



Master of Science in Athletic Training Athletic Training Program

Student Handbook 2022-2023



UNC GREENSBORO

Department of Kinesiology



MSAT Schedule 2022-2023
Monday meetings 12:30-2 unless otherwise noted

Fall 2022

July 30- Orientation

August 1- PreSeason begins

August 16-Classes begin

September 2-Colloquium

September 5-Labor day

September 12-16- Check-in with PD

October 7- Fall breaks begins @ 6 pm

October 7-Colloquium

October 12- Classes resume

Oct 17-21- Check-in with PD

November 18- Colloquium

November 22- Thanksgiving break begins @ 10 pm

November 28- Classes resume

Nov 30- Last day of classes-Rotations may end

Dec 1- Reading Day

Students should NOT plan on leaving prior to December 8

There will be a Fall gathering sometime in late October

There will be a Winter gathering sometime in early December

Spring 2023

January 8- Mandatory welcome back meeting

January 9- Classes begin

January 16- MLK Jr

February 6-10- Check-in with PD

February 24- Colloquium

March 4- Spring break begins @ 1 pm

March 13- Classes resume

March 13-17- Check-in with PD

March 17- Colloquium

April 7- Spring holiday

April 21- Colloquium

April 24- Capstone presentations & Michael's Lunch-Union Square

April 26- Last day of classes-Rotations may end

April 27-Reading Day

May 5- Commencement

Students should not plan on leaving prior to May 4

First years are encouraged to attend commencement

There will be a EOY celebration around commencement

Summer 2023

May 29- Welcome picnic

May 30- Summer classes begin

July 31- Mandatory orientation

August 1- Preseason begins

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The Handbook may be updated periodically throughout the academic year

INTRODUCTION

This handbook has been prepared for the purpose of defining, instituting, and managing an effective Athletic Training (AT) Program at The University of North Carolina Greensboro. The purpose of this handbook is to inform athletic training students, faculty, clinical instructional staff, and other stakeholders of the policies and procedures governing the Master of Science in Athletic Training (MSAT) degree.

All appropriate constituents will be informed of any changes to policies and procedures housed within this document. Any questions regarding the contents of this document should be directed to the Program Director.

MISSION STATEMENT

The mission of the Athletic Training (AT) program is to integrate evidence-based education and practice to develop clinicians capable of advancing the quality of healthcare for athletes and physically active individuals.

PROGRAM GOALS & OBJECTIVES

Program Effectiveness

Goal #1. AT students will become competent and skilled Certified Athletic Trainers.

Objectives:

1. UNCG's overall pass rate on the BOC Examination will match or exceed the national average regardless of the number of attempts.

Goal #2. UNCG will retain and graduate students admitted to the AT Program

Objectives:

1. UNCG's retention rate will exceed 80%
2. UNCG's graduation rate will exceed 80%

Goal #3. UNCG AT students will be hired in athletic training positions, and employers will be satisfied with UNCG graduates' performance.

Objectives:

1. UNCG students hired as athletic trainers will exceed 50% of the cohort
2. Employers will be satisfied with UNCG graduates' performance in the practice areas of athletic training as demonstrated by a satisfaction survey disseminated to employers via the Program.
3. Employers will be satisfied with UNCG graduates' professional behaviors and qualities as demonstrated by a satisfaction survey disseminated to employers via the Program.
4. Employers will be satisfied with UNCG graduates' performance compared to other entry-level AT or employees as demonstrated by a satisfaction survey disseminated to employers via the Program.

Goal #4. UNCG will provide a current curriculum that meets the educational and preparation requirements of students of the program.

Objectives:

1. Students will rate the quality of the course content between good and excellent on exit surveys.
2. Students will rate the quality of clinical experiences between good and excellent on exit surveys.
3. Students will rate the quality of BOC examination preparation between good and excellent on exit surveys
4. UNCG Faculty and applicable stakeholders will review exit surveys and other student feedback to formulate plans for revising the Program.

Student Learning Goals

Goal #1. AT students will demonstrate entry-level competence for patient care and clinical decisions on body regions, patient populations, and clinical settings.

Objectives:

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1. AT students will demonstrate competence on the BOC Examination by scoring at or above the National average in the practice domains of athletic training.
2. AT students will perform at or above entry-level competence in making patient care decisions in the unique context of college/university, high school, rehabilitation intensive, and primary care settings as measured by clinical assessments.
- Objective 3. AT students will perform at or above entry-level competence in making patient care decisions for the unique needs of male, female, general populations as measured by clinical assessments.
- Objective 4. AT students will perform at or above entry-level competence in making patient care decisions in upper extremity, lower extremity, and equipment-intensive clinical experiences as measured by clinical assessments
- Objective 5. AT students will perform at or above entry-level competence in rehabilitating an injured athlete during their clinical integrated rehabilitation capstone experience as measured by grading rubric.

Goal #2. AT students will be able to critically analyze the athletic training body of knowledge and interpret its impact on the profession.

Objectives:

1. Students will perform at or above entry-level competence in presenting a scientific article as measured by a grading rubric
2. AT students will perform at or above entry-level competence in presenting their clinical integrated rehabilitation capstone as measured by a grading rubric

Goal #3. AT students will perform the majority of their clinical rotation objectives on real-life patients.

Objectives:

1. AT students will perform at least half of their assigned clinical rotation objectives on real-life patients.

Quality of Instruction

Goal #1. The instruction of athletic training courses will promote AT students performing at a high academic level for course work associated with the educational domains of athletic training.

Objectives:

1. The instruction associated with athletic training courses will be high quality, allowing students to achieve letters grades of A and B.
2. The instruction associated with athletic training courses will be high quality, allowing students to achieve GPAs greater than 3.0.

Goal #2. The instruction of athletic training courses will be rated as high quality by the AT students for course work associated with the educational domains of athletic training.

Objectives:

1. The instruction associated with evidence-based practice will be rated as good to excellent in course evaluations.
2. The instruction associated with prevention and health promotion will be rated as good to excellent in course evaluations.
3. The instruction associated with clinical examination and diagnosis will be rated as good to excellent in course evaluations.
4. The instruction associated with acute care of injury and illness will be rated as good to excellent in course evaluations.

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5. The instruction associated with therapeutic interventions will be rated as good to excellent in course evaluations.
6. The instruction associated with psychosocial strategies and referral will be rated as good to excellent in course evaluations.
7. The instruction associated with health care administration will be rated as good to excellent in course evaluations.
8. The instruction associated with professional development and responsibility will be rated as good to excellent in course evaluations.

Goal #3. The instruction by preceptors and the educational opportunities at clinical sites will be rated as high quality.

Objectives:

1. The instruction provided by preceptors will be rated as good to excellent on end of rotation evaluations.
2. The educational opportunities at clinical sites will be rated as good to excellent on end of rotation evaluations.

ACCREDITATION STATUS

The AT Program earned initial accreditation from the Commission on Accreditation of Allied Health Education Professions (CAAHEP) in April 2003 and was granted continuing accreditation status in January 2004. The new accrediting agency for the AT Program is the Commission on Accreditation of Athletic Training Education (CAATE) effective July 1, 2006. The AT Program is fully accredited by the CAATE and completed a continuing accreditation site visit during the Fall 2017 semester and was granted continuing accreditation through 2027. Students graduating from the CAATE accredited program are eligible to sit for the Board of Certification (BOC) examination.

PROGRAM PERSONNEL

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Foundational Behaviors of Professional Practice

These basic behaviors permeate professional practice and should be incorporated into instruction and assessed throughout the educational program.

Primacy of the Patient

- Recognize sources of conflict of interest that can impact the client's/patient's health.
- Know and apply the commonly accepted standards for patient confidentiality.
- Provide the best healthcare available for the client/patient.
- Advocate for the needs of the client/patient.

Team Approach to Practice

- Recognize the unique skills and abilities of other healthcare professionals.
- Understand the scope of practice of other healthcare professionals.
- Execute duties within the identified scope of practice for athletic trainers.
- Include the patient (and family, where appropriate) in the decision-making process.
- Work with others in effecting positive patient outcomes.

Legal Practice

- Practice athletic training in a legally competent manner.
- Identify and conform to the laws that govern athletic training.
- Understand the consequences of violating the laws that govern athletic training.

Ethical Practice

- Comply with the NATA's *Code of Ethics* and the BOC's *Standards of Professional Practice*.
- Understand the consequences of violating the NATA's *Code of Ethics* and BOC's *Standards of Professional Practice*.
- Comply with other codes of ethics, as applicable.

Advancing Knowledge

- Critically examine the body of knowledge in athletic training and related fields.
- Use evidence-based practice as a foundation for the delivery of care.
- Appreciate the connection between continuing education and the improvement of athletic training practice.
- Promote the value of research and scholarship in athletic training.
- Disseminate new knowledge in athletic training to fellow athletic trainers, clients/patients, other healthcare professionals, and others as necessary.

Cultural Competence

- Demonstrate awareness of the impact that clients'/patients' cultural differences have on their attitudes and behaviors toward healthcare.
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations.
- Work respectfully and effectively with diverse populations and in a diverse work environment.

Professionalism

- Advocate for the profession.
- Demonstrate honesty and integrity.
- Exhibit compassion and empathy.
- Demonstrate effective interpersonal communication skills.

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MSAT Statement on Diversity & Equity

The faculty and staff of the Department of Kinesiology and the MSAT acknowledge disparities, inequality, xenophobia and racial injustice have been brought to the forefront of our society. The MSAT is deeply disturbed and angered by the senseless loss of life due to prejudice and racial injustice. The well-being, rights and dignity of humans are unalienable. We stand firmly on the side of justice and in support of active solutions that bring us together as a nation and fosters the appreciation and uniqueness of all people – regardless of race, where they live or who they love. We stand against racial injustice and the marginalization of black lives. Racial inequity and racial violence have deep roots in this country. As a program, we will work to counter racism to provide equal and equitable futures for our students, staff, and faculty. The faculty, staff, and students of the Department of Kinesiology and the MSAT acknowledge that systemic racism has existed for centuries, recognize the need for broad change, and are committed to making change happen. Although the department has been a champion for inclusiveness, social equity and equality for a long time, we realize that we can and need to do more to counter systemic racism.

Our faculty, staff, students, and alumni have the power to create change and be strong advocates for human rights and responsibilities. We can attest that our department values inclusivity, equity, and equal opportunity equality for all. We will continue to demonstrate these values in our language, teaching, research, scholarship, service, and engagement. We will, collectively, take giant steps toward creating a more equitable and just learning environment for all by denouncing systemic racism and taking actions against its impact.

*Excerpts of this statement were copied from the [NATA Member Statement](#)

APPLICATION & ADMISSION PROCEDURES

The Department of Kinesiology offers the MSAT degree that is designed to prepare persons to sit for the National Athletic Trainers' Association Board of Certification (BOC) Examination and earn the credentials as a Certified Athletic Trainer (ATC).

Application Requirements

In addition to the admission requirements set forth by The Graduate School, applicants to the AT Program must also complete and submit appropriate application forms to the AT Program Director and the Department of Kinesiology. The following requirements are mandatory for admission eligibility and consideration and must be verifiable during the application process:

1. Completion of a Baccalaureate degree program from a nationally recognized accredited University.
2. A minimum GPA of 3.0 in previous college and university coursework.
3. Satisfactory completion (C or better) of the following prerequisite coursework (course syllabi may be asked for by the Program Director):
 - Human Anatomy (lecture and lab)
 - Human Physiology (lecture and lab)
 - Biology
 - Chemistry
 - Biomechanics/Kinesiology or Physics
 - Nutrition
 - Exercise Physiology
 - Nutrition
4. Completion of a minimum of 50 clinical hours (75 or more encouraged) to allow students to have an appreciation of the full scope of the athletic training profession. These hours must be under the direct supervision of a Certified Athletic Trainer. Documentation of clinical hours must be verifiable on the official AT Program application.
 - Please note that hours obtained under the supervision of a Physical Therapist do NOT count unless the individual is dual credentialed as an ATC/PT.
 - International students who do not have access to an AT who is certified by the BOC in their home country are encouraged to move to the United States and complete their hours prior to applying to the program.
5. Completion of the Graduate Record Examination (GRE) is not required

Application Process

Students apply for summer admission with classes beginning in May or June. The application deadline is January 15 of each calendar year. Applications may be accepted after the January 15th deadline; however, candidates are at a competitive disadvantage after this time. Only complete applications will be considered. Missing information will cause a delay in processing the application and will affect the applicant's status. In addition, qualified candidates are required to participate in an interview. Interviews may be face-to-face or virtual depending on University restrictions. Face-to-face interviews will be at the expense of the applicant. Only qualified candidates will be

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invited to interview for admission, however, any candidate may choose to visit UNCG for more information regarding the program.

Admission Criteria

Application to the MSAT Program is highly competitive. The Admission Committee (composed of at least two full-time or adjunct athletic training faculty members) reviews the credentials of each applicant. Final selection is based on many factors, including satisfactory evidence of completed prerequisites, previous academic performance, prior clinical and allied health experiences, goals statement, quality of recommendations, interview, and the number of students already enrolled in the athletic training program. No single admission criterion has a decisive influence on the applicant's acceptability, and exceptions to the requirements can be made on recommendation of the committee and approval of the Graduate School. Admission to the MSAT Program is NOT guaranteed simply upon satisfactory completion of all program prerequisite requirements. The number of students admitted into the program varies from year-to-year, with the number of students selected ranging from 8-16 annually.

Notification of Admission

Students are notified of the outcome of their application in the mid to late spring for matriculation in the upcoming summer semester. If admission is offered, the student must respond through the Admissions portal to the admission offer within 2 weeks. Evidence of completion of all post-admission requirements (see following section) prior to enrollment may be required. If the application is rejected, the student has the opportunity to re-apply the following year. Admission decisions may be appealed to the AT Program Director within two weeks after official notification (see Appeals Process for Denied Admission).

*****PLEASE NOTE:** The Admission Committee makes recommendations to the Kinesiology Department Graduate Director who then forwards the recommendation to the Graduate School regarding admission status. The Kinesiology Department Graduate Director and the Graduate School both reserve the right to reject the committee's recommendation and/or require additional information from the student.*

Transfer Policy

It is not customary for transfer credits to be accepted in the AT Program. However, requests for transfer credits from another accredited entry-level master's AT Program may be reviewed on an individual basis. In accordance with the Graduate School's policy, credit that is applied to one graduate degree cannot be applied to another graduate degree. For example, students with a graduate degree in physical therapy can not apply credit earned in that degree towards credits required in the AT Program.

Post-Admission Requirements

The following documentation / certifications must be current and on file with the AT Program Director prior to beginning clinical rotations:

1. Evidence of current liability insurance coverage through the University's Student Insurance Policy for Allied Health and Medical Field Work or equivalent personal policy.

2. Front and back copies of current First Aid Certification and Professional Rescuer CPR or Basic Life Support Certification (including Adult, Child, Infant CPR, Two-person CPR, bag-valve mask, and AED).
3. A completed Student Medical/Immunization Form (PDF) to show evidence of all immunizations required by UNCG. Students who have not completed at least the first 2 shots of the HBV series will NOT be permitted to engage in clinical rotations.
4. Signed documents provided during Orientation

Students are responsible for all costs associated with their own health care and when obtaining immunizations and health certifications.

PROGRAM RETENTION & PROGRESS

Athletic Training Students must demonstrate sustained, acceptable progress towards completion of graduate degree and program requirements. Successful completion of the program leading to the AT degree includes completing the required curriculum outlined in the graduate bulletin and as indicated in the student's plan of study filed with the UNCG Graduate School.

ACADEMIC ADVISING

The Program Director serves as the academic advisor for all students enrolled in the AT Program. Students are responsible for scheduling a meeting with their academic advisor at least once per semester and following summer school to discuss their academic progress, course registration, and future plans. Students are also encouraged to arrange meetings with the Coordinator of Clinical Education each semester to discuss clinical progress and future placements.

PLAN OF STUDY

Plans of Study will be signed and submitted by the Program Directory . See Appendix.

AT PROGRAM RECORD OF PROGRESS

The Kinesiology Department may require graduate students to file an Annual Progress Report, which is a self-evaluation of your performance and goals as a graduate student.

Each spring, you should schedule a meeting with your advisor to review your progress and plan the following year's coursework and activities. Your advisor should prepare an Annual Review Summary for you, which should be signed by you and your advisor. See Appendix.

Master of Science in Athletic Training Plan of Study

Summer I Semester (6 credits)		
KIN 536 ^{AT}	Anatomical Basis of Athletic Injury	3 credits
KIN 634 ^{AT}	Athletic Training Foundations	3 credits
Fall I Semester (10 credits)		
KIN 636 ^{AT}	Assessment and Treatment of the Lower Extremity	4 credits
KIN 633 ^{AT}	Emergency Care in Athletic Training	3 credits
KIN 620 ^{*ice}	Athletic Training Clinical Experience	3 credits
Spring I Semester (10 credits)		
KIN 638 ^{AT}	Assessment and Treatment of the Upper Extremity	4 credits
KIN 721 ^{AT}	General Medical Conditions	3 credits
KIN 620 ^{*ice}	Athletic Training Clinical Experience	3 credits
Summer II Semester	No required courses. Students may remain clinically active as first responders and/or interns through sports camps, internships, etc.	
Fall II Semester (10 credits)		
KIN 623 ^{^c}	Detection and Correction of Functional Movement Patterns in the Physically Active Population	2 credits
KIN 624 ^{^c}	Assessment and Treatment on the Lumbo-Pelvic-Hip Complex	2 credits
KIN 725 ^{AT}	Management and Professional Issues in Athletic Training	3 credits
KIN 620 ^{*ice}	Athletic Training Clinical Experience	3 credits
Spring II Semester (12)		
KIN 705 ^{AT}	Applied Rehabilitation Concepts	3 credits
KIN 704 ^{AT}	Athletic Training Seminar	3 credits
KIN 601 ^r	Applying Research to Professional Practice	3 credits
KIN 620 ^{*ice}	Athletic Training Clinical Experience	3 credits
TOTAL CREDITS		48 credits

*Students will be assigned to a preceptor at either UNCG or an off-campus affiliated site

^ 8 week course

AT= Athletic Training Course

C= KIN Core Course

R= Research Course

ICE = Integrative Clinical Experience

Professional Development Requirements

Students are required to engage in multiple activities to improve their professional development. Examples of such requirements include pre-season athletic practices, attendance/participation in Monday meetings, participation in Athletic Training Education Association Club activities, etc.

AT PROGRAM MONDAY MEETINGS

All students are required to attend weekly AT Program Monday meetings from 12:30-2pm. The agenda for these meetings will generally be the following:

- 12:30-Program Updates & quiz
- 12:40-Club updates (Officers as needed)
- 12:50- 1st yr/2nd yr group roundtable discussions
- 1:00- Professional development (mock interviews, resumes, networking, etc)
- 1:30- Revolving topic (journal club, in-service, alumni, etc)

Each second year student is required to lead at least one journal club session each academic year. Students are allowed two absences from meetings each semester. Accumulation of 3 absences may result in an incident report being filed. Excused absences will be at the discretion of the Program Director/Coordinator of Clinical Education. Excused absences may include family emergencies, medical emergencies, approved clinical/educational experiences. Documentation may be needed to verify.

KINESIOLOGY COLLOQUIUM MEETINGS

The Department of Kinesiology sponsors a graduate student colloquium that convenes several times each semester. Students are required to attend at least one colloquium meeting each semester (in addition to the mandatory orientation at the beginning of the fall semester) and will be required to sign in at the beginning of each meeting. Attendance at these meetings is an important component of gaining an appreciation of the interdisciplinary nature of exercise and sport science. In addition, the Program Director will not endorse any requests for professional development funds from the Graduate Student Association without evidence that the student has met the colloquium attendance policy. Failure to attend a colloquium at least once a semester may result in an incident report being filed.

COVID Protocol

The MSAT program will be following guidelines set forth by UNCG. These guidelines are changing, so students should continue to read any email notifications and updates from <https://covid.uncg.edu/covid-19-case-dashboard/>

Vaccinations

The University of North Carolina System has reviewed relevant legal and policy considerations regarding vaccine mandates. Based on its review of state law, the UNC System and the constituent campuses (including UNCG) are not legally permitted to mandate the COVID-19 vaccine for faculty, staff, or students as we are technically agencies of the State. However, students are encouraged to be vaccinated.

It's important to note that some clinical sites may require vaccination. A student's vaccination status may impact their access to clinical/external placements, which may affect their progression in the program. In addition, non-vaccinated students may be required to pay for their own COVID testing at certain clinical sites.

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PROGRAM DISCIPLINE/DISMISSAL

The MSAT has many policies and procedures. These are intended to ensure safety of the student, patients, faculty, staff, and other members of the community. In addition, these policies help to establish a conducive learning environment for the students. Finally, many of these policies are mandated by various agencies including the Department Kinesiology, School of HHS, UNCG, CAATE, BOC, NATA, and various state and federal laws. Failure to abide by these policies may have consequences ranging from minor, such as remediating an assignment, to severe, such as program dismissal. Faculty, staff, and Preceptors may utilize the MSAT Incident Report to formally document a violation. An initial incident report will automatically trigger a meeting with all parties involved, and sanctions may or may not be imposed. Any subsequent incident reports will involve a meeting and mandatory appropriate sanctions ranging from make-up assignments to program removal.

If a report is not officially filed, past incidents may not be used as a means of punishment or to “hold it over the head” of the student. All parties involved, regardless of the outcome of the incident, should take into consideration ramifications such as the appropriate sanctions, references, networking, professional development, etc.

Dismissal from the AT Program may be recommended if the student:

1. Fails to register for two consecutive semesters (fall and spring) in the AT curriculum with failure to file for an official leave of absence
2. Has an overall GPA less than a “B” average (equivalent to 3.0 on a 4.0 scale); [All grades except “S” (satisfactory) and “U” (unsatisfactory) will be counted in all courses that are attempted and carry graduate degree credit.]
3. Has earned a “C” (equivalent to 2.0 on 4.0 scale) or lower in more than 6 semester hours of coursework
4. Has earned below a “B” in any of the courses specific to the athletic training concentration. (See Plan of Study)
5. Has earned a grade lower than a “C” in any course
6. Has a GPA that indicates the inability to meet the 3.0 required for graduation
7. Fails to meet the non-credit professional development requirements in each semester
8. Does not complete requirements for the degree within a five-year period after initial registration
9. Accumulates multiple incident reports
10. Makes unsatisfactory progress in clinical rotation objectives
11. Receives unsatisfactory clinical evaluations from assigned preceptor
12. Is dismissed from an affiliated clinical site for inappropriate conduct or failure to fulfill required responsibilities
13. Shows evidence of unethical or immoral conduct as outlined by the NATA Code of Ethics (See Appendix)

14. Engages in conduct which violates the NC Athletic Training State Practice Act (See Appendix)
15. Fails to meet the Technical Standards (See Appendix)
16. Chronic absences and/or tardiness

The above requirements for AT Program Retention reflect requirements of the UNCG Graduate School, KIN Graduate Program, and those specific to the AT Program. Depending on which requirement(s) are deficient, a student may be withdrawn from the AT Program and still remain in good standing in the KIN Graduate (MS) Program and /or UNCG Graduate School.

Readmission after Withdrawal. Any student who is withdrawn or voluntarily withdraws from the program must apply for readmission through normal admission procedures.

POLICY ON DISMISSAL OF STUDENTS UNABLE TO MEET TECHNICAL STANDARDS

1. Students can be dismissed from the AT Program for physical and/or emotional problems that do not respond to (or with refusal to seek) appropriate treatment and/or counseling within a reasonable period of time, and that result in failure to meet the required technical standards without reasonable accommodation.
2. Once the physical and/or emotional problem is identified, a meeting will be scheduled with the student to develop a plan for appropriate referral, treatment and program accommodations. In consultation with the appropriate medical professional, a reasonable timeline for resolution will be determined.
3. Investigation and Evaluation—When faculty members identify a student who presents physical and/or emotional problems that prevent them from meeting the technical standards and are not resolved by appropriate treatment and/or counseling, they can immediately suspend the student from the course. Faculty will notify the AT Program Director, who will in turn notify the Department Chair. Upon determination by the faculty, Program Director and Department Chair that the physical and/or emotional problems warrant dismissal from the AT, the Dean of Health and Human Sciences will be notified.

The Dean, in consultation with the faculty, and upon review of the documentation, will make a decision regarding recommending dismissal of the student from the AT Program.

4. The Dean of the School of Health and Human Sciences will send to the Dean of The Graduate School written notification of the recommendation. If the Dean of the School of Health and Human Sciences recommends dismissal from the AT Program, the Dean of The Graduate School will notify the student. Should the student wish to appeal the decision, the student will submit a written request to the AT Program Appeals Committee. The Dean of the School of Health and Human Sciences will provide to the committee the accumulated correspondence or documentation related to the issue.

A request for an appeal should occur within seven working days of written notification of the decision from the Dean of The Graduate School.

5. Hearing Process—The chair of the AT Program Student Appeals Committee (comprised of the program director, one athletic training faculty, one KIN faculty member outside of the AT concentration, and one approved clinical instructor) will thereafter notify the student, the faculty member, AT Program Director as to the time and place for a hearing to determine whether the physical and/or emotional problems result in failure to meet the technical standards and warrant dismissal.

The Committee will hold a closed hearing within ten days at which time the faculty member, AT Program Director and Department Chair will be present and will provide documentation and other oral or written evidence regarding the incident. The student will be present and will be given an opportunity to provide

documentation and other oral or written evidence regarding the problem. The student will be allowed an advocate/support person at the hearing.

Following the factual presentation, the Committee will convene in executive session to determine whether the problem warrants dismissal from the School.

The Committee shall make its recommendation in writing to the Dean of Health and Human Sciences and forward pertinent documentation. The Committee may recommend dismissal from the AT Program, or reinstatement in the program.

6. Post Hearing Process—The Dean of the School of Health and Human Sciences may accept, reject, or modify the Committee’s recommendation. The Dean’s decision will be made after review of the minutes of the hearing and report to the Committee. If the Dean of Health and Human Sciences accepts the Committee’s recommendation to dismiss the student from the AT Program, the recommendation will be forwarded to the Dean of The Graduate School who will notify the student. The Dean of Health and Human Sciences will notify the faculty member(s) as to the determination.

A student who has been dismissed may reapply for admission to the AT Program.

STUDENT APPEALS AND GRIEVANCES

Appeals Process for Denied Admission / Dismissal

If a student wishes to appeal an admission or withdrawal decision from the AT, they should send a letter requesting an appeal to the AT Program Director within two weeks of the official notification. The student should also submit at that time all materials that may substantiate the appeal. The student will then appear before the AT Student Appeals Committee (comprised of the program director, one athletic training faculty member, and one KIN faculty member outside of the AT concentration) within one month of the appeal request. A majority decision of the committee is required for the final decision. The student will be notified, in writing, within one week of the committee's decision.

Other Appeals and Grievance Procedures

As per the Catalog, "Students are entitled to privacy, expression, nondiscrimination, non-harassment, and the opportunity to appeal, petition, or contest university actions pursuant to the procedures referenced below." As such, students have the opportunity to appeal certain aspects of their academics. Students also have a responsibility in "observing all university and Graduate School policies, regulations, procedures and academic requirements, including specific requirements of the program; and maintaining a high standard of academic integrity." All policies regarding rights and responsibilities [is located in the Catalog](#).

PROGRAM TUITION, FEES, AND OTHER EXPENSES

Students are responsible for all tuition, fees, and other expenses associated with the AT Program

1. Tuition/Differential Tuition: Review the UNCG Graduate School Website for current tuition and fees. <https://spartancentral.uncg.edu/tuition-billing-payments/tuition-fees/graduate-tuition-fees/> MSAT is based on the Main Campus cost. The MSAT program has a differential tuition set at \$200 per credit for certain AT courses.
2. Liability Insurance: Evidence of current liability insurance coverage through the University's Student Insurance Policy for Allied Health and Medical Field Work or equivalent personal policy. This fee is automatically charged to students through the KIN 620 Clinical course.
3. Certification cards: Students are responsible for any fees associated with obtaining and maintaining current First Aid and CPR/AED Certifications.
4. Physical exam: Students are responsible for any costs associated with obtaining the required physical exam necessary to affirm that the student has the physical and mental abilities to meet the AT Program Technical Standards for Admission.
5. Immunizations: Students are responsible for any fees associated with obtaining the immunizations required by UNCG and those required by the AT Program.
6. Uniform costs: Students are responsible for any costs associated with purchasing clothing that allows the student to abide by the AT Program dress code described elsewhere in this document. Although Intercollegiate Athletics (ICA) may purchase clothing for students, this is not a guarantee.
7. Travel: Students are responsible for any associated costs with traveling to and from clinical rotation. Efforts will be made to minimize travel costs, however certain clinical sites required or requested by students may require travel.

ACADEMIC RESOURCES

UNCG Writing Center

<https://writingcenter.uncg.edu/>

The mission of our Writing Center is to connect writers with readers. This helps to make good writers better writers. It also encourages writers to develop an awareness about themselves that will help them after they leave the Writing Center. To support this philosophy, our center practices a collaborative approach to sessions, where students and consultants engage in one-on-one conversations about writing—conversations that center on shared knowledge and expertise, as opposed to hierarchical instruction that treats writing center sessions as remediation. Understanding our center as a place where collaboration and shared knowledge guide our practices supports a view of writing center work that grants both students and consultants authority, rather than consultants alone, which is critical. If we are truly to help students become better writers over time, they must be in control of that process and participate actively in their writing center sessions.

AT Program Policy on Writing Assignments

Unless otherwise indicated by a course instructor, all writing assignments in required coursework must utilize the American Medical Association (AMA) writing style. Students should review the AMA referencing and citation style outlined in the Journal of Athletic Training <https://www.nata.org/news-publications>. Students should plan to write several drafts of their writing assignments prior to submitting a final version. Students are encouraged to utilize the Writing Center prior to submitting major assignments. The Writing Center will not assist you with content but rather with the clarity of your writing.

UNCG Speaking Center

<https://speakingcenter.uncg.edu/>

The University Speaking Center provides consultation support and instructional workshop services for UNCG students, faculty, employees, and members of the Greensboro community. Our support is designed to help speakers further develop their own oral communication confidence and competence. We provide peer-to-peer feedback, guidance, and other support in the areas of public speaking preparation and delivery, interpersonal communication, and group or team communication.

AT Program Policy on Speaking Assignments

Unless otherwise indicated by a course instructor, students should always be in professional dress (i.e., business casual at a minimum) for all classroom and public speaking engagements (including leading journal club sessions). At minimum students should practice the delivery of their presentation in front of a mirror or a colleague.

Clinical Education

S.C.O.R.E.S.

The SCORES Philosophy

SCORES is a model of athletic training clinical education which will set the AT Program in a position to attract the highest possible caliber students and produce highly functioning clinicians. The SCORES model is a unique and representative way to view athletic training clinical education. It encompasses multiple aspects of education and procedures to produce a product which can serve the community and produce clinicians who are highly competitive in today's job market.

S: Stakeholders

The stakeholders of any program are crucial. Their input, guidance, support, and work determine the success and potential failure of any program. SCORES not only acknowledges its stakeholders, it embraces them. UNCG stakeholders are not be limited to the faculty, staff, Preceptors, and students, but also has a responsibility to UNCG as an institution, the community at large, the student body, and the profession of athletic training.

C: CAATE

SCORES understands the AT clinical education plan must follow the standards of education set forth by CAATE (www.caate.net). These standards of education include objective criteria and academic requirements as well as having the NATA Educational Competencies and Clinical Proficiencies embedded in them. The SCORES model uses these standards and competencies as the building blocks for success.

O: Opportunistic

The SCORES model knows clinical education does not happen in vacuum and experiences and exposures can arise without warning. This unique and exciting aspect of athletic training means students and Preceptors have to be extra vigilant in seeking out and utilizing opportunities as they arise. Understanding the clinical rotation objectives, a student's knowledge/skill base, and the strengths/weakness of a clinical setting can help these opportunities become more apparent and available. SCORES pushes for students to be active and responsible for seizing these opportunities and exposures.

R: Real-World

The SCORES model is not designed to be a series of check-offs and simulations. UNCG includes strong emphasis on real-world application of knowledge and skills. A UNCG

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graduate will have numerous real-world applications of prevention, care, diagnosis, treatment, referral, and administration. An emphasis on using real patients will allow students to build confidence and autonomy as well as promote the profession of athletic training to the general public.

E: Enjoyable

Lost in many clinical education plans, but not in SCORES is the aspect of enjoyment. The UNCG AT Program will ensure clinical education is one of the most fun and enjoyable aspects of the student's academic development. The model of athletic training students being used exclusively as water fillers and tapers is not the SCORES model. Students will be treated as students seeking knowledge and skill. They will learn to enjoy the aspects of athletic training that no doubt attracted them to the profession initially. Students time commitments will be monitored to ensure hours upon hours are not needlessly being spent in clinical rotations. Student input in rotation assignments along with learning and teaching style inventories will help ensure a solid and pleasurable PRECEPTOR-Student match.

S: Setting Specific

The final aspect of the SCORES model is the ability to develop setting specific rotations. It is unreasonable to assume the objectives for a high school rotation would be the same as those for a rehabilitative intense setting. Developing rotation objectives which are unique to each setting and environment will help ensure a more pleasant environment, more opportunities for learning and application, and a more realistic experience.

Preceptors

UNCG utilizes Preceptors in clinical settings. As per CAATE guidelines¹ Preceptors have the following responsibilities:

- a. Supervise students during clinical education
- b. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission
- c. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision making during actual patient/client care
- d. Provide assessment of athletic training students' clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care
- e. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.

Preceptors must demonstrate understanding of and compliance with the program's policies and procedures. Routine communication with students, Clinical Coordinator, and/or Program Director is essential.

A preceptor must be credentialed by the state in a health care profession, and must not be currently enrolled in the UNCG MSAT. A preceptor must receive planned and ongoing education from the program designed to promote a constructive learning environment. This will occur via training, timely updates, and continued engagement with various stakeholders with the MSAT.

[1.https://caate.net/Portals/0/Documents/Standards%20and%20Procedures%20for%20Accreditation%20of%20Professional%20Programs.pdf](https://caate.net/Portals/0/Documents/Standards%20and%20Procedures%20for%20Accreditation%20of%20Professional%20Programs.pdf)

CLINICAL ROTATION ASSIGNMENTS

Students will be placed in a variety of clinical settings across their clinical experiences. The placement of students is an extremely in-depth and complicated process. Factors which affect clinical site placements include, but are not limited to:

- Site and Preceptor availability
- Student site requests
- Student career ambitions
- Geographical travel considerations
- Preceptor to student ratio
- Preceptor and student personality matches

All AT students will gain a combination of clinical experiences:

- College/University
- High School
- Primary Care
- Rehabilitation Intensive
- Upper extremity
- Lower extremity
- Equipment Intensive
- Male
- Female
- Adolescent
- Geriatric
- Elite athlete
- Non-athletic patients

CLINICAL ROTATION GUIDELINES

Clinical Supervision Policy

All UNCG athletic training students must be directly supervised at all times by a Preceptor. Direct Supervision means there must be constant visual and auditory interaction between the student and Preceptor. The Preceptor must be physically present at all times to intervene immediately on behalf of the patient.

Initial Instruction of Skills Policy

Prior to applying clinical skills on real patients all students must be formally instructed and evaluated in the classroom/laboratory setting. Students may have remediation on certain skills or practical examinations regardless of the numerical score of their examinations. Students are encouraged to take the initiative in applying approved skills on as many patients as possible during their clinical rotations.

Clinical Hours Requirement Policy

The supervised clinical experience requirement for the Athletic Training Student is 300 total hours per semester or an average of 20 hours per week. The maximum number of hours per semester that an ATS can perform is 450 hours (30 hours per week). This policy allows for flexibility in hours accumulated during one week when a Preceptor is unavailable (e.g., due to team travel). Clinical experiences will take place during weekday afternoons, evenings and weekends as required by the demands of the rotation. All hours must adhere to the policies of the AT Program.

During University closures students will not be required to complete clinical experiences, however, the students may choose to continue with their clinical experience. Any ATS who volunteers for extra clinical experiences during University closures is still subject to AT Program policies.

In addition, all students must be afforded the opportunity for at least 1 day of relief per week. Students must arrange and communicate with their Preceptor for their day off at least 24 hours prior.

All hours and relief times must be documented on the biweekly/monthly reports. Students assigned to rotations with athletic teams should develop a clinical schedule with the assistance of their Preceptor that allows for experiences in practice, game, and travel situations.

The following will **not** count as "supervised clinical experience" and should not be recorded as such by the athletic training student:

- I. Hours accumulated during volunteer experiences not related to official clinical assignment (see Volunteer Experiences Policy)
- II. Hours spent when a Preceptor is not "on-site." In this case there should be no athletic training student on-site.
- III. Hours spent traveling with a team, lodging, etc. Hours only those spent in game, and game preparation may count.

Attendance and Tardiness Policy

Students are expected to attend each class, lab and clinical assignment. Missing classes, labs or clinical assignments WILL negatively impact your performance in the AT Program.

1. If you know you will miss a class, lab or clinical assignment, inform the course instructor, Preceptor, and clinical coordinator (if clinical absence) as early as possible and a minimum of 24 hours in advance. You will be responsible for all material covered during that session.
2. In the event of an unscheduled absence due to illness or personal emergency inform the course instructor, Preceptor and clinical coordinator (if clinical absence) as soon as possible.
3. In the event you are delayed and will be late to a class, lab or clinical assignment, notify the course instructor, Preceptor, and clinical education coordinator as soon as possible.

Classroom Attendance

1. You are required to abide by any attendance policy as outlined on the course syllabus.

Clinical Rotation Attendance

- a. If you are considered chronically absent or tardy (> 3 per rotation) due to illness or family emergency, you should work with the Dean of Students office to properly document the situation. You may be required to make up the time lost during the next biweekly period. An incident form may be completed by your preceptor.
- b. If you miss rotation due to contracting COVID-19 or are placed into COVID protocol, you must not return to your rotation until cleared based on UNCG COVID policies. Refer to COVID updates for information, policies, and forms.
- c. If you are considered chronically tardy or absent (> 3 per rotation) for other reasons, your Preceptor has the right to refuse access to the learning experience for the day and require the time be made up during the next biweekly/monthly period. Missing rotations due to work, family, transportation conflicts, etc. are not viable excuses. An incident form may be completed by your Preceptor. Failure to complete your clinical rotation may jeopardize progression in the program.

Professional Behaviors

The following professional behaviors are expected of athletic training students during their clinical rotations.

1. Be prompt when reporting to daily assignments.
2. Abide by the individual facility/preceptor dress code.

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3. Maintain the athletic training facility as a clean health professional environment.
4. Exhibit an understanding of and demonstrate professionalism at all times.
5. Understand and comply with the [NATA's Code of Ethics](#) and the [BOC's Standards of Practice](#).
6. Appreciate and be respectful of differing cultures.
7. Be responsible for knowing your role within the sports medicine team
8. Be accountable for your learning and use evidence-based practice as a foundation of care.
9. Attend clinical experiences with the assigned Preceptor
10. Be able to accept constructive criticism in a positive manner.
11. Maintain confidentiality of injuries and illnesses observed in the clinical setting; practice athletic training in a legally competent manner.
12. Maintain personal documentation /records of completed clinical rotation objectives.

Drug/Alcohol/Amorous Relationships Policy

Athletic training students (ATS) should act in a responsible manner at all times in relationships with patients. The ATS should not engage in drug or alcohol use or be under the influence of such during clinical education/field experience hours.

Amorous relationships with patients, staff, Preceptors, or other stakeholders with the program are strongly discouraged and in some situations strictly prohibited.

Liability Insurance Policy

Professional liability insurance is required for all students during all phases of their clinical education and is required for all off-campus clinical experiences. Liability insurance is automatically billed and included in the KIN 620 Practicum course.

Bloodborne Pathogens Exposure Control Plan

Blood borne pathogen infectious diseases have increased throughout the general population for the past decade. The most notable of these are HIV (human immunodeficiency virus) and HBV (hepatitis B virus). Although, experts have concurred that the risk of transmission of HIV or HBV on the athletic field is extremely low. These diseases can have catastrophic health consequences if all members of society do not use appropriate preventative strategies.

The UNCG Bloodborne Pathogens Exposure Control Plan is located here:

<https://safety.uncg.edu/wp-content/uploads/2020/05/BBP-Exposure-Control-Plan.10.2019.pdf>

At the start of each year an in-service will be given to educate incoming students and to refresh returning students on the program's blood borne pathogens control plan. This policy and its procedures are to be reviewed annually. Students are responsible for obtaining information about the blood borne pathogens control plan at each of their assigned clinical site. The signed Clinical Site Orientation form will serve as documentation that the student has discussed this information with their Preceptor.

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OSHA Guidelines

All athletic training students are responsible for following OSHA (Occupational Safety and Health Administration) guidelines when dealing with blood and other bodily fluids. The guidelines are available at www.osha.org. The most important aspects to remember when working with athletes are to always wear gloves and to make use of the biohazard and sharps containers. Any items soaked in blood must be placed in the biohazard container. All used scalpels and other blades need to be put in the sharps container.

Communicable Disease Policy

In order to protect the health and safety of athletic training students this policy was designed according to Centers for Disease Control's (CDC) Guideline For Infection Control In Health Care Personnel, 2019. For the full report go to:

<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>.

1. One of the best measures to prevent many communicable diseases is good hygiene and proper hand washing technique. Students are encouraged to utilize these techniques at all times.
2. Any student exposure to a communicable disease must be reported to the Preceptor, Clinical Coordinator, and Program Director immediately. Exposure to blood or other body fluids will be handled according to the site's blood borne pathogen plan and must be reported to the Preceptor, Clinical Coordinator, and Program Director immediately.
3. Any student who has signs of a communicable disease which may place others at risk should inform the clinical education coordinator and Preceptor of their illness and report to Student Health Services or another licensed health care provider for evaluation and treatment. COVID is a special situation, please refer to the COVID protocol in this Handbook.
4. Any student who misses more than one day of class or their clinical rotation due to illness must be evaluated by Student Health Services or another licensed health care provider.
5. Any student evaluated by Student Health Services or another licensed health care provider must provide documentation to the Preceptor and clinical education coordinator from the provider which indicates their health condition and ability to take part in clinical rotations. If an extended time needs to be missed (> 3 days) a timeline for return to full participation is needed. A final clearance must be on file before the student can return to full participation.

Dress Code Policy

Professional appearance is required of all athletic training students during their clinical rotations. The dress code at each clinical site may vary, however, the AT Program dress code is the minimum expectation. If a clinical site allows for attire that violates the AT Program dress code students are expected to follow our stricter guidelines. If a clinical site requires attire that goes beyond the AT Program minimum requirement the student must follow the site's dress code. Students should abide by the following dress code for all clinical rotations:

1. Khaki shorts/ pants/Capri pants
 - o Shorts must be of an appropriate length. If they are too short you may be sent home to change.
2. UNCG Athletic Training T-shirt or collared shirt.

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3. Name tags must be worn at all rehabilitation intensive clinics, general medical observation sites, primary care, and during morning rehabilitation hours at UNCG.
4. No jeans
5. No open-toed shoes
6. If you are working with a sport that has specific dress requirements you must adhere to the team's dress code

Some rotations may require a more professional dress code (ie basketball, volleyball). Students should discuss the expectation for dress with their Preceptor. Students should also consider the functional nature of their rotation. Mobility and the ability to perform needed athletic training related activities must be considered. Students should also prepare for any environmental concerns with outdoor rotations. This includes heat, cold, rain, wind, etc.

Discipline Policy

Minor infractions such as tardiness or dress code violation will be handled by individual Preceptors in consultation with the clinical education coordinator as needed. Whenever the Preceptor determines that the clinical education coordinator needs to be involved in the situation, such as a pattern of minor infractions or any other infraction, an incident report form will be completed by the Preceptor.

Whenever an incident report form is completed a meeting with the student and clinical education coordinator (and program director as needed) will be scheduled to discuss the infraction and develop a sanction based on the individual case. At this conference the incident form will be signed by the student and program administrator.

Failure to adhere to any of the policies outlined in this handbook can result in removal from a clinical site and/ or a recommendation to the program director that the student be removed from the AT Program. The student may appeal any sanction imposed according to the appeals and grievances policy.

REQUIRED CLINICAL EDUCATION DOCUMENTATION

The following documents are essential elements for ensuring a quality clinical education experience. All documents must have the required signatures and be dated. Any document submitted without a date and/or all required signatures will be returned to the student and may result in a grade penalty in the associated clinical education course.

Prerequisite Documents

Prior to beginning the first clinical rotation of the academic year students are responsible for uploading all of the following forms of documentation into Exxat. Any student failing to submit required documentation will not be permitted to participate in ANY clinical experiences, including preseason activities.

1. Evidence of current AHA or ARC First Aid, CPR, AED certification.
2. Evidence of completed immunizations. Students with an incomplete Hepatitis B series will only be allowed to participate in clinical rotations if they have completed the first two shots in the series. Failure to provide evidence of the completed series within the appropriate timeframe will result in removal from the clinical setting. This needs to be uploaded in Canvas and into student's BOX folder. <https://shs.uncg.edu/immunizations>
3. Signed Technical Standards Form
4. Signed Social Media/Mobile Phone Form
5. Signed COVID Symptom Form
6. Signed Professional Conduct and Confidentiality Agreement Form
7. Signed MSAT Handbook Declaration of Understanding Form
8. Signed Assumption of Risk Form

Clinical Site Orientation Form

Each student is required to complete the Clinical Site Orientation Form with their Preceptor within the first 2 weeks of their clinical rotation. The purpose of this form is to ensure that the athletic training student and Preceptor have communicated clear expectations for the clinical experience as well as to review pertinent policies and procedures.

Clinical Rotation Objectives

Each student has an individualized clinical education plan that is based on their clinical assignment. Students are required to complete Clinical Rotation Objectives (i.e., learning objectives) that are specific to their assigned clinical rotation. Students should select the appropriate Clinical Rotation Objectives for setting, clinical exposure, and patient exposure based on their clinical assignment. For example, a student assigned to UNCG Women's soccer will complete the following objectives:

Setting: College/University
Clinical Exposure: Extremity
Patient Exposure: Female

The Clinical Rotation Objectives are designed to prepare you in specific clinical skills and educational proficiencies that are germane to the characteristics of the setting, exposure, and patients you will be working with. You should complete the vast majority of the objectives in "real time" with "real patients" because the objectives are designed

to match those experiences which occur naturally. Only in rare circumstances should you rely on a simulated experience to complete your objectives.

Global Evaluation

Many of the clinical rotation objectives described above are evaluated by your Preceptor using a global evaluation form. These assessments are designed to provide you with a comprehensive evaluation of your performance on clinical proficiencies required by the NATA. They are located through Exxat or Qualtrics.

Students should strive to receive a score of yellow or green on each global evaluation. If a student scores red, a second evaluation should be performed on the same form at a later date. Students must have earned a minimum score of yellow or green on ALL global evaluations prior to graduating.

Biweekly Meeting Form

Each student is required to meet with his/her assigned Preceptor every other week to review their clinical performance and set goals for the upcoming two weeks. The Biweekly Meeting Form is used to guide discussions that occur during the meeting. Students should also use this form to document their clinical hours for the past two weeks as well as document their anticipated clinical schedule for the next two weeks. Each biweekly requires both student and Preceptor to comment on the students:

- Strengths
- Weaknesses
- Abilities relative to level in program

Mid-rotation Evaluation Form

Students may be required to be evaluated by their assigned Preceptor at the mid-point of their clinical rotation. This evaluation is formative in nature and is designed to give you specific feedback on areas to improve during the second half of the rotation. Students must discuss the evaluation with their Preceptor in order to ensure understanding of the evaluation score. Students and Preceptors must discuss, sign, and submit the Evaluation Signature Form.

End-of-rotation Evaluation Form

Each student is required to be evaluated by their assigned Preceptor at the end of their clinical rotation. This evaluation is summative in nature and is designed to give you specific feedback on your overall performance during the entire rotation. Students must discuss the evaluation with their Preceptor in order to ensure understanding of the evaluation score. Students and Preceptors must discuss, sign, and submit the Evaluation Signature Form.

APPENDIX

NORTH CAROLINA STATE PRACTICE ACT

It is the policy of the Athletic Training Education Program at UNCG to require athletic training students to be directly supervised during their clinical education and field experiences. Students are not allowed to travel with teams unsupervised or to engage in unsupervised team coverage. At no time should an athletic training student be put in the position (whether assigned or voluntarily) to make decisions or perform duties that should be carried out by a certified athletic trainer or physician. In such cases, the athletic training student would be in violation of the state practice act and UNCG AT Program policy.

Article 34. Athletic Trainers.

§ 90-522. Title; purpose.

(a) This Article may be cited as the "Athletic Trainers Licensing Act".

(b) The practice of athletic trainer services affects the public health, safety, and welfare. Licensure of the practice of athletic trainer services is necessary to ensure minimum standards of competency and to provide the public with safe athletic trainer services. It is the purpose of this Article to provide for the regulation of persons offering athletic trainer services. (1997-387, s. 1.)

§ 90-523. Definitions.

The following definitions apply in this Article:

(1) Athletes. – Members of sports teams, including professional, amateur, and school teams; or participants in sports or recreational activities, including training and practice activities, that require strength, agility, flexibility, range of motion, speed, or stamina.

(2) Athletic trainer. – A person who, under a written protocol with a physician licensed under Article 1 of Chapter 90 of the General Statutes and filed with the North Carolina Medical Board, carries out the practice of care, prevention, and rehabilitation of injuries incurred by athletes, and who, in carrying out these functions, may use physical modalities, including heat, light, sound, cold, electricity, or mechanical devices related to rehabilitation and treatment. A committee composed of two members of the North Carolina Medical Board and two members of the North Carolina Board of Athletic Trainer Examiners shall jointly define by rule the content, format, and minimum requirements for the written protocol required by this subdivision. The members shall be selected by their respective boards. The decision of this committee shall be binding on both Boards unless changed by mutual agreement of both Boards.

(3) Board. – The North Carolina Board of Athletic Trainer Examiners as created by G.S. 90-524.

(4) License. – A certificate that evidences approval by the Board that a person has successfully completed the requirements set forth in G.S. 90-528 entitling the person to perform the functions and duties of an athletic trainer. (1997-387, s. 1.)

§ 90-524. Board of Examiners created.

(a) The North Carolina Board of Athletic Trainer Examiners is created.

(b) Composition and Terms. – The Board shall consist of seven members who shall serve staggered terms. Four members shall be athletic trainers certified by the National Athletic Trainers' Association Board of Certification, Inc. One member shall be a

licensed orthopedic surgeon, one member shall be a licensed family practice physician or pediatrician, and one member shall represent the public at large.

The initial Board members shall be selected on or before August 1, 1997, as follows:

(1) The General Assembly, upon the recommendation of the President Pro Tempore of the Senate, shall appoint two certified athletic trainers and an NC General Statutes - Chapter 90 Article 34 2 orthopedic surgeon. The certified athletic trainers shall serve for terms of three years, and the orthopedic surgeon shall serve for a term of one year.

(2) The General Assembly, upon the recommendation of the Speaker of the House of Representatives, shall appoint two certified athletic trainers and a family practice physician or pediatrician. The certified athletic trainers and the family practice physician or pediatrician shall serve for terms of two years.

(3) The Governor shall appoint for a three-year term a public member to the Board.

Upon the expiration of the terms of the initial Board members, each member shall be appointed for a term of three years and shall serve until a successor is appointed. No member may serve more than two consecutive full terms.

(c) Qualifications. – The athletic trainer members shall hold current licenses and shall reside or be employed in North Carolina. They shall have at least five years' experience as athletic trainers, including the three years immediately preceding appointment to the Board, and shall remain in active practice and in good standing with the Board as a licensee during their terms. The first athletic trainers appointed to the Board pursuant to this section shall be eligible for licensure under G.S. 90-529 and, upon appointment, shall immediately apply for a license.

(d) Vacancies. – A vacancy shall be filled in the same manner as the original appointment, except that all unexpired terms of Board members appointed by the General Assembly shall be filled in accordance with G.S. 120-122 and shall be filled within 45 days after the vacancy occurs. Appointees to fill vacancies shall serve the remainder of the unexpired term and until their successors have been duly appointed and qualified.

(e) Removal. – The Board may remove any of its members for neglect of duty, incompetence, or unprofessional conduct. A member subject to disciplinary proceedings as a licensee shall be disqualified from participating in the official business of the Board until the charges have been resolved.

(f) Compensation. – Each member of the Board shall receive per diem and reimbursement for travel and subsistence as provided in G.S. 93B-5.

(g) Officers. – The officers of the Board shall be a chair, who shall be a licensed athletic trainer, a vice-chair, and other officers deemed necessary by the Board to carry out the purposes of this Article. All officers shall be elected annually by the Board for one-year terms and shall serve until their successors are elected and qualified.

(h) Meetings. – The Board shall hold at least two meetings each year to conduct business and to review the standards and rules for improving athletic training services. The Board shall establish the procedures for calling, holding, and conducting regular and special meetings. A majority of Board members constitutes a quorum. (1997-387, s. 1.)

§ 90-525. Powers of the Board.

The Board shall have the power and duty to:

(1) Administer this Article.

(2) Issue interpretations of this Article.

(3) Adopt, amend, or repeal rules as may be necessary to carry out the provisions of this Article.

(4) Employ and fix the compensation of personnel that the Board determines is necessary to carry into effect the provisions of this Article and incur other expenses necessary to effectuate this Article.

(5) Examine and determine the qualifications and fitness of applicants for licensure, renewal of licensure, and reciprocal licensure.

(6) Issue, renew, deny, suspend, or revoke licenses and carry out any disciplinary actions authorized by this Article.

(7) In accordance with G.S. 90-534, set fees for licensure, license renewal, and other services deemed necessary to carry out the purposes of this Article.

(8) Conduct investigations for the purpose of determining whether violations of this Article or grounds for disciplining licensees exist.

(9) Maintain a record of all proceedings and make available to licensees and other concerned parties an annual report of all Board action.

(10) Develop standards and adopt rules for the improvement of athletic training services in the State.

(11) Adopt a seal containing the name of the Board for use on all licenses and official reports issued by it. (1997-387, s. 1.)

§ 90-526. Custody and use of funds; contributions.

(a) All fees payable to the Board shall be deposited in the name of the Board in financial institutions designated by the Board as official depositories and shall be used to pay all expenses incurred in carrying out the purposes of this Article.

(b) The Board may accept grants, contributions, devises, and gifts that shall be kept in a separate fund and shall be used by it to enhance the practice of athletic trainers.

(1997-387, s. 1; 2011-284, s. 65.)

§ 90-527. License required; exemptions from license requirement.

(a) On or after January 1, 1998, no person shall practice or offer to practice as an athletic trainer, perform activities of an athletic trainer, or use any card, title, or abbreviation to indicate that the person is an athletic trainer unless that person is currently licensed as provided by this Article.

(b) The provisions of this Article do not apply to:

(1) Licensed, registered, or certified professionals, such as nurses, physical therapists, and chiropractors if they do not hold themselves out to the public as athletic trainers.

(2) A physician licensed under Article 1 of Chapter 90 of the General Statutes.

(3) A person serving as a student-trainer or in a similar position under the supervision of a physician or licensed athletic trainer.

(4) An athletic trainer who is employed by, or under contract with, an organization, corporation, or educational institution located in another state and who is representing that organization, corporation, or educational institution at an event held in this State.

(5) Boxing trainers, if they do not hold themselves out to the public as athletic trainers. (1997-387, s. 1.)

§ 90-528. Application for license; qualifications; issuance. .

(a) An applicant for a license under this Article shall make a written application to the Board on a form approved by the Board and shall submit to the Board an application fee along with evidence that demonstrates good moral character and graduation from an accredited four-year college or university in a course of study approved by the Board.

(b) The applicant shall also pass the examination administered by the National Athletic Trainers' Association Board of Certification, Inc.

(c) When the Board determines that an applicant has met all the qualifications for licensure and has submitted the required fee, the Board shall issue a license to the applicant. A license is valid for a period of one year from the date of issuance and may be renewed subject to the requirements of this Article. (1997-387, s. 1.)

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§ 90-529. Athletic trainers previously certified.

The Board shall issue a license to practice as an athletic trainer to a person who applies to the Board on or before August 1, 1998, and furnishes to the Board on a form approved by the Board proof of good moral character, graduation from an accredited four-year college or university in a course of study approved by the Board, and a current certificate from the National Athletic Trainers' Association Board of Certification, Inc. (1997-387, s. 1.)

§ 90-530. Athletic trainers not certified.

(a) A person who has been actively engaged as an athletic trainer since August 1, 1994, and who continues to practice up to the time of application, shall be eligible for licensure without examination by paying the required fee and by demonstrating the following:

(1) Proof of good moral character.

(2) Proof of practice in this State since August 1, 1994.

(3) Proof of graduation from an accredited four-year college or university in a course of study approved by the Board.

(4) Fulfillment of any other requirements set by the Board.

An application made pursuant to this section shall be filed with the Board on or before August 1, 1998.

(b) A person is "actively engaged" as an athletic trainer if the person is a salaried employee of, or has contracted with, an educational institution, an industry, a hospital, a rehabilitation clinic, or a professional athletic organization or another bona fide athletic organization and the person performs the duties of an athletic trainer. (1997-387, s. 1.)

§ 90-531. Reciprocity with other states.

A license may be issued to a qualified applicant holding an athletic trainer license in another state if that state recognizes the license of this State in the same manner. (1997-387, s. 1.)

§ 90-532. License renewal.

Every license issued under this Article shall be renewed during the month of January. On or before the date the current license expires, any person who desires to continue practice shall apply for a license renewal and shall submit the required fee. Licenses that are not renewed shall automatically lapse. In accordance with rules adopted by the Board, a license that has lapsed may be reissued within five years from the date it lapsed. A license that has been expired for more than five years may be reissued only in a manner prescribed by the Board. (1997-387, s. 1.)

§ 90-533. Continuing education.

(a) As a condition of license renewal, a licensee must meet the continuing education requirements set by the Board. The Board shall determine the number of hours and subject matter of continuing education required as a condition of license renewal. The Board shall determine the qualifications of a provider of an educational program that satisfies the continuing education requirement.

(b) The Board shall grant approval to a continuing education program or course upon finding that the program or course offers an educational experience designed to enhance the practice of athletic trainer, including the continuing education program of the National Athletic Trainers' Association.

(c) If a continuing education program offers to teach licensees to perform advanced skills, the Board may grant approval for the program when it finds that the nature of the procedure taught in the program and the program facilities and faculty are such that a licensee fully completing the program can reasonably be expected to carry out those procedures safely and properly. (1997-387, s. 1.)

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§ 90-534. Expenses and fees.

(a) All salaries, compensation, and expenses incurred or allowed to carry out the purposes of this Article shall be paid by the Board exclusively out of the fees received by the Board as authorized by this Article or funds received from other sources. In no case shall any salary, expense, or other obligation of the Board be charged against the State treasury.

(b) The schedule of fees shall not exceed the following:

- (1) Issuance of a license \$ 200.00
- (2) License renewal 75.00
- (3) Reinstatement of lapsed license 100.00
- (4) Reasonable charges for duplication services and material.

(1997-387, s. 1; 2010-98, s. 1.)

§ 90-535. Hiring of athletic trainers by school units.

Local school administrative units may hire persons who are not licensed under this Article. The persons hired may perform the activities of athletic trainers in the scope of their employment but may not claim to be licensed under this Article. The persons hired may not perform the activities of athletic trainers outside the scope of this employment unless they are authorized to do so under G.S. 90-527(b). (1997-387, s. 1.)

§ 90-536. Disciplinary authority of the Board; administrative proceedings.

(a) Grounds for disciplinary action against a licensee shall include the following:

- (1) Giving false information or withholding material information from the Board in procuring a license to practice as an athletic trainer.
- (2) Having been convicted of or pled guilty or no contest to a crime that indicates that the person is unfit or incompetent to practice as an athletic trainer or that indicates that the person has deceived or defrauded the public.
- (3) Having a mental or physical disability or using a drug to a degree that interferes with the person's fitness to practice as an athletic trainer.
- (4) Engaging in conduct that endangers the public health.
- (5) Being unfit or incompetent to practice as an athletic trainer by reason of deliberate or negligent acts or omissions regardless of whether actual injury to a patient is established.

(6) Willfully violating any provision of this Article or rules adopted by the Board.

(7) Having been convicted of or pled guilty or no contest to an offense under State or federal narcotic or controlled substance laws.

(b) In accordance with Article 3A of Chapter 150B of the General Statutes, the Board may require remedial education, issue a letter of reprimand, restrict, revoke, or suspend any license to practice as an athletic trainer in North Carolina or deny any application for licensure if the Board determines that the applicant or licensee has committed any of the above acts or is no longer qualified to practice as an athletic trainer. The Board may reinstate a revoked license or remove licensure restrictions when it finds that the reasons for revocation or restriction no longer exist and that the person can reasonably be expected to practice as an athletic trainer safely and properly. (1997-387, s. 1.)

§ 90-537. Enjoining illegal practices.

If the Board finds that a person who does not have a license issued under this Article claims to be an athletic trainer or is engaging in practice as an athletic trainer in violation of this Article, the Board may apply in its own name to the Superior Court of Wake County for a temporary restraining order or other injunctive relief to prevent the person from continuing illegal practices. The court may grant injunctions regardless of whether criminal prosecution or other action has been or may be instituted as a result of a violation. (1997-387, s. 1.)

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§ 90-538. Penalties.

A person who does not have a license issued under this Article who either claims to be an athletic trainer or engages in practice as an athletic trainer in violation of this Article is guilty of a Class 1 misdemeanor. Each act of unlawful practice constitutes a distinct and separate offense. (1997-387, s. 1.)

§ 90-539. Reports; immunity from suit.

A person who has reasonable cause to suspect misconduct or incapacity of a licensee, or who has reasonable cause to suspect that a person is in violation of this Article, shall report the relevant facts to the Board. Upon receipt of a charge, or upon its own initiative, the Board may give notice of an administrative hearing or may, after diligent investigation, dismiss unfounded charges. A person who, in good faith, makes a report pursuant to this section shall be immune from any criminal prosecution or civil liability resulting therefrom. (1997-387, s. 1.)

§ 90-540. No third-party reimbursement required.

Nothing in this Article shall be construed to require direct third licensed under this Article. (1997387, s. 1.)

§§ 90541 through 90 party reimbursement to persons 599. Reserved for future codification purposes.

NATA Code of Ethics

1. Members Shall Practice with Compassion, Respecting the Rights, Well-being, and Dignity of Others

- 1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
- 1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.
- 1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

2. Members Shall Comply With the Laws and Regulations Governing the Practice of Athletic Training, National Athletic Trainers' Association (NATA) Membership Standards, and the NATA Code of Ethics

- 2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
- 2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
- 2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
- 2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

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3. Members Shall Maintain and Promote High Standards in Their Provision of Services

- 3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
- 3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
- 3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
- 3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
- 3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

4. Members Shall Not Engage in Conduct That Could Be Construed as a Conflict of Interest, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient's Health and Well-Being.

- 4.1. Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2. All NATA members, whether current or past, shall not use the NATA logo or AT logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.3. Members shall not place financial gain above the patient's well-being and shall not participate in any arrangement that exploits the patient.
- 4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
- 4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on

any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

PROFESSIONAL CONDUCT AND CONFIDENTIALITY AGREEMENT*

My signature below indicates that I, as an athletic training student at UNCG, in compliance with HIPAA, FERPA, and the NATA Code of Ethics, recognize that I have an obligation to myself, the patients I treat, the clinical instructional staff, Preceptors, and UNCG as a whole to maintain patient confidentiality. This includes withholding any information from anyone, other than my immediate supervisors or other appropriate medical health professionals, that I acquire professionally or socially which is considered professionally confidential. The unique opportunity that I have been offered to observe and participate as a student in a professional health care environment will be jeopardized if I violate this confidentiality. I also understand that I represent The University of North Carolina Greensboro at all times, and, as a result, I will conduct myself in a professional manner. This includes, but is not limited to arriving on time to class and clinical rotations, communicating in a timely and respectful manner, and being forthright and honest. I understand that if I fail to abide by this professional conduct statement and statutes included in the NATA Code of Ethics and the North Carolina State Practice Act, sanctions including incident reports may be submitted. I am aware of the consequences that I will incur and accept that penalty.

Athletic Training Student Signature

Date

**adapted from Duquesne University Athletic Training Education Program*

Social Media/Mobile Phone Policy

The prevalence of mobile phones is understood and can be essential to health care and education opportunities. However, the use of mobile phones during classroom/laboratory instruction or clinical rotations should be minimal. Students accept responsibility for the following:

- Reviewing and abiding by the UNCG Communication Social Media Policies:
<https://uc.uncg.edu/social-media-standards/>
- All social media content is HIPAA compliant including not posting any injury or health status of a patient
- Discretion in accepting and/or becoming “friend” or “following” accounts of athletes, patients, preceptors, etc.
- Minimally using their mobile phone or any electronic device that is not directly connected to patient care or educational objectives.
- Abiding by their site’s mobile phone policy.
- Putting away/ending any cell phone usage if directed to do so by a Preceptor and/or faculty or staff member

Violation of this policy may result in disciplinary action.

Athletic Training Student Signature

Date

TECHNICAL STANDARDS

The AT Program at the University of North Carolina Greensboro is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the AT Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]).

In addition to classroom learning, clinical learning occurs throughout the program and involves considerations that are not present for classroom accommodations (such as patient safety and clinical facility requirements). Any applicant or student who seeks accommodations prior to or immediately after enrolling must also request an assessment of the types of reasonable accommodations needed for all the types of clinical experiences required.

In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program or be allowed to remain enrolled in, or to graduate from the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

To be admitted or to maintain enrollment in the AT Program the student must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record physical examination results and treatment plans clearly and accurately.

5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Effective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

General abilities: The student is expected to possess functional use of various senses so that data received by the senses may be integrated, analyzed and synthesized in a consistent and accurate manner. A student must also possess the ability to perceive pain, pressure, temperature, position, vibration, and movement, which are important to the student's ability to gather significant information needed to effectively assess and evaluate patients. A student must be able to respond promptly to urgent situations that may occur during clinical activities including, but not limited to, performing basic life support, activating emergency action plans, operating equipment, and transporting patients.

Communication abilities: The student must communicate effectively and sensitively both verbally and non-verbally to elicit information and to translate that information to others with whom they interact. In addition, the student must be able to review and maintain accurate patient records, present information in a safe, professional and logical manner, and provide patient education to effectively care for patients. The student must possess verbal and written communication skills that permit effective communication with instructors, clinical staff, Preceptors, and other students in both the classroom, laboratory, and clinical settings.

Motor abilities: The student must be able to perform gross and fine motor movements with sufficient coordination needed to perform complete physical examinations utilizing the techniques of inspection, palpation, percussion, auscultation, and other diagnostic maneuvers. The student must develop the psychomotor skills reasonably needed to perform or assist with procedures, treatments, management and operation of diagnostic and therapeutic medical equipment, and such maneuvers required to assist with patient care activities. The student must possess the manual dexterity that is required for certain activities. The student must have sufficient levels of neuromuscular control and eye-hand coordination, as well as possess the physical and mental stamina to meet the demands associated with extended periods of sitting, standing, moving, and physical exertion required for satisfactory and safe performance in the clinical and classroom settings. These include, but are not limited to,

performing CPR, moving water coolers, exercise equipment, and manually transporting patients.

Observation abilities: The student must have sufficient capacity to make accurate visual observations and learn from demonstrations in the clinical, classroom, and laboratory settings. Likewise, the student must have sufficient capacity to perform health assessments and interventions; observe diagnostic results; and obtain information from physiologic phenomena to determine a patient's condition. In addition, the student must be able to accurately document these observations.

Cognitive, Conceptual, and Quantitative abilities: The student must be able to develop and refine problem-solving skills that are critical to practice as a competent AT. Problem-solving includes the abilities to measure, calculate, reason, analyze, and synthesize objective and subjective data, and to make sound, evidence-based decisions, often in a time urgent environment, that reflect consistent and thoughtful deliberation and sound clinical judgment. Each student must demonstrate mastery of these skills and possess the ability to incorporate new information from peers, instructors, preceptors, and the health-related literature to formulate sound judgment in patient assessment, care planning, intervention, and evaluation of care.

Behavioral and Interpersonal attributes: Personal comfort with and acceptance of the role of an AT functioning under supervision of a preceptor is essential. The student must possess the emotional health required for full utilization of the student's intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities in the classroom and clinical settings; and the development of mature, sensitive, and effective relationships with patients and other members of the health care team. Each student must be able to exercise stable, sound judgment and to successfully complete patient assessments and interventions in a timely manner. Understanding that all student interactions with patients, instructors, preceptors, and other members of the health care team are confidential and are not shared with others is critical in establishing ethical and professional practice. The ability to establish rapport and maintain sensitive, interpersonal relationships with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds is critical. The student must be able to adapt to changing environments; display flexibility; accept and integrate constructive criticism given in the classroom and clinical settings; effectively interact in the clinical setting with other members of the health care team; and learn to function cooperatively and efficiently in the face of uncertainties inherent in clinical practice.

UNC Greensboro's mission is to provide optimal educational opportunities for all students, including those with disabilities. The University recognizes that reasonable accommodations may be necessary for students with disabilities to have access to campus programs and facilities. In general, University policy

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calls for accommodations to be made on an individualized and flexible basis for qualified students with disabilities. Students are responsible for seeking assistance at the University and making their needs known. Any applicant or student with questions or concerns about their ability to meet these technical standards, with or without accommodations, or who would like to arrange reasonable accommodations, should contact the [Office of Accessibility Resources & Services](#) at (336) 334-5440 or oars@uncg.edu.

Process for Requesting Reasonable Accommodation

Optional Disclosure Prior to Admission

Candidates for admission to the MSAT are not required, prior to admission, to disclose that they will require reasonable accommodations in order to meet the Technical Standards. Candidates may, however, voluntarily disclose prior to admission the fact that they will require reasonable accommodations to meet the Technical Standards. If the student elects voluntarily disclosure before admission, this information will not be considered by the university on the question of whether the student should be admitted. Instead, assuming the student is admitted, the information will be used after admission to determine whether the student will be provided any requested accommodations pursuant to the process described below.

Disclosure After Admission

If the student requests a reasonable accommodation in a timely fashion, an interactive process involving the student, MSAT Program Director and/or Coordinator of Clinical Education, relevant faculty members and the Office of Accessibility Resources and Services will be commenced to determine what, if any, accommodations will be provided to the student.

In all cases where a student has requested an accommodation in a timely fashion, the student must cooperate with the MSAT Program Director and Office of Accessibility Resources and Services in an interactive process to determine whether the student is qualified for accommodations and what, if any, accommodations will be provided pursuant to applicable laws. The Office of Accessibility Resources and Services will assist the student in coordinating documentation and evaluation of the student, which may include asking the student to provide requested documentation of a qualified disability.

No accommodation will be offered that would jeopardize the safety of patients or clients or the university student. No accommodation will be offered that would fundamentally alter or substantially compromise these technical standards or any other academic standards deemed essential to graduation by the university, including all course work, fieldwork, and clinical practica.

I certify that I have read and understand the technical standards for admission listed above, and I believe to the best of my knowledge that I meet each of these standards with or without accommodation. I understand that if I am unable to meet these standards I will not be admitted or be allowed to remain enrolled in the program.

Athletic Training Student Signature

Date

*Document adapted from UNCG School of Nursing Technical Standards

¹ Reasonable accommodations are designed to ensure that the student has equal access to the program and they in no manner may jeopardize clinician/patient safety, the educational process of the student or institution, including all coursework, clinical experiences and internships deemed essential to graduation.

2022-23 COVID-19 Symptom Attestation

I attest that:

I will self-monitor for COVID-19 symptoms daily, and will not attend my clinical rotation if I have symptoms. If I develop symptoms, I agree I will:

- Notify Lauren as the Clinical Coordinator, s
- Stay home
- Complete the [self-report form](#)
- Get tested, regardless of vaccination status.

Symptoms may include: fever/chills, cough, shortness of breath, fatigue, muscle aches, headache, sore throat, new loss of taste/smell, congestion, and nausea/vomiting.

I also understand that if I come in close contact with someone who has tested positive, I will complete the [self-report form](#)

I will continue to monitor updates regarding COVID protocols on <https://update.uncg.edu/>.

Failure to follow these guidelines may result in disciplinary action.

Athletic Training Student Signature

Date

Assumption of Risk

Clinical experiences (practicum, clinical rotations, supervised practice, internships, or observations) are a required component of academic programs at the UNC Greensboro School of Nursing. These experiences allow students to practice skills and techniques learned in didactic and lab courses as well as develop critical thinking skills that are important for health care providers. Clinical experiences occur in hospitals, clinics, schools, community organizations, and other appropriate settings where students can interact with patients and clients. Students may have opportunities to be placed in alternate settings, but alternative site options are not always available, and changes in circumstances within clinical settings may delay the completion of the student's degree.

Sites selected for students' clinical experiences are required to take reasonable and appropriate measures to protect students' health and safety in the clinical setting. Faculty develop appropriate policies and procedures relating to student safety and prevention of exposure to disease. Students have access to appropriate PPE during their clinical experiences, and students receive training related to potential hazards and prevention techniques.

Students have the responsibility to report any potential exposures to the supervisor at their site as well as their UNC Greensboro School of Nursing faculty member.

Even with such measures, there are risks inherent in clinical experiences. Potential risks of completing clinical experiences include, but are not limited to:

- Exposure to infectious diseases through blood or other body fluids via skin, mucus membranes or parenteral contact, droplet or air-borne transmission
- Hazardous chemical exposure
- Radiation exposure
- Environmental hazards, including slippery floors and electrical hazards
- Physical injuries, including back injuries
- Psychosocial hazards

These risks can lead to serious complications, trauma, bodily injury or death.

SPECIAL NOTICE REGARDING COVID-19

COVID-19, the disease caused by the novel coronavirus, is a highly contagious disease that causes symptoms that can range from mild (or no) symptoms to severe illness. COVID-19 can cause severe and lasting health complications, including death. Everyone is at risk of COVID-19. There is currently no vaccine to prevent COVID-19.

Participating in clinical experiences, even when wearing recommended PPE, may increase the risk of contracting COVID-19, and these risks cannot be eliminated.

BLOOD AND BODILY FLUID EXPOSURE

Students in laboratory/clinical courses at the UNC Greensboro School of Nursing may be at risk for exposure to infected blood and **body fluid, including, but not limited to, the contracting of any communicable disease such as Hepatitis A or B or AIDS.** Students in the UNC Greensboro School of Nursing have been taught Universal Precautions regarding exposure to blood, body fluids, and other potentially infectious materials which may carry blood borne pathogens as published by the Centers for Disease Control.

ACKNOWLEDGEMENT OF RISK

I certify that I have carefully read and understand this document. I acknowledge and understand that, as explained in this document, my degree program requires the participation in clinical experiences, and that such participation carries risks that cannot be fully eliminated. I understand these risks.

I understand that it is my responsibility to follow all instructor and supervisor instructions and take all available precautions so that the risk of exposure is minimized. I will follow all program specific information relating to prevention of diseases.

Knowing these risks, I certify that I desire to pursue my chosen degree program, including the participation in clinical experiences. I expressly agree and promise to accept and assume all risks associated with doing so. I am voluntarily agreeing to be bound by this document's terms.

Student Signature

Date

UNCG MSAT Incident Report

Incident reports regarding issues occurring during clinical rotations should be submitted to Lauren Griffin, the MSAT Clinical Coordinator, via email at ldgriffi@uncg.edu. All other issues should be emailed to Aaron Terranova, the MSAT Program Director, via email at abterran@uncg.edu. Additional information may be gathered, and other parties may be included in discussions as needed. An initial incident report will automatically trigger a meeting with all parties involved, and sanctions may or may not be imposed. Any subsequent incident reports will involve a meeting and mandatory appropriate sanctions ranging from make-up assignments to program removal.

If a report is not officially filed, past incidents may not be used as a means of punishment or to “hold it over the head” of the student.

All parties involved, regardless of the outcome of the incident, should take into consideration ramifications such as the appropriate sanctions, references, networking, professional development, etc.

Student's Name: _____

Describe the incident in detail. Include the setting, date, time, all persons present and the actions and reactions of all persons involved. Please be as specific and thorough as possible.

Signature of person completing
report _____

Submitter's Name: _____ Date of report
submission: _____

UNCG MSAT Incident Report

Date of meeting with ATS: _____

Summary of the meeting:

Sanction proposed:

___ Accepted by Student

___ Rejected by student

Student
signature _____ Date _____

Program Administrator
Signature _____ Date _____

Student has the right to appeal

DECLARATION OF UNDERSTANDING

I have carefully read the UNCG AT Program Student Handbook. By signing below, I affirm that I both understand the policies and procedures described herein, and agree to fully comply with all program policies and procedures. I further understand that failure to adhere to program policies and procedures may result in involuntary withdrawal from the AT Program.

Athletic Training Student Signature

Date