



APPLICATION PACKET FOR ADMISSION INTO CLINICAL
ASPECT OF ATHLETIC TRAINING EDUCATION

UNIVERSITY OF THE INCARNATE WORD

ATHLETIC TRAINING EDUCATION PROGRAM

Application Procedure

Application Procedure:

1. Complete the application. Attach (with a paper clip) the supporting materials, including the letters of recommendation, criminal background check forms, physical examination form, immunization form and college transcripts to this application, or forward the materials directly to the ATEP Director. All forms have been included in this application. You do not need to submit your materials in a folder or apply a cover page.
 - ☛ **DON'T FORGET** to attach three recommendation forms.
 - ☛ **DON'T FORGET** to attach the criminal background check forms (or send into the company)
2. Deliver this completed application, signed consent forms, and supporting materials to the ATEP Director (Natatorium 113) or mail it to Athletic Training Education Program Director, School of Nursing and Health Professions, University of the Incarnate Word 4301 Broadway – CPO 472 San Antonio, Texas 78209, to be eligible for admissions for the Fall semester. Recommended date is April 1st to ensure proper advising.
3. If needed, the program director will contact individuals about scheduling interviews with the Athletic Training Education Program faculty and staff during the first week of April.

Contact the ATEP Director with any questions. Letters of notification will be sent to all applicants concerning the selection of students for the clinical aspect of the athletic training program. If accepted, the student will be expected to enroll in the first athletic training clinical experience course (ATHP 1170) in the fall semester. Students who are not accepted into the ATEP may schedule an appointment with the Academic Advising Office to change academic major.

There are limited spaces available in the Athletic Training Education Program, applying to the program DOES NOT GUARANTEE ACCEPTANCE.

CONFIDENTIALITY OF MATERIALS

Personal and health information is obtained with this application to the Athletic Training Education Program. All information will be kept confidential and secured during the students' matriculation in the program. Information and data in this application is requested to provide the program administration the ability to maintain appropriate student records for clinical placement and credentialing.

NOTICE OF NON-DISCRIMINATION

The Athletic Training Education Program follows the guidelines and policies from the student and faculty handbook related to non-discrimination. The program does not engage in discrimination against an individual because of race, color, religion, gender, national or ethnic origin, non-disqualifying disability, or age, to comply with all federal and state nondiscrimination, equal opportunity, and affirmative action laws and regulations. The student should be aware that they must meet the technical standards for the program and profession.

Program Description

The Athletic Training Education Program (ATEP) at The University of the Incarnate Word promotes the education of future athletic trainers and the development and improvement of the athletic training profession. An athletic trainer is a qualified health care professional educated and experienced in the management of the health care problems associated with exercise and sports participation. In cooperation with physicians and other health care professionals, the athletic trainer functions as a member of the athletic health care team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics, industrial settings and other athletic health care settings.

The vision of the Athletic Training Education Program at the University of the Incarnate Word is provide excellent instruction and clinical experiences to produce highly qualified, confident and successful graduates who serve, educate and gain leadership roles in their communities as athletic trainers.

The mission of the program is to prepare graduates who are skilled in the competencies and proficiencies of the National Athletic Trainers' Association Education Council. The program, which leads to the Bachelor of Science in Athletic Training degree, prepares the student to meet the requirements of the Board of Certification examination and the State of Texas licensure examination.

The NATA Education Council identifies thirteen athletic training educational competency and proficiency domains in which to prepare the athletic training student:

- Foundational Behaviors of Professional Practice
- Risk Management and Injury Prevention
- Pathology of Injuries and Illnesses
- Orthopedic Clinical Examination and Diagnosis
- Medical Conditions and Disabilities
- Acute Care of Injuries and Illnesses
- Therapeutic Modalities
- Conditioning and Rehabilitative Exercise
- Pharmacology
- Psychosocial Intervention and Referral
- Nutritional Aspects of Injuries and Illnesses
- Health Care Administration
- Professional Development and Responsibility

The UIW Athletic Training Education Program currently is accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

The Athletic Training Education Program at the University of the Incarnate Word strives to do four simple things: education and expose the student to an expanded scope of experiences; produce willing, involved and active individuals in the community; and development of the person, more than the individuals mind. With this in mind, there are seven goals for the program:

- Goal 1: Provide the student with a multi-faceted education and expose them to a variety of practical and clinical settings that will further their education and experience needed in the profession of athletic training.
- Goal 2: Develop and modify the existing instructional and clinical aspects of the program to the requirements set forth by the Commission on Accreditation of Athletic Training Education, Board of Certification and the State of Texas Advisory Board of Athletic Trainers.
- Goal 3: Expose the student to athletic trainers in a variety of employment settings and gain an understanding of roles and responsibilities of other allied health professionals.
- Goal 4: Prepare the student to successfully pass the Board of Certification examination and the State of Texas licensure examination.
- Goal 5: Promote the importance of scholarly research, continuing education, professional development and professional conduct to the student.
- Goal 6: Aid the student in reaching their fullest potential past their education at the University of the Incarnate Word.
- Goal 7: Promote the Athletic Training Education Program and the University of the Incarnate Word to the local and state communities.

Admissions and Program Requirements Agreement

This accompanying application and informed consent is for undergraduate athletic training students who wish to be admitted to Athletic Training Education Program (ATEP) at the University of Incarnate Word in San Antonio, Texas. By initialing after each section, the student is acknowledging that they fully understand and are willing to abide by the requirements established by the ATEP.

Athletic Training Admission Requirements

All students who plan a program of study leading to the degree of Bachelor of Science in Athletic Training must first be accepted for admission to the University. Applicants then apply to the Athletic Training Education Program (ATEP). Enrollment in the ATEP is limited by the availability of faculty and clinical field experiences, therefore admission is competitive.

Applicants will apply to the ATEP during the semester in which the prerequisites will be completed. Applications to the ATEP are due to the program director by April 1st. Applicants work with an assigned advisor and are required to submit a completed application form. As part of the application process, the student must submit the following to be considered for entry into the ATEP:

- Application
- Three References and Essay
- Acknowledge of ATEP technical standards (see below)
- Health History and Physical examination by a physician (MD or DO), nurse practitioner or physician assistant
- Documentation and completion of required immunizations (see below)
- Official transcripts from all colleges attended
- Current Health Care Provider CPR and First Aid courses
- Completion of at least 50 hours of observation under a certified athletic trainer

In addition, a candidate may be required to attend an interview with the selection committee and complete a general knowledge exam of Athletic Training skills.

Selection Criteria

To be considered for admission the student must meet the following criteria:

- Completed application with all components present
- 25 hours of college-level credit with a minimum cumulative GPA of 2.5
- Current Health Care Provider CPR and First Aid courses
- Completion of at least 50 hours of observation under a certified athletic trainer
- Completion of required Physical Examination and Immunizations

Other Requirements after Acceptance

Prior to starting the first clinical course, the student must also complete the following requirements. Students that fail to complete the following may be removed from the program.

- Completion of Criminal Background screen
- Completion of HIPAA Confidentiality Training
- Completion of Blood-borne Pathogen, OSHA and/or Universal Precautions Training
- Completion of ATEP and Site Orientation

Transfer Students

Students that are considering application for admission into the Athletic Training Education Program from another university or college must first be admitted into the University. Along with the application, transfer students must submit TWO copies of transcripts of ALL UNIVERSITY WORK. Send one set to the UIW Admissions Office. Send the second set of transcripts to the School of Nursing and Health Professions, Attn: Athletic Training Education Program Director, 4301 Broadway, San Antonio, TX 78209. Please note we cannot accept an application without copies of all transcripts.

Students transferring from another baccalaureate athletic training education program must satisfy the same prerequisite and major course work as do all other applicants. All athletic training course work will be evaluated for equivalency with the UIW curriculum. The decision for admission, transfer credit for previous athletic training courses and placement in the program will be considered on an individual basis.

_____ If applicable, Student Acknowledgment (Initials)

Admissions and Program Requirements Agreement Continued

Health Requirements / Immunizations

In compliance with the Health Care Provider terms of TAC 97.64, applicants to the athletic training program are required to provide proof of a physical examination (for admission and annually thereafter) and the following immunizations prior to admission to the first clinical course:

- Hepatitis B (#1, #2, #3)
- MMR (#1, #2)
- Tetanus / Diphtheria
- Varicella (#1 and #2, titer, or medical documentation of Chickenpox)
- TB skin test or chest X-Ray (required annually while In the program)
- Influenza vaccine (required annually while In the program)

If, for any reason, the student is unable to receive any immunizations a physician's statement will be required. Note: Additional health requirements may be required by some clinical affiliations.

_____ Student Acknowledgment (Initials)

Required Costs During Matriculation

Along university tuition, athletic training students are required to pay course/clinical fees each semester to cover the cost of attaining or maintaining memberships in professional organizations, clinical clothing, liability insurance and materials for the program. It is also the students responsibility to maintain certifications for blood borne pathogen training, first aid, CPR with AED, annual TB test, as well as, purchasing needle stick insurance annually. Students are also responsible for travel to and from the clinical site.

_____ Student Acknowledgment (Initials)

CPR and First Aid

Students must show evidence of having completed the Health Care Provider course in CPR and a general First Aid course from either the American Heart Association or American Red Cross. This requirement is necessary for all students prior to entering the athletic training program, and then annually thereafter. Evidence of completion or re-certification must be give to the program director prior to attendance of field experience.

_____ Student Acknowledgment (Initials)

Liability, Health Insurance and Needle Stick Insurance

Athletic Training Education Students are required to be covered by liability insurance. The liability insurance fee will be included in the athletic training course fees. Students must also show proof of current health insurance. The University offers limited health insurance coverage. Students must also show proof ANNUALLY of needle stick coverage or take out the needle stick insurance plan offered through the university.

_____ Student Acknowledgment (Initials)

Criminal Background Screening

Criminal background screening is completed on all candidates for the athletic training education program. The School will designate a company to do the background screening and will not accept results from any company other than the one designated by the School. Students pay expenses related to all screening. A student with a significant criminal background or a current conviction may not be allowed to register for athletic training courses until the student receives a declaratory order from the regulating board stating their eligibility for licensure or certification to practice.

_____ Student Acknowledgment (Initials)

Admissions and Program Requirements Agreement Continued

Drug Screening

Drug Screening may be required by some clinical agencies. The School will designate a company to do the drug screen and will not accept results from any company other than the one designated by the School. The student will pay the cost of the screening at the time of the testing.

A student who has a positive drug screen will not be allowed to participate in clinical courses. The student will be required to complete, at the student's expense, chemical dependency evaluation and treatment, if recommended by a drug assessment. Any student with a positive drug screen will be suspended for a minimum of one calendar year and will be required to provide documentation of successful treatment prior to being readmitted to clinical courses. If readmitted, the student must be retested by the School approved laboratory and have a negative drug screen. This testing is at the student's expense.

_____ Student Acknowledgment (Initials)

Clinical Placements / Observation Hours

After admission into the Athletic Training Education Program, the student will complete six semesters in both the academic and clinical components of the program. To meet the requirements of the Board of Certification and Advisory Board of Athletic Trainers, the student must document 1800 hours of observation and practice of athletic training skills under the direction supervision of an assigned athletic trainer or a medical professional serving as a clinical instructor. Students will be assigned from a network of clinical instructors that have completed ACI and CI workshops through the ATEP. Certain field experiences will be required prior to the first day of class, during weekends and university breaks. Also, some of the clinical assignments will be off campus, for which the student will be responsible for their own transportation to and from the site during the hours assigned. The program director will contact students concerning placement in affiliated settings for observation and practice prior to the assignment.

_____ Student Acknowledgment (Initials)

Eligibility for Professional Practice

Completion of degree requirements for the bachelor's degree does not guarantee state licensure or national certification as an athletic trainer. Students are advised to contact the Board of Certification and Texas Advisory Board of Athletic Trainers concerning their eligibility of professional practice. Prior to practice, the Individual must complete an application and pay required fees according to current policies and procedures of the regulatory board. The application process has various sections that require notarized documentation of Information for the Individual, university and the Athletic Training Education Program Director. Students are advised to plan ahead and identify key dates and requirements that are required as part of the regulatory process. As part of the Initial regulatory process, students must be successfully complete an oral practical and written assessment of their athletic training skills.

Preparations to take the Board of Certification and state licensure examinations are a continual process. During the sophomore year students will begin a series of clinical competency-based modules related to athletic training clinical skills. The athletic training students' clinical preparation for the examinations will conclude during their last year when they take ATHP 4390: "Capstone: Mock Testing." The course material will be composed of material that has been covered in the previous athletic training classes. At the conclusion of the class, an examination structured like the BOC and Texas examinations will be administered.

_____ Student Acknowledgment (Initials)

I understand that I **will not** be endorsed by the ATEP Director to take the BOC or state licensure exam without the 1800 clinical clock-hours included in the Athletic Training Education Program.

_____ Student Acknowledgment (Initials)

Admissions and Program Requirements Agreement Continued**Promotion / Retention / Graduation Requirements**

Once accepted into the Athletic Training program, students will be evaluated each semester to ensure they are meeting the expectations set by the Athletic Training Program. These expectations include:

- The student must complete a physical examination from a qualified physician or medical practitioner using the form provided at the time of admission to the program. Each year the student is required to submit an updated health history form with updated immunizations. If deemed necessary, the student will be required to complete another physical examination.
- The student must have satisfactorily completed clinical observation or practice under the direction of a supervising certified athletic trainer or assigned preceptor.
- The student must maintain current CPR with AED and First Aid certification.
- The student must attend annual program orientation, blood-borne pathogen and HIPAA training sessions offered by the ATEP.
- Maintain a 2.5 GPA on a 4.0 scale. If a student's overall GPA falls below a 2.5, he/she will be placed on probation for one semester. Athletic training students placed on academic probation will be expected to fulfill an "academic probation contract" with the Athletic Training Program Director. Failure to fulfill the academic probation contract and/or earn an overall GPA of 2.5 or better may result in the student's dismissal from the Athletic Training program.
- Adhere to the rules and regulations outlined in the "Athletic Training Student Handbook."
- The student must earn favorable mid-term and final evaluations from the assigned clinical instructor and clinical coordinator. The evaluations serve to measure not only the student's knowledge and acquired skill application but also attributes including dependability, reliability, initiative, adherence to published policies & procedures, and acceptance of responsibility.
- The student must pass all major and support courses with a "C" or better and successfully complete all clinical proficiencies attached to the course or will be placed on probation for one semester. Athletic training students placed on academic probation will be expected to fulfill an "academic probation contract" with the Athletic Training Program Director. Failure to fulfill the academic probation contract may result in the student's dismissal from the program.
- The student must be in good standing with the university.

_____ Student Acknowledgment (Initials)

Technical Standards

The University of the Incarnate Word is committed to complying with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act of 1990. Therefore, the Athletic Training program at The University of the Incarnate Word seeks to ensure that qualified persons with disabilities are not denied admission or subject to discrimination in the admission process. The technical requirements for admission establish the expectations and required abilities considered essential to perform duties of an athletic trainer. These abilities are classified into five categories: observation, communication, motor, intellectual, and behavioral and social.

- Observation: A candidate must be able to observe demonstrations in the classroom and athletic training room. A candidate must also be able to accurately observe an athlete at a distance and at close range, in order to gather the necessary data regarding the athletes' physical status.
- Communication: A candidate must be able to communicate effectively with a wide variety of athletes and other members of the health care team. Communication is not limited to verbal communication, but also includes having adequate reading and writing skills. Adequate communication skills also include the ability to record injury assessment results, SOAP notes, and follow-up notes.
- Motor: Candidates must possess sufficient postural and neuromuscular control and adequate eye-to-hand coordination that is necessary to perform the duties of an athletic trainer. They must also possess sufficient control of their upper and lower extremity to meet the physical requirements for athletic training.
- Sensory: Candidates must have adequate sensory function in order to elicit information from a physical examination through palpation, auscultation, percussion, and other assessment maneuvers.
- Intellectual: Candidates must have the mental capacity to learn and assimilate a large amount of complex, technical, and detailed information. They must also be able to solve problems through critical analysis and perform measurements necessary to develop a therapeutic plan.
- Social and Personal Attributes: A candidate must possess emotional and social attributes required to exercise good judgment, promptly complete all responsibilities as they relate to the care and management of an athletes' injury, and develop mature, sensitive, and effective relationships with the athletes' and other members of the health care team. The candidate must also be able to adapt to an ever-changing environment, display flexibility, tolerate physically taxing workloads, and maintain their composure during highly stressful situations.

_____ Student Acknowledgment (Initials)

Date _____

Student Disability Services

The University of the Incarnate Word is committed to providing a supportive, challenging, diverse and integrated environment for all students. In accordance with Section 504 of the Rehabilitation Act – Subpart E and Title III of the Americans with Disabilities Act (ADA), the University ensures accessibility to its programs, services and activities for qualified students with documented disabilities.

For more information, contact the Student Disability Services Office at the university.

_____ Student Acknowledgment (Initials)

Accommodations for BOC and State Licensure Examinations

Individuals should be aware that both the Board of Certification and the Texas Advisory Board of Athletic Trainers will provide reasonable accommodations on the written and practical sections of the examination for students that qualify.

- For more information on the current policies and procedures related to disabilities and accommodations offered for the BOC examination, the individual should contact the Board of Certification at (402) 559-0091.
- For more information on the current policies and procedures related to disabilities and accommodations offered for the State of Texas licensure examination, the individual should contact the Advisory Board of Athletic Trainers at (512) 834-6615.

_____ Student Acknowledgment (Initials)

Student Information

Year of Application: _____

Date of Birth _____

Student ID (UIW PDIM) _____

Social Security Number _____

Permanent Address: _____

Permanent Phone Number: _____

Local Address: _____

Local Phone Number: _____

Cell Phone Number: _____

University Email Address: _____

Non-University Email Address: _____

Educational Requirements

⚡ DON'T FORGET to attach a copy of all official transcripts from **ALL** universities attended.

Are you a transfer student? Yes No

Are you transferring from a CAATE accredited Athletic Training Education Program? Yes No
(If so, please provide course syllabi for all athletic training courses completed, a list of all mastered competencies and clinical proficiencies signed off by the program director, and a completed a letter of support from your program director.)

What's the reason you are transferring from the program?

Are you a current student at the University of the Incarnate Word? Yes No

Have you been admitted into the University of the Incarnate Word? Yes No

Currently, where are you attending school?

What is your current academic rank? Freshman Sophomore Junior Senior
 Post-Baccalaureate, seeking secondary bachelors degree

Have you completed Anatomy and Physiology I with the grade of 'C' or better? Yes No

Are you currently enrolled in Anatomy and Physiology I? Yes No

If so, Professor: _____

Have you completed Anatomy and Physiology II with the grade of 'C' or better? Yes No

Are you currently enrolled in Anatomy and Physiology II? Yes No

If so, Professor: _____

Have you completed Introduction to Athletic Training (or equivalent) with the grade of 'C' or better? Yes No
(Students that completed Prevention and Care or and equivalent should contact the program director)

Are you currently enrolled in Introduction to Athletic Training? Yes No

If so, Professor: _____

Other Information for Admission

Professional Memberships

Are you a student member of the National Athletic Trainers Association (NATA)? Yes No

NATA Member Number _____

Are you a student member of the Alamo Areas Athletic Trainers Association (AAATA) Yes No




Certifications and Training

Are you currently certified in First Aid? Yes No

Are you currently certified in CPR? Yes No

Have you completed and passed the HIPAA Confidentially Training? Yes No

Have you completed and passed the OSHA Blood-borne Pathogen Training? Yes No

-  **DON'T FORGET** to attach a copy of the front and back of your CPR and First Aid cards.
-  **DON'T FORGET** to attach a copy of your training for HIPAA Confidentially Training
-  **DON'T FORGET** to attach a copy of the front and back of your Bloodborne Pathogen Training card

Student Name _____

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Essay

Please explain your personal goals and explain how the athletic training major will help you attain those goals.

Athletic Training Program Agreement

I agree to the conditions stated with the application, and understand that if I am accepted into the ATEP, I will be scheduled to begin my clinical responsibilities at the beginning of the semester following my acceptance. If I am not accepted, I understand that I may be allowed to resubmit my application, but only after consultation with the ATEP Director. Furthermore, if I am accepted, I will adhere to the Code of Ethics of the National Athletic Trainers' Association and the Policies and Procedures established by the athletic training faculty and staff of the University of the Incarnate Word for participation in the Athletic Training Education Program. These policies and procedures are designed to ensure my safety, the safety of the athletes, and to ensure professionalism among program participants. All questions concerning this application have been answered to my satisfaction, and I voluntarily submit my credentials to the requirements and provisions stated herein.

I hereby authorize representatives from the School of Nursing and Health Professions at the University of the Incarnate Word to obtain and maintain a student file of academic information pertaining to my participation in the Athletic Training Education Program, including grades and transcripts, evaluations, and other relevant information pertaining to state licensure and national certification. I understand that this information will be provided to the athletic training admissions committee so they may evaluate my credentials for admission into the major and program. Subsequently, if I should be selected for admission to program, I agree that my student file will be accessible to authorized CAATE officials. I give full consent to release this information of my own free will.

Student's Signature

Date

Confidential Immunization Records

This information contained in this medical history form will be only used by the Athletic Training Education Program for purposes of determining if you pose a health threat / risk for clinical placement. This information will remain as part of the secured student file and will be CONFIDENTIAL at all times.

Health Requirements / Immunizations

In compliance with the Health Care Provider terms of TAC 97.64, applicants to the athletic training program are required to provide proof of a physical examination (for admission and annually thereafter) and the following immunizations prior to admission to the first clinical course:

- Hepatitis B (#1, #2, #3)
- MMR (#1, #2)
- Tetanus / Diphtheria
- Varicella (#1 and #2 or history of Chickenpox)
- TB skin test or chest X-Ray (required annually while In the program)
- Influenza vaccine (required annually while In the program)

➡ CAATE Standard F1.2 requires that the student have the immunization record reviewed by the medical professional who is conducting the physical examination.

If, for any reason, the student is unable to receive any Immunizations a physician's statement will be required. Note: Additional health requirements may be required by some clinical affiliations.

➡ You may attach a copy of your permanent vaccination record to replace the information on this page, but the healthcare professional doing the physical examination must verify the immunizations.

Required Vaccine	Date Given	Results	Recorder and Information
Primary DPT Series Completion			
Tetanus Booster (Within last 10 years)			
MMR Vaccine Dose #1			
MMR Vaccine Dose #2			
Hepatitis B Vaccine First Injection			
Hepatitis B Vaccine Second Injection*			
Hepatitis B Vaccine Third Injection**			
Hepatitis B Surface Antibody Test***			
PPD (Tuberculin Skin Test)-Step 1			
PPD Step 2 (7-14 days after Step 1)			
PPD Step 3 (1 year follow-up)			
If PPD is (+), CXR within the last year			
Varicella Titer or Vaccine Dose #1			
Varicella Titer or Vaccine Dose #2			

*Second injection given one month after first injection
 **Third injection given five months after the second injection
 ***Given 6-8 weeks after last injection

Healthcare Professional's Name: _____

Address: _____


City: _____ State: _____ Zip: _____

I have reviewed the student's attached immunization records and feel they have met the requirements and recommendations for Healthcare students involved in clinical field experiences.

Healthcare Professional's Signature: _____ Date: _____

Confidential Medical History

This information contained in this medical history form will be only used by the Athletic Training Education Program for purposes of determining if you pose a health threat / risk for clinical placement. This information will remain as part of the secured student file and will be CONFIDENTIAL at all times.

 CAATE Standard F1.1 requires that the student have a medical history to identify medical conditions or problem that might interfere with the clinical field experience. The program requires the form be updated each calendar year.

Date Completed: _____

	Current Problem	Previous Problem		Current Problem	Previous Problem
Recurrent Headache			Epilepsy or Seizures		
Eye or Ear Problems			Dizziness		
Nose Problem			Fainting with exercise		
Throat Problem			Head Injury		
Thyroid Disorder			Concussion		
Heart Murmur			Bone or Joint Injuries		
Heart Disease			Back Injury		
Heart Palpitations			Gastrointestinal Problems		
Blood Pressure Issues			Diabetes		
Anemia			Eating Disorder		
Sickle Cell			Attention Disorders		
Bleeding Disorders: Hemophilia/Other			Auto Immune Disorders		
Hepatitis			Communicable Disease		
Kidney Disorders			Mononucleosis		
Bladder Disorders			MRSA or Staph Infection		
Pneumonia			Problems with Heat Illness		
Bronchitis			Drug or Alcohol Abuse		
Tuberculosis			Pregnancy		
Seasonal Allergies/Hay Fever			Personal and Family Problems		
Asthma			Emotional Problems		

Any other disease, illness, past surgeries, permanent disabilities or concerns?

Are you currently being treated by a health care professional? If yes, explain _____

Allergies?

Have you been hospitalized in the last year?

Reviewed by _____ Date _____

Confidential Physical Examination

This information contained in this physical examination form will be only used by the Athletic Training Education Program for purposes of determining if you pose a health threat / risk for clinical placement. This information will remain as part of the secured student file and will be CONFIDENTIAL at all times.

➡ CAATE Standard F1.3 requires that the student have evidence of a physical examination from a physician, physician assistant, nurse practitioner, or doctor of osteopathic medicine verifying that the individual is able to meet the physical and mental requirements – with or without reasonable accommodation – didactic and clinical components of athletic training education.

NOTE: Individuals are required to attain a physical examination at the beginning of the program. Individuals will also complete an annual medical history form for the review by the medical director and program director. Conditions or problems on the annual review of medical history may require students to attain another physical examination to determine eligibility of continued practice in the clinical component of the program.

Height (Inches): _____ Weight (Pounds): _____ BP: _____/_____ Pulse: _____

	Normal	Abnormal	Deferred	Comments
HEENT				
Lungs				
Breasts (If Indicated)				
Heart				
Abdomen				
Pelvic (If Indicated)				
Rectal (If Indicated)				
Back and Extremities				
Neurologic				

Are there any conditions, physical and/or emotional, which may interfere with functioning as a health professional student in the classroom or clinic?

NO YES, PLEASE COMMENT BELOW

NOTES/COMMENTS:

Healthcare Professional Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Healthcare Professional Signature: _____ Date: _____

Applicant Recommendation Form

Statement of waiver / non-waiver

In accordance with federal regulations, materials in student files such as recommendation forms are open to inspection upon request, unless the student waves their rights to access their recommendations in advance. Please indicate your option by completing and signing the statement below. Your right to review this form is considered waived if you do not indicate a response.

I hereby authorize _____ to complete this recommendation form.

Check one: I waive my right of access to this recommendation

I do not waive my right of access to this recommendation

Applicant's Signature: _____ Date: _____

To be completed by the person making the recommendation:

In what capacity do you know the applicant? _____ How long have you known the applicant? _____

How well do you know the applicant? very well fairly well not well

This student is applying to the Athletic Training Education Program at the University of the Incarnate Word. The program is a rigorous and intense program that places many 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. During this student's education, the applicant will assist in the provision of health care to a diverse population. This student will also interact with medical and allied medical professionals, coaches, school administrators, and parents. Keeping this information in mind, please rank this student's ability to meet the following expectations.

Please compare applicant with others you have known during your professional career. For each of the categories below, check the appropriate box.

	Outstanding (top 2%)	Excellent (top 10%)	Good (top 25%)	Average (top 25-75%)	Below average (bottom 25%)	Unable to Assess
Analytical skills						
Judgment and common sense						
Verbal, written and oral skills						
Interpersonal skills						
Maturity						
Emotional stability						
Self-confidence						
Motivation, dedication and perseverance						
Responsibility and accountability						
Dependability and time management						
Leadership ability						
Professionalism						
Capacity to accept constructive criticism						
Attitude						

Please indicate your overall recommendation of this applicant
 Strongly recommend Recommend Recommend with reservation Do not recommend

Name: _____

Title: _____

Employer: _____

Contact Phone: _____

Signature: _____

Date: _____

Please place in sealed envelope and sign across the flap and give back to student. This recommendation form can also be faxed back to the program administration at 210-841-7229.

Applicant Recommendation Form

Statement of waiver / non-waiver

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I hereby authorize _____ to complete this recommendation form.

Check one: I waive my right of access to this recommendation

I do not waive my right of access to this recommendation

Applicant's Signature: _____ Date: _____

To be completed by the person making the recommendation:

In what capacity do you know the applicant? _____ How long have you known the applicant? _____

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Please compare applicant with others you have known during your professional career. For each of the categories below, check the appropriate box.

	Outstanding (top 2%)	Excellent (top 10%)	Good (top 25%)	Average (top 25-75%)	Below average (bottom 25%)	Unable to Assess
Analytical skills						
Judgment and common sense						
Verbal, written and oral skills						
Interpersonal skills						
Maturity						
Emotional stability						
Self-confidence						
Motivation, dedication and perseverance						
Responsibility and accountability						
Dependability and time management						
Leadership ability						
Professionalism						
Capacity to accept constructive criticism						
Attitude						

Please indicate your overall recommendation of this applicant
 Strongly recommend Recommend Recommend with reservation Do not recommend

Name: _____

Title: _____

Employer: _____

Contact Phone: _____

Signature: _____

Date: _____

Please place in sealed envelope and sign across the flap and give back to student. This recommendation form can also be faxed back to the program administration at 210-841-7229.

Applicant Recommendation Form

Statement of waiver / non-waiver

In accordance with federal regulations, materials in student files such as recommendation forms are open to inspection upon request, unless the student waves their rights to access their recommendations in advance. Please indicate your option by completing and signing the statement below. Your right to review this form is considered waived if you do not indicate a response.

I hereby authorize _____ to complete this recommendation form.

Check one: I waive my right of access to this recommendation

I do not waive my right of access to this recommendation

Applicant's Signature: _____ Date: _____

To be completed by the person making the recommendation:

In what capacity do you know the applicant? _____ How long have you known the applicant? _____

How well do you know the applicant? very well fairly well not well

This student is applying to the Athletic Training Education Program at the University of the Incarnate Word. The program is a rigorous and intense program that places many 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. During this student's education, the applicant will assist in the provision of health care to a diverse population. This student will also interact with medical and allied medical professionals, coaches, school administrators, and parents. Keeping this information in mind, please rank this student's ability to meet the following expectations.

Please compare applicant with others you have known during your professional career. For each of the categories below, check the appropriate box.

	Outstanding (top 2%)	Excellent (top 10%)	Good (top 25%)	Average (top 25-75%)	Below average (bottom 25%)	Unable to Assess
Analytical skills						
Judgment and common sense						
Verbal, written and oral skills						
Interpersonal skills						
Maturity						
Emotional stability						
Self-confidence						
Motivation, dedication and perseverance						
Responsibility and accountability						
Dependability and time management						
Leadership ability						
Professionalism						
Capacity to accept constructive criticism						
Attitude						

Please indicate your overall recommendation of this applicant
 Strongly recommend Recommend Recommend with reservation Do not recommend

Name: _____

Title: _____

Employer: _____

Contact Phone: _____

Signature: _____

Date: _____

Please place in sealed envelope and sign across the flap and give back to student. This recommendation form can also be faxed back to the program administration at 210-841-7229.