professional manner, in and out of the athletic training facility or affiliated site.
2. A work ethic, exhibiting initiative and a daily desire to learn and improve.
3. Every effort to assist their peers while remaining within the boundaries of their own educational level.
4. A commitment to maintain a clean, safe, and operational learning/working environment.
5. When in the athletic training facility or affiliated site, conduct all interpersonal interactions on a strictly professional basis. Tact and confidentiality should be foremost considerations.
6. Treat all patients, coaches, and other individuals encountered fairly and with courtesy and respect.
7. A positive attitude exhibited toward their clinical and academic experiences, faculty and staff, peers, medical staff, patients, and coaches.
8. Eating or drinking in designated areas of the athletic training facilities only.
9. Smoking and use of oral tobacco are strictly prohibited!
10. Prompt attendance at all classes, in-services, guest speaker presentations, and clinical assignments.
11. The athletic training attire/appearance policy will be followed at all times.
12. Think before you do something that may reflect negatively on you, your peers, the Athletic Training Program, the Department of Kinesiology, or UW Oshkosh.
13. Compliance with and enforcement of all athletic training facility rules and regulations. If a student encounters a patient who is not in compliance with rules, a certified staff member should be informed, so appropriate action can be taken.
14. Students should not use the athletic training rooms as a place to store personal items. Lockers and other options are available for the storage of clothing and other items.
15. The resource center is accessible via a touchpad. The area will be accessible during building hours. Only Athletic Training Students are permitted to use the facility. The access code should not be provided to anyone.
16. All of the aforementioned policies are in effect for Affiliated Site (off-campus) placements unless their policies and rules state otherwise. All additional policies and procedures should be adhered to.

Disciplinary Policy

Students are expected to abide by university, department, and program policies and procedures at all times. Failure to do so will lead to disciplinary action and possibly affect the student's progression through the program. Preceptors and program faculty should document policy and procedure violations and initiate referral to the Program Director as needed.

Examples of **infractions**: conduct unbecoming an Athletic Training Student; tardiness; attire/appearance violations; unprofessional conduct (horseplay, profanity, breach of confidentiality, insubordination, etc.); poor attitude; failure to keep the clinical setting clean and in working order; failure to enforce clinical and facility policies; failure to perform record keeping duties; violation of the substance use/abuse policy; probation violations; behavior which adversely affects operations in the clinical settings; misuse of equipment, supplies, or

educational resources; inappropriate access to and use of facilities; missing a clinical assignment or event; failure to attend classes, meetings, or in-services; and demonstration of inability to meet program requirement deadlines.

1. First Offense: Incident recorded on disciplinary form for inclusion in the student's file.
 2. Second Offense: Suspension; minimum of three days; additional time determined by Program Director according to the severity of infraction.
 3. Third offense: Semester-long probation, including no clinical education, which would require an extra semester to complete the clinical education requirements.
 4. Fourth Offense: Expulsion from the program.
- NOTE: The Program Director reserves the right to administer more substantial disciplinary action should the circumstances warrant.

Clinical Prerequisite Requirements

There are specific requirements regarding the attainment and documentation of health/immunization status for accreditation. As such, the following requirements must be met and appropriate documentation must be on file before the student may participate in any clinical experiences. Assignments at affiliated (off-campus) sites may require additional documents. Students will be expected to make appropriate arrangements and cover associated fees. In the event that the student's financial status may compromise their ability to pay fees, contact should be initiated with the Program Director at the earliest possible date to pursue alternative arrangements. In order to avoid missing clinical experience time, students should plan accordingly and permit enough time for scheduling of appointments and completion of requirements.

Students must have the following items on file prior to beginning their clinical experiences:

1. Physical within 2 months of formal admission into the Athletic Training Program. The appropriate form must be utilized.
2. Completed HBV series with proof of immunity through titer or declination form.
3. Tuberculin (TB) Skin Test (Two Step Test) within previous 12 months.
4. Evidence of immunity to MMR (titer or vaccination).
5. Evidence of immunity to Varicella (titer or vaccination).
6. Tetanus current within ten years.
7. DTaP (Diphtheria, Tetanus, and Pertussis): The five shot series complete plus booster within 10 years. If this is complete and current a separate Tetanus is not necessary. Student must have pertussis once before and after the age of 18.
8. Signed Technical Standards Form (Appendix A).
9. Completed criminal background check for each state of residence with no restrictions found outside of those reported on the BID form. Students can obtain the background check through the Kinesiology Department.

Health & Communicable Disease Policy

If a student is precluded or excused from clinical education due to illness, seen by a health care provider due to the presence of some circumstance, or otherwise treated for conditions previously specified or otherwise then they must be cleared prior to subsequent clinical education. A good rule of thumb is to get a physician's release if you are seen for any reason and/or miss one or more clinical days due to illness or injury. It must also be noted that the student is responsible for all costs and obligations associated with this process. This includes any injuries suffered while assigned to the clinical setting.

Athletic Training Students must provide the Clinical Coordinator with evidence of medical clearance signed by a health care provider prior to returning to clinical education. If there are questions concerning the Athletic Training Student's status then they will be withheld until those questions are resolved. Again, the student will be responsible for documenting medical clearance prior to their return. If there is disagreement or difference of opinion as to the student's status then the Medical Director of the Athletic Training Program will have final approval prior to return to participation.

Athletic Training Students will, from time to time, have contact with contagious or infected patients. This list is not all-inclusive, but serves as a guideline for some of the more common conditions that may require modification of a patient's participation.

- Skin Lesions: Impetigo (pyoderma), tinea corpora (ringworm), or HSV (Herpes viral infections). Students should examine suspected or confirmed skin lesions only with gloved hands.
- Respiratory or GI illnesses: Any patient with a significant cough, or fever should be considered contagious. If a patient has vomiting and/or diarrhea, they should likewise be considered contagious. These illnesses may be spread by respiratory droplets associated with sneezing or coughing, or by hands if a respiratory or GI illness. Students should practice good hand washing habits to minimize infection risk.
- Blood or other bodily secretions: Athletic Training Students should follow appropriate University and OSHA training/guidelines outlined elsewhere in dealing with bloodborne pathogens including wearing gloves, masks, and as needed, eye protection.

Conditions placing a patient at risk:

- Skin Lesions: an Athletic Training Student with a small area of Tinea Corporis, HSV, or impetigo (that is not draining) that is able to cover the area and isolate from contact with other individuals may care for patients without restrictions. If there is a question the student must refrain from clinical education until being evaluated and cleared by a health care provider.
- Respiratory Illnesses: An Athletic Training Student who is febrile (has a fever) should be considered contagious and is excluded from contact with patients until the fever is gone for 24 hours without pharmacologic intervention and the individual feels well enough. The student must exercise extra care in terms of hand washing during the illness to prevent spread of the virus.
- Strep Throat: The Athletic Training Student would be considered contagious for 24 hours after beginning antibiotic therapy. The student generally may return to participation after 24 hours.
- Conjunctivitis: Any significant purulent eye drainage should be considered contagious and the Athletic Training Student must not have contact with patients until the infection has been evaluated, treated, and the discharge has significantly diminished.
- GI Illness: Vomiting and diarrhea typically have a viral origin. They can be spread by both saliva and stool. If vomiting has stopped for 24 hours and the diarrhea has subsided, and if the Athletic Training Student uses exquisite hand washing, then return to participation would be allowed. If bloody diarrhea, high fever, severe abdominal cramps, or persistent diarrhea over seven days occurs, then the student must be evaluated by a health care provider prior to return to participation.
- Bloodborne Pathogens: If an Athletic Training Student has a chronic bloodborne pathogen such as HIV, HBV, or HCV, treating patients is permitted. The student should observe standard precautions and consider self-exclusion when an open wound is present.
- Other illnesses or conditions: If the Athletic Training Student has any other possible transmissible diseases/conditions then he/she must consult with a health care provider.
- Individual Risk: Some students may have individual risk factors for infectious circumstances such as low immune function, asplenia, immune suppressive therapy, corticosteroid usage, diabetes, heart disease, chronic lung disease or asthma, etc. Students with one or more of these conditions must be cleared via a physical examination or undergo an individual evaluation prior to interacting with patients.
- Medical or orthopedic problems: Athletic Training Students with other medical or orthopedic problems should be cleared via a physical examination or otherwise consult their health care provider prior to resuming clinical education. For instance, asthma may be provoked by cold weather; doing an examination may exacerbate low back pain.

Bloodborne Pathogen Exposure Policy

During the course of their clinical experiences in the UW Oshkosh Athletic Training Program students may come in contact with Bloodborne Pathogens and other potentially infectious materials (OPIM). In an attempt to educate students about exercising standard precautions and minimizing the chance of exposure, ongoing programming is delivered.

Training/Prevention

- Students applying for admission must present completion of the HBV vaccination series with proof of immunity through titer or signed declination.
- Professional students are provided initial training prior to beginning clinical education with an annual refresher prior to the second year of clinical education.
- Finally, students are provided with protocols to follow in their clinical placements.

Responsibility

It is critical that students understand that **THEY** are responsible for medical costs incurred as a result of exposure. On occasion, some placements may assist the student by defraying some or all incurred costs. UW Oshkosh **WILL NOT** defray any costs. It is highly recommended that students initially go to the student health center following exposure. However, the student may elect to go to any health care provider. In addition, it would be in the student's best interest to solicit the involved party to submit to testing. It is the discretion of that party as to whether or not a) they volunteer to submit for testing and/or b) they assume costs for their own testing.

Exposure

Students are at possible risk of contracting the following as a result of exposure: Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) or Hepatitis C (HCV).

Students that are involved in an exposure incident while in their educational placement should see the Program Director or Clinical Coordinator to fill out an incident report.

DEFINITION: Under Wisconsin Statutes s. 252.15 (1) (em) "significant" contact or exposure is defined as that which carries the risk for transmission of Human Immunodeficiency Virus (HIV) by one or more of the following:

1. Transmission into a body orifice or onto mucous membrane of blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid, or other body fluid that is visibly contaminated with blood.
2. Exchange during the accidental or intentional infliction of a penetrating wound, including a needle puncture, of blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid, or other body fluid that is visibly contaminated with blood.
3. Exchange, into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid, or other body fluid that is visibly contaminated with blood.
4. Exposure to saliva from a human bite that breaks the skin may also be "significant" exposure for Hepatitis B Virus (HBV) transmission, but not for HIV unless blood is also present. The mode(s) and risk(s) of hepatitis C Virus (HCV) transmission are less well defined.

Students with questions about this policy should direct them to the Program Director. Students with questions about exposure risk should direct them to the Director of the Student Health Center.

POST-EXPOSURE CONTROL PLAN (BLOODBORNE PATHOGENS PROGRAM)

I. PURPOSE

The Exposure Control Plan (ECP) assists our program in implementing and ensuring compliance with the OSHA Bloodborne Pathogens Standard (CFR 1910.1030) in an effort to protect UW Oshkosh Athletic Training Students.

All students affected by this standard have the right to review this plan at any time during their clinical education by contacting their preceptor or Clinical Coordinator.

Students who will be using blood or OPIM in their academic coursework are informed of the epidemiology and transmission of HIV and HBV, and trained in safe work practices, including use of PPE that will reduce their likelihood of becoming exposed. This training takes place each fall.

Post-exposure follow-up should be initiated by the preceptor. The student must go to the Emergency Department of their choice for initial treatment and evaluation. The recommended follow-up testing and prophylaxis may be declined by the student. Costs for all post-exposure expenses are the responsibility of the student, but should usually be covered under health insurance.

II. APPLICATION

This program is intended to safeguard students from occupational exposure to blood and other potentially infectious materials (**OPIM**). The program is directed toward preventing exposure to bloodborne pathogens, specifically the hepatitis B virus (**HBV**) and the human immunodeficiency virus (**HIV**). Bloodborne pathogens are pathogenic microorganisms that are present in human blood and other body fluids that can cause disease in human. Hepatitis C is another type of bloodborne pathogen (BBP).

III. AUTHORITY AND REFERENCE

Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030

Department of Safety and Professional Services (Chapter SPS 332)

IV. RESPONSIBILITY FOR COMPLIANCE

A. The administration of this program will be the responsibility of the Clinical Coordinator and will communicate with the EHS Specialist in the Risk Management & Safety Department in the event a student sustains an exposure. Administrative responsibilities include:

1. Coordination and supervision of training to all students that have potential for exposure.
2. Ensure the General Incident Report Form is completed, submitted to UWO's Risk Management, and uploaded into the student's file on E*Value.
3. Coordination and supervision of required recordkeeping, in consultation with Risk Management.
4. Periodic evaluation of the overall program.

B. Preceptors of affected students should:

1. Ensure that proper personal protective equipment (PPE) is available, in good working condition, and used by students.

2. Ensure that all work practices and post-exposure practices outlined in this plan are adhered to. If the preceptor's employer has its own post-exposure policy for student clinical education experiences, that can be utilized instead.
- C. Students whose clinical education may expose them to bloodborne pathogens should:
1. Comply with the procedures and practices laid out in the Exposure Control Plan in order to prevent exposure to potentially infectious material.
 2. Complete required annual training on bloodborne pathogens.
 3. Immediately report an exposure incident to your preceptor and Clinical Coordinator

V. PROGRAM ELEMENTS

A. Definitions

Contaminated – The presence of the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry - Laundry that has been soiled with blood or OPIM or may contain sharps.

Contaminated sharps - Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Hepatitis B – Hepatitis B is a type of viral hepatitis acquired from exposure to human blood and body fluids that result in liver inflammation. For some people, HBV infection becomes chronic, meaning that it lasts more than six months. Most people infected with Hep B as adults recover fully, even if their signs and symptoms are severe. Hepatitis B is a hearty virus and can survive in dried blood on a surface for up to seven days.

Human Immunodeficiency Virus (HIV) -

Other Potentially Infectious Materials (OPIM) - The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Parenteral - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Regulated Waste – Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; pathological and microbiological wastes containing blood or OPIM.

B. Universal Precautions

Universal precautions procedures assume that *all* human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Universal precautions shall be observed throughout all areas where reasonably anticipated skin, eye,

mucous membrane, or parenteral contact with blood or other potentially infectious material may result.

All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

C. Engineering and Work Practice Controls

Engineering and work practice controls shall be used to prevent or minimize student exposure to blood and OPIM. Where exposure remains after institution of these controls, personal protective equipment shall also be used.

Clinical sites shall provide hand washing facilities that are readily accessible to students. Where this is not feasible, antiseptic hand cleanser or antiseptic towelettes shall be provided. If the latter method is used, hands should be washed with soap and running water as soon as feasible.

Hands shall also be immediately washed with soap and water after personal protective equipment is removed, or after any contact with blood or related products. If blood contacts mucous membranes, they should be flushed with water.

Sharps disposal containers, reusable sharps containers, and self-sheathing sharps shall be used when appropriate. Sharps collection containers shall be rigid, leak-proof material and shall be puncture resistant. They should be maintained to ensure they cannot be overfilled. Contaminated sharps shall not be bent or recapped. During use, containers for contaminated sharps shall be easily accessible and located as close as possible to the immediate areas where sharps are used or can be reasonably anticipated to be found.

D. Personal Protective Equipment

Where exposure remains after institution of engineering and work controls, personal protective equipment (PPE) shall be used. Forms of personal protective equipment that may be used are gloves, CPR masks, protective laboratory coats/aprons, and eye protection devices such as goggles and face shields. PPE is considered effective when it does not permit blood or OPIM to pass through or reach the employees' clothes, skin, eyes, mouth, or other mucous membranes.

Gloves shall be worn when it can be reasonably anticipated that the student may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use (contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags.)

Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those students who are allergic to the gloves normally provided.

Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Appropriate protective clothing shall be worn in exposure situations. The types and characteristics shall depend upon the task, location, and degree of exposure anticipated.

E. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or OPIM, personnel are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.

All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

F. Sharps

Contaminated needles and other contaminated sharps must not be bent, recapped or removed unless it can be demonstrated that no other alternative is feasible or that such action is required by a specific medical procedure.

If necessary, recapping or needle removal must be accomplished through a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is strictly prohibited.

Contaminated reusable sharps shall be placed immediately, or as soon as possible after use, in appropriate containers until properly reprocessed. These containers must be puncture resistant, labeled "BIOHAZARD" or color-coded, leak proof on the sides and bottom, and shall not be stored or processed in a manner that requires students to reach by hand into the container where the sharps have been placed.

Disposable contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on the sides and bottom, and labeled "BIOHAZARD" or color-coded.

If leakage is possible, a secondary container must be used. The second container must be closeable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping and be labeled "BIOHAZARD" or color-coded. Reusable containers shall not be opened, emptied or cleaned manually, or in any other manner that would expose employees to the risk of percutaneous (introduced through the skin, as by rubbing, injection, etc.) injury.

G. Containers

Reusable contaminated sharps shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. These containers shall be puncture resistant, labeled or color-coded in accordance with Section M.1 of this Plan, and leak proof on the sides and bottom.

Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires students to reach by hand into the containers where these sharps have been placed.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose any student to risk of percutaneous injury.

Contaminated waste other than sharps shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping, and labeled or color-coded according to Section M.1.

If outside contamination of the waste container occurs, it shall be placed in a second container which meets the same requirements as the first, as far as construction, features, and labelling.

H. Contaminated Materials

Equipment which has become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

A readily observable label in accordance with Section M.1 of this Plan shall be attached to the equipment stating which portions remain contaminated.

I. Regulated Waste Disposal

Each clinical site must follow OSHA regulations regarding disposal of regulated waste. These procedures will vary by site, and must be included in each site's BBP policy.

J. Laundry

Each clinical site must follow OSHA regulations regarding the laundering of soiled towels or other cloth items. These procedures will vary by site, and must be included in each site's BBP policy.

K. Housekeeping

Preceptors shall ensure that the clinical site is maintained in a clean and sanitary condition. All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or OPIM, as well as the end of each day if the surface may have become contaminated since the last cleaning. A 10% solution of household bleach shall suffice for most applications (1 part bleach to 9 parts water). Other disinfectants are commercially available. Since most disinfectants are irritating, care should be taken to wear gloves as well as eye protection if splashing is possible.

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as brush and dustpan, tongs, pieces of fiberboard, or forceps.

All bins, pails, cans, and similar receptacles shall be inspected on a weekly basis by preceptors and decontaminated if necessary.

Reusable sharps that are contaminated with blood or OPIM should not be stored or processed in a manner that requires students to have to reach by hand into the containers where the sharps have been placed.

L. Medical Services

1. Hepatitis B Vaccination

While the use of universal precautions helps in the protection from Hepatitis B, the Hepatitis B vaccine is an additional protective measure recommended to all students who may experience exposure. The cost of the vaccination is the responsibility of the student.

Students may decline Hepatitis B immunization by completing a declination form included with the pre-placement health paperwork. It is recommended that students who completed the vaccination series have a titer completed to verify immunity, but this is not required. If a student initially declines the immunization and later completes the process, an updated immunization record must be submitted to the Clinical Coordinator.

2. Post-Exposure Incident Procedures and Follow-up

In the event of an exposure incident, the exposed individual shall follow the following procedures as soon as possible. An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the student's participation in clinical education.

- a. Clean the wound thoroughly with soap and water.
- b. If a mucous membrane (eyes, nose or mouth) was exposed, irrigate the affected area immediately with water or a saline solution for 10-15 minutes.
- c. Report the incident to the preceptor and Clinical Coordinator. A General Incident Report Form must be completed by the student and preceptor. Additional paperwork may be required by the preceptor's employer.
- d. The Clinical Coordinator will contact UWO Risk Management and the preceptor's employer to determine any additional procedures that must be completed.
- e. The student is responsible for all treatment costs related to the exposure incident. While the initial Emergency Department visit is not optional, the student may waive the recommended follow-up testing and prophylaxis. This will be documented on the General Incident Report Form.

3. Source Individual Testing

If the attending physician determines that source testing is warranted, the physician shall initiate contact with the source individual. After consent is obtained, the source individual's blood will be tested as soon as feasible in order to determine HBV and HIV infection status. If consent is not obtained, the physician shall establish that the legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

Results of the source individual's testing, upon consent, shall be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

4. Exposed Person Testing and Medical Follow-up

The exposed person's blood should be collected and tested as soon as possible. If the student consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the student elects to have the baseline sample tested, such testing shall be done as soon as feasible.

Post-exposure prophylaxis, when medically indicated, shall be provided by the physician as recommended by the U.S. Public Health Service including counseling and the evaluation of reported illnesses.

5. Responsibility for Medical Follow-up Costs

All medical costs associated with the exposure incident shall be the exposed student's responsibility.

6. Incident Investigations

The Clinical Coordinator and preceptor shall review all exposure incidents and resulting response procedures, in consultation with UWO's Environmental Health and Safety Specialist. Methods of preventing future incidents shall be researched. If the preceptor prefers, their employer's Environmental Health and Safety (or corresponding entity) may be included in the process.

M. Hazard Communication

Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material, and other containers used to store, transport or ship blood or OPIM. Exception: Red bags or red containers may be substituted for labels.

Labels required by this section shall include the following:



These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.

Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

Preceptors are responsible for ensuring that containers and equipment are properly labeled.

N. Record Keeping

1. Medical

All medical records relevant to this program shall be kept in the student's file on E*Value. This includes a copy of the General Incident Report and medical records the student agrees to release to the program. The Clinical Coordinator is responsible for ensuring all appropriate records are in the student's file.

2. Training

Students are trained through the Fox Valley Health Care Alliance's pre-placement orientation process each summer.

Liability Coverage

Students are covered by the University policy when they are engaged in their clinical education. Additionally the MSAT program will purchase an annual policy in collaboration with the College of Nursing to provide liability coverage during all clinical education experiences. All activities that are appropriate and within the boundaries of the educational experience are covered. Each student is recommended to consider his/her own individual need for personal liability insurance upon completion of the program.

Facility Access and Use

Athletic Training Students will have access to the facility in Kolf under specific conditions.

1. Keys will not be dispersed to students.
2. The offices and clinical service area of the facility may be accessed during mornings and normal athletic training facility hours. The facility will likely be locked if no staff are present.
3. The classroom should only be accessed during classes, for skills practice, and for research projects.
4. Personal belongings should be kept in lockers obtained in the locker rooms and/or the student's cubicle within the resource center.
5. Students should not sit on treatment tables and equipment when patients are present. If there is downtime the students should engage in practicing clinical skills.
6. Consumption of food and beverages is not permitted in the facility except while in the reception area.
7. At no time should resources be removed from the classroom, storage area, or resource center unless for on-site skills practice.

Athletic Training Student Resource Center

Guidelines for Use

1. The facility may be used whenever Kolf Sports Center can be accessed.
2. Entry (by athletic training students) will be accomplished by a code to unlock the door via a keypad.
3. All printing should be for athletic training projects/papers only.
4. No books are to leave the room.
5. Athletic Training Students are responsible for keeping the area neat and orderly.
6. No oral tobacco may be used/consumed inside the facility.
7. Any accessing of websites should be related to athletic training, allied health, and medical sites only.

Attire/Appearance Policy

Athletic Training has been previously recognized by the American Medical Association as an allied health care profession. The term "profession" suggests that we should be professional at all times with respect to dress and appearance. As a result, the following policies will be in effect:

1. Overall Appearance: all students should be neat and well-groomed while on duty. Males can have well-trimmed facial hair but should otherwise be clean-shaven. Hair should be worn in a manner so that it remains out of the student's face while he/she is performing daily tasks. Jewelry should be kept to a minimum to avoid compromising safety while performing tasks. Students will be asked to remove

and/or cover jewelry or other adornments (i.e. tattoos) that compromise clinical education and/or professional presentation.

2. Hats: UW Oshkosh Athletic Training, “team issue,” or name brand (Nike, Reebok, etc.) hats are permissible for outdoor events. Please refrain from wearing other hats. NO wearing hats indoors.
3. Daily Athletic Training Room Attire: may consist of a:
 - University of Wisconsin Oshkosh “Athletic Training” or UWO shirt (t-shirt, collared shirt, pullover, sweatshirt, etc.).
 - Khakis/Docker style pants or shorts are required when in the athletic training room.
 - Wind pants and athletic shorts are only appropriate for outdoor practices.
 - Appropriate dress apparel (event attire) can be substituted in the ATR.
 - Clothing should provide appropriate movement without being too loose or tight.
 - Pants should be equipped with pockets to carry needed supplies.
 - Shirts should be equipped with sleeves and tucked in when appropriate.
 - Clothing should fit so that modesty is maintained at all times (cleavage, midriff, underwear not exposed).
4. Event Attire: should be appropriate for the setting in which the event is occurring. Casual dress or dress is required for volleyball, gymnastics, wrestling, men’s and women’s basketball for all students. Athletic Training apparel should be worn at all times for indoor track and outdoor events unless the weather demands heavier clothing for an outdoor event. In those situations, the guidelines presented in item #3 should still be observed.
5. Shoes: closed-toe athletic, walking, or casual footwear should be worn for daily use. Casual or dress shoes are the norm for indoor events. Sport sandals, flip-flops or other open-toed footwear should be avoided.
6. Off-campus experiences: Students on rotations in hospitals, clinics, and industrial settings should wear an athletic training polo or other button-down shirt with a collar. Khaki/Docker style pants should be considered the norm. If a facility has a higher standard, then the student is expected to follow it. If the facility issues you clothing then you may wear that as well. If you are in a facility that has lower dress standards, then the minimum program dress standard (#3) should be observed.
7. Articles of clothing that identify you as a representative of the UW Oshkosh Athletic Training or athletic program should not be worn to bars, fraternity/sorority parties, and other events that might in any way reflect poorly on the Athletic Training Program.

As an Athletic Training Student, you should not have to be reminded about dress and appearance. Your appearance is a direct reflection on you as an individual and the UW Oshkosh Athletic Training Program. Refer to the disciplinary policy for information pertaining to sanctions.

Clinical Education Policy

All Athletic Training Students must complete clinical education experiences as assigned by the program. These include athletic training clinical experiences where the student is assigned to a specific preceptor (AT or MD) and supplemental clinical experiences or simulations, with other supervisors or instructors. These clinical education experiences will be both on-campus and at off-campus affiliated sites. In order to complete required clinical education as dictated by program policy and CAATE Standards and Guidelines, students must complete the clinical education plan as assigned. Some of these clinical education experiences will require travel to and from sites, which is the responsibility of the student enrolled in the clinical course.. Students are required to demonstrate punctuality and participate actively in all level appropriate clinical activities planned and implemented by their preceptor. AT NO TIME SHOULD A STUDENT PERFORM DUTIES AT A CLINICAL SITE IN THE ABSENCE OF THEIR ASSIGNED PRECEPTOR. The following policy and guidelines are in

place to regulate the amount of time students may allocate to clinical activities. There is a minimum and maximum amount of hours that a student can participate in clinical education during each semester/course. The Clinical Coordinator will monitor hours to ensure cooperation with this policy. *The minimum and maximum hour expectations for each level will be outlined on the corresponding clinical course syllabi.*

- Must not exceed six (6) days per week while classes are in session.
- Students under a 3.0 cumulative GPA MUST take at least one mandatory day off per week Monday-Friday. The day must be approved by the preceptor prior to the student beginning the clinical placement.
- Students exceeding a 3.0 cumulative GPA may take one optional day off per week Monday-Friday. The student is responsible for selecting the day prior to beginning the clinical placement. Students selecting the optional day off should not be asked/required to attend any clinical activities on that day by their instructor/supervisor UNDER ANY CIRCUMSTANCES.
- There are no specific guidelines when classes are not in session. Discretion should be used to minimize conflict with family activities and other obligations. Student burnout is to be avoided.

Clinical Supervision Policy

During any assigned clinical education placement, the CAATE (Commission on Accreditation of Athletic Training Education) standard for student supervision is to be followed at all times. This requires that the student perform any and all clinical responsibilities, as determined by clinical course objectives and completion of competencies, within a distance sufficient for auditory and visual contact by the supervising preceptor. The preceptor must be close enough to intervene on behalf of the student and ensure a minimization and correction of patient care/clinical practice errors. At no time should a preceptor require or coerce the student to perform tasks outside of or beyond this requirement. There are no required activities in place of this policy within the program and only hours accrued under supervised clinical practice should be documented and used to fulfill clinical education requirements. Students must work with their preceptor to create a mutually agreeable schedule.

Substance Abuse Policy

Any student in the UW Oshkosh Athletic Training Program that is suspected of and/or behaves in a manner consistent with substance misuse/abuse prior to or while participating in clinical education will be immediately suspended from the program. Substance abuse counseling will be recommended and termination from the program may result. If the situation does not improve through counseling, the student will either be suspended indefinitely or terminated from the program. Each case will be evaluated on an individual basis by the Program Director. Situations that are subject to sanction by law enforcement agencies and/or campus disciplinary actions must be resolved before the student may resume participation in their clinical placement.

Confidentiality Policy

All athletic related injuries or illnesses must be communicated to a certified staff member by the coach/supervisor, patient, or Athletic Training Student. This is a crucial aspect of the overall communication process that is needed to provide the best health care for a patient. In order to communicate effectively with team physicians, coaches/supervisors, and patients, all Athletic Training Students need to inform certified staff members of any type of injury or illness, no matter how major or minor, suffered by a patient. Consultation with peers regarding the rendering of medical care should only be done in athletic training classes or athletic training facilities. As a result of HIPAA requirements, discussion of medical information must be limited to a professional and educational basis. DO NOT discuss the medical condition of any patient unless it is with

medical staff, a certified staff member, or program peer and it is to provide appropriate care to the patient. Authority to discuss athletic related injuries or illnesses with parents of adults or the media is specifically limited and is to be communicated through a team physician or certified staff member only. Communication of injuries/illnesses to coaches/supervisors of all patients and parents of minors may be performed by students with the permission of the preceptor. Particularly sensitive issues such as pregnancy, eating disorders, and HIV/AIDS should not be discussed. Students who violate this policy are subject to the disciplinary policy, up to and including immediate dismissal from the Athletic Training Program. They should also be aware of the policies of off-campus clinical placements and adhere to those policies accordingly.

Fraternization Policy

Students should not engage in any inappropriate relationships with patients that the student may interact with during their clinical experiences. This includes exchange of goods (e.g. payment, jobs), dating, etc. If a student has a roommate/friend/significant other etc. in a particular setting, then the student should inform the Clinical Coordinator to facilitate placements to other settings. Failure to abide by this policy will subject the student to disciplinary action.

Social Media Policy

In an effort to hold students to a standard of professionalism, this policy will be in effect once students are admitted into the professional phase of the program. Students are expected to refrain from having any social media interactions (including, but not limited to Facebook, Instagram, Twitter, etc...) with patients or students at any off-campus clinical sites. Also, in order to comply with confidentiality concerns, no images or posts on various social media sites should include pictures, descriptions, or details of any clinical experiences. Those students who are found to be in violation of this policy will be subject to the disciplinary policy and the severity of the infraction will be taken into account.

Attendance Policy

It is paramount that individuals considering a career in athletic training demonstrate the utmost regard for punctuality, responsibility, and dependability. This responsibility begins in the classroom and extends to the clinical education requirement in the on-campus athletic training facilities and affiliated sites. The nature of the profession requires that students rarely miss obligations, scheduled or otherwise. Students can also anticipate that, in addition to classes and scheduled experiences in the athletic training room, in-services, guest speakers, and periodic meetings will be scheduled. Students should regard attendance at those events as MANDATORY. They should contact their preceptor and Clinical Coordinator if they are going to miss time in the clinical setting for any reason. They should contact the Clinical Coordinator if they need to miss meetings, or in-services. When students do this they should not assume every absence will be excused and they should anticipate sanctions if an excuse is not granted and they elect to miss.

Furthermore, although academics are the main priority, students should not make a habit of being absent from the clinical setting to study. To be successful, a student must be able to juggle the demands of academics, clinical education, and other things that happen in their lives. Students experiencing chronic difficulties with this expectation may be asked to reevaluate their status in the program. Finally, absence due to social obligations absolutely will not be tolerated. Funerals and significant illnesses constitute the only universally acceptable reasons for absence.

University Policy for Class Attendance

While course attendance and punctuality are under the control of each instructor, students are expected to be present for each scheduled class session.

1. Students are excused from class events and circumstances beyond the student's control such as extended illnesses, medical emergency, and family emergency.

2. Students are directly responsible to each of their instructors for attendance in each scheduled class.
3. Instructors may initiate their own policies regarding attendance.
4. Instructors are expected to announce their attendance policy to each class, but it is the responsibility of the student to know the policies of each of his/her instructors.
5. If students must be absent to participate in a group activity sponsored by the University and approved by the Vice Chancellor, the group's faculty advisor or the instructor in charge should provide a signed excuse at the request of a participating student.
6. The Dean of Students Office may recommend to the instructor that a student who incurs an absence for personal reasons be excused.
7. A University physician may, at his/her discretion, recommend to the instructor that a student who incurs an absence for health reasons be excused.
8. In all cases of absence, excused or otherwise, the student is responsible for completing missed work. The instructor is not required to do extra teaching unless so assigned.
9. Students may only attend courses for which they are registered.

Grievance Policy for Didactic Education

The official COLS policy can be found at <https://www.uwosh.edu/stuaff/images/COLstudentissues.pdf>. This should be used for concerns regarding academic performance or instructor complaints.

Grievance Policy for Clinical Education

If a perceived egregious circumstance occurs, students should first approach their preceptor. If matters are not resolved at that level, the next step is to approach the Clinical Coordinator who will involve the Program Director as necessary. If the student still does not believe the problem was sufficiently addressed, the next level of action is the Chair of the Department of Kinesiology. Students are strongly urged to follow the "chain of command" rather than jumping levels.

Telephone Use Policy

Telephones in the clinical facilities should NOT be used for personal reasons, except in the case of an emergency. No student is allowed to make long distance phone calls without the permission of a certified staff member. Patients are not allowed to use athletic training facility phones for personal calls. Cellular phones should be turned off during classes and clinical education.

Documentation of Clinical Activities (Hours Log)

E*Value provides the means for students to document their clinical experiences. It is vital that clinical activities are properly documented to facilitate appropriate progression through and completion of the clinical portion of the program and ensure eligibility for licensure in some states. In order to accomplish both objectives the student should abide by the following guidelines:

1. Log onto the E*value site: <https://www.e-value.net/login.cfm>.
2. Click on "Log Time" on the home page, or go to the "Time Tracking" tab and click on "Log Time".
3. The following components should automatically generate to your current assignment: site, course/rotation, and supervisor. If you completed hours with a different preceptor or at a different site, click the checkbox next to "scheduled" to view all options available.
4. Enter your start and end time.
5. Enter comments, if required by your preceptor.
6. On the calendar on the right side, click on the date that you are reporting. This records your time.

7. Complete this process on a daily basis.
8. Have your preceptor approve your hours on a bi-weekly basis.
9. Hours submitted after the deadline will not count toward the semester total for the clinical course.

It is important for you to note that not every hour you spend in a clinical education should be recorded. In order for your hours to count, you must have supervision that consists of daily personal/verbal contact with your preceptor. Hours that are not supervised will not count toward your total and should not be documented as such. Hours spent traveling (riding bus, lodging, etc.) and doing homework do not count.

Ultimately, the “clinical hours” you are required to obtain constitute a portion of your overall clinical education. You are not and should not be the person who is solely responsible for medical care in place of a Certified Athletic Trainer. You will, however, be given increasing responsibility consistent with your level of clinical skills. Furthermore, the supervision requirement is in some sense a mutual process. It is your preceptor’s responsibility to oversee your learning progression and performance of skills. Learning opportunities through working with a sport or being assigned to other clinical education in the athletic training room(s) are some examples of situations that provide you with those opportunities. It is also partially your responsibility to maintain contact with your clinical preceptor. If that is not occurring you must take the initiative to make the Clinical Coordinator aware of the situation. Ultimately, the learning of clinical skills should supercede the “accumulation” of hours. The Clinical Coordinator reserves the ultimate discretion as to whether or not hours will be accepted. You will be informed if there is an error in that regard and required to make appropriate revisions to your file.

Policy on Extracurricular Activities

Purpose

Many prospective students who express interest in the Athletic Training Program are also interested in participating in intercollegiate athletics and/or other extracurricular activities. Because the Athletic Training Program requires a significant time commitment to clinical education including afternoons, evenings, and weekends, time conflicts between extracurricular activities (including employment) and clinical experiences will inevitably occur. Athletic participation and other extracurricular activities are an important part of a student’s educational experience. However, students must meet all the requirements of their academic program and achieve quality clinical education in order to attain the ultimate goal of becoming a quality, entry-level health care provider. Therefore, they must be realistic when balancing academic, extracurricular, and personal commitments. The following guidelines are designed to ensure this will occur.

Guidelines

1. The student must be engaged in the chosen extracurricular activity at the time of admission and disclosed upon acceptance to the program.
2. Students admitted to the program may participate in intercollegiate athletics/extracurricular activities.
3. Scheduling of clinical requirements precludes multi-sport/season participation.
4. The program will work to accommodate the student’s athletic schedule/extracurricular schedule during the traditional (one) season during the first year only. The student may participate in the non-traditional season only when it doesn’t conflict with clinical responsibilities. Advancement beyond the regular season is considered part of the traditional season.
5. Academic and clinical expectations for students who compete in intercollegiate athletics/extracurricular activities will neither be decreased nor compromised to facilitate their participation.
6. Students must complete the minimum clinical hour requirement within the 14-week semester. This may require students to miss scheduled extracurricular activities. Incomplete grades will not be given for students failing to meet clinical hours minimums because of extracurricular commitments.

Program Retention Criteria

Only students formally admitted to the Athletic Training Program will be allowed to enroll in program courses. Once admitted, the student will be evaluated each semester. As long as satisfactory progress is being made, the student will be permitted to move to the following semester. If progress is unsatisfactory, the student will be placed on probation. Students on probation may or may not be allowed to participate in clinical experiences, depending upon the situation. Satisfactory progress includes:

1. Maintaining a 3.0 GPA.
2. Performing satisfactorily in the clinical setting as noted on clinical course syllabi.
3. Adhering to all policies and procedures contained in the program manual.
4. Maintaining up-to-date health status requirements.

Students falling short in areas 3 and 4 above will be required to address those deficiencies immediately. Students falling short in areas 1 or 2 as outlined above will have one semester to rectify their deficiencies. The Clinical Coordinator will perform grade progress checks at midterm and end of the probationary semester(s) to determine their ability to progress within the program. Individuals who fail to correct deficiencies within one semester will not be permitted to continue program coursework and clinical assignments. They will then be counseled on their options.

Graduation Criteria

Students must meet the following criteria to graduate:

1. Complete all program requirements on the curriculum outline.
2. Achieve a 3.0 GPA minimum.
3. Complete all clinical education requirements required of the program.
4. Complete all graduate school graduation requirements and processes.

**ATHLETIC TRAINING
PROGRAM
INFORMATION**

Admissions Requirements

Students interested in the Athletic Training Program at UW Oshkosh will apply in the preceding fall or spring semester for enrollment in summer. Requirements for admission to the program are:

- 2.75 minimum overall undergraduate GPA
- Completion of (with a C or better) all of the prerequisite courses:
 - General Biology
 - Human Anatomy
 - Human Physiology
 - Chemistry (1 semester)
 - Physics (1 semester)
 - Statistics (1 semester)
 - Introduction to Psychology
 - Medical Terminology
 - Prevention and Treatment of Athletic Injuries
 - Applied Anatomy
 - Nutrition
 - Biomechanics
 - Exercise Physiology
 - Research Techniques

Once a student is admitted to the program, enrollment is continuous for 2 summer, 2 fall, and 2 spring semesters, beginning in the summer. Six semesters of classroom study and five semesters of clinical education are required to complete the degree requirements and become eligible for the BOC, Inc. (Board of Certification) certification exam.

Completion of the admission requirements does not guarantee admission to the Athletic Training Program. The program is selective and only students meeting the criteria and displaying characteristics representative of a high likelihood of professional success will be chosen.

Transfer Student Policy

Transfer students are subject to the same admissions requirements as all other applicants. Students cannot transfer directly into the MSAT program and will begin with the standard cohort in the summer term if they meet admissions requirements and are selected for matriculation. Undergraduate students transferring to UW Oshkosh will be advised to choose a major within the Kinesiology department like all other prospective students.

Criteria for Clinical Assignment

Students admitted to the Athletic Training Program will be required to complete five clinical courses during their tenure. A clinical course may have multiple clinical education sites within it. They must complete their clinical education according to the following criteria:

- Students will be assigned to a preceptor for each of these experiences. This person will provide appropriate supervision and mentoring. Supervision involves daily personal/verbal contact at the site. The preceptor is responsible for planning, directing, advising, and evaluating the student's experience. The preceptor should be in close enough proximity to intervene on behalf of the individual receiving treatment.
- Students may only perform procedures on patients after they have been instructed in the required skill.
- Students will be required to complete a variety of clinical education experiences to fulfill the requirements of accreditation and entry level preparation.

APPENDICES

Appendix A

Technical Standards

The Athletic Training Program at the University of Wisconsin Oshkosh 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 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 accrediting agency of athletic training education (Commission on Accreditation of Athletic Training Education {CAATE}) and state regulation. The following abilities and expectations must be attainable by all students admitted to the Athletic Training Program.

Compliance with the program's technical standards does not guarantee a student will successfully complete the program and meet degree requirements nor achieve a passing score on the BOC (Board of Certification, Inc.) exam.

The following abilities must be demonstrated for a student to participate in the educational program.

- Assimilate, analyze, and synthesize information; integrate concepts and problem-solve; and formulate appropriate therapeutic judgments while distinguishing deviations from the norm.
- Read patient charts, instructions related to the use of all equipment and supplies, and instrument panels and data generated by various assessment equipment.
- Detect the presence of various bodily fluids, ascertain the presence of biological abnormalities according to visual cues (i.e., erythema {redness}), and differentiate various topical applications.
- Read, write, and communicate in the English language to facilitate effective communication including assessments and providing treatment information to patients, physicians, clinical staff, peers, and others charged with patient care functions. Candidates must also demonstrate the ability to communicate with individuals of diverse cultural and social origins and establish levels of rapport consistent with competent professional practice.
- Understand the normal speaking voice and discern instrument alert signals and timing devices.
- Demonstrate competency in areas including, but not limited to: emergency management (i.e. rescue breathing, CPR, and airway management) and first aid techniques (i.e. wound care, splinting, patient transportation); applying supportive devices (i.e. taping, bracing, wrapping, equipment fitting); assessing joint/extremity motion, strength, and stability; utilizing therapeutic modalities (i.e. ultrasound and muscle stimulation equipment); and passive/active-assisted mobility/strength restoring techniques while utilizing accepted guidelines. Candidates must use equipment and supplies accurately and safely during such circumstances.
- Traverse about on-campus and affiliated site clinical settings and render assistance to patients acutely disabled in their environment.
- Problem-solve, maintain composure, and react expediently yet effectively in emergency and other stressful circumstances. Must be able to recognize situations and then take appropriate steps.
- Demonstrate the perseverance, diligence, and commitment to complete the Athletic Training Program as outlined and sequenced. This will include experiences beyond the confines of the UW Oshkosh campus for which the student must provide their own transportation.

Candidates for selection to the Athletic Training 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 program will consider requests for reasonable accommodations by any qualified student with a disability.

Please sign one (A or B) of the below

A. I certify that I have read and understand the technical standards for the program, and that I am able to meet these technical standards.

Signature of Applicant

Date

I certify that I find nothing in the medical history questionnaire, physical examination, or technical standards that precludes the student's participation in the Athletic Training Program. I certify that based on my examination, there is no evidence to suggest that the student lacks the necessary abilities to complete the athletic training program.

Signature of Physician

Date

OR

B. I certify that I have read and understand the technical standards for the program, and believe that with certain reasonable accommodations I can meet these technical standards. I understand that it is my responsibility to contact the Dean of Students office to discuss this issue.

Signature of Applicant

Date

_____ I certify that the medical history questionnaire and/or physical examination reveal some issue that must be addressed prior to participation in the Athletic Training Program. I will clear full participation after this has been addressed and notify the ATP Director of the clearance.

_____ I certify that the student may meet the technical standards with some accommodation. I have discussed this with the student and referred them to the ATP Director for further consultation.

Signature of Physician

Date