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|  | **MATR STUDENT HANDBOOK****2020 – 2021** |  |
|  | * This handbook is a guide to the policies, regulations, and procedures relevant to students who are admitted to the Master of Athletic Training Program.
* The student is responsible to learn and understand all information contained in this handbook. If a MATR student does not understand any of the material provided, the MATR student should consult with the MATR Director.
* Deviation from the stated policies and procedures could result in an unsatisfactory grade in an MATR course and/or dismissal from the MATR Program.
* This handbook is subject to revision by the MATR Faculty. Any new and/or revised materials will be issued as they become effective.
* University Policy supersedes departmental or college policy.
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**INTRODUCTION**

Welcome to the University of Illinois Springfield and the Master of Athletic Training Program (MATR)! The MATR is in the Department of Allied Health (ALH) in the College of Liberal Arts and Sciences (CLAS). The MATR enrolled its inaugural class in the summer of 2019. The MATR provides practical experience in athletic training very early in the student's career and provides as much exposure to the athletic training profession as possible.

The MATR student (MATRs) is a unique member of the MATR at the University of Illinois Springfield. As a result of the knowledge gained in the classroom and practical experience, MATRs are able to provide immediate and follow-up care to patients/clients under the direct supervision of a Preceptor. The MATRs must work to gain the respect and confidence of the medical staff, patients/clients, and coaches. This is accomplished though the demonstration of knowledge and communication. The time involved as an MATRs can be overwhelming on occasion, but there is no greater teacher than experience. The importance of active participation and asking questions cannot be understated!

The preceptors and other medical personnel are available to help you learn, answer your questions, and challenge you. Our innovative staff is excited about the opportunity to teach students the profession that we love. Our program is continuing to grow and expand with the addition of new affiliate sites and preceptors. The curriculum is vigorous and we take health care very seriously. This manual provides a decisive process allowing for consistency in the approach to decision-making processes and, more importantly, creates an environment in which equal opportunity exists. **(Due to continual evaluation of this MATR and health care, information in this manual is subject to change at any time and without notice.)**

As a MATRs, we expect you to be dependable, reliable, and enthusiastic about athletic training and to portray yourself, this program, and the University in a positive light. Each member of the MATR is expected to follow these procedures and any changes that may result. We will not tolerate any behavior that jeopardizes the integrity of this program, its faculty, or students. We will do our best to make your experiences at UIS both fun and educational. We are truly glad to have you here and look forward to developing a long lasting relationship.

As a MATRs preparing to enter this profession, you are strongly encouraged to become a student member of the National Athletic Trainers’ Association, Inc. (NATA). Membership benefits include a subscription to the *Journal of Athletic Training* and the *NATA News*, reduced registration fees for national and district symposia, eligibility for scholarships, and other direct benefits. Membership information and application are available via the internet at the NATA website (www.nata.org).

Each student, instructor, and preceptor involved with the MATR should have the goal to understand and implement the following policies and procedures. If a question arises about a particular policy, bring the question to the immediate attention of the MATR Faculty, Preceptor, Coordinator of Clinical Education Coordinator, or MATR Director.

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| **A** | **DESCRIPTION OF THE ATHLETIC TRAINING PROFESSION** |
|  | An athletic trainer is a qualified health care professional educated and experienced in the management of health care problems associated with physical activity. In cooperation with physicians and other health care personnel, the athletic trainer functions as an integral member of the health care team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics, and other health care settings. The athletic trainer functions in cooperation with medical personnel, athletic personnel, administrators, individuals involved in physical activity, parents, and guardians in the development and coordination of efficient and responsive athletic health care delivery systems. |
| **B** | **MISSION, VISION, & VALUES STATEMENTS** |
|  | **Mission:** The Master of Athletic Training Program is committed to educating highly qualified allied health professionals who make a difference in the world by being productive, responsible, and engaged athletic trainers in a multicultural and rapidly changing world. This will be accomplished by emphasizing a personalized, diverse, and dynamic learning environment that stimulates engagement with technology, ideas, and other health professionals.**Vision:** To be recognized as one of the premier graduate athletic training programs in Illinois and throughout the Midwest by providing students with an extensive, dynamic, and individualized education promoting collaboration, leadership, and professionalism. |
| **B1** | **MASTER OF ATHLETIC TRAINING PROGRAM (MATR)** |
| B1.1 | The MATR reflects the mission and academic integrity of the University of Illinois Springfield.The commitment of the MATR Faculty to the MATRs is based on the belief that graduates must be able to communicate clearly and effectively while providing ideal health care to student athletes and patients. The MATR challenges and prepares each student to make appropriate decisions and important judgments regarding sudden injury and life threatening situations. Through diverse educational and research experiences, our mission is to provide students with the knowledge, skills, and values that an Athletic Trainer must possess. Upon completion of the MATR at UIS, each graduate should be well prepared to sit for the Board of Certification (BOC) national exam.The program will strive to maintain and surpass the standards of accreditation as specified by the Commission on Accreditation of Athletic Training Education (CAATE).**Mission:** The Master of Athletic Training Program is committed to educating highly qualified allied health professionals who make a difference in the world by being productive, responsible, and engaged athletic trainers in a multicultural and rapidly changing world. This will be accomplished by emphasizing a personalized, diverse, and dynamic learning environment that stimulates engagement with technology, ideas, and other health professionals. |
| **B2** | **DEPARTMENT OF ALLIED HEALTH (ALH)** |
| B2.1 | The Department of Allied Health prepares students for healthcare careers by engaging students in the classroom and providing hands-on experience in real world settings.The **mission** of the Department of Allied Health at UIS is to create sophisticated, critically thinking professionals who are capable of competing in the diverse, interdependent, and rapidly changing healthcare environment. Emphasis on the importance of leadership, community/professional service and engagement, and lifelong learning will be achieved through a multitude of educational experiences such as online coursework, clinical education, internships, and/or technology-enhanced instruction. |

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| **B3** | **COLLEGE OF LIBERAL ARTS AND SCIENCES (CLAS)** |
| B3.1 | Our objective is to help our students become:* Intellectually and technologically sophisticated thinkers,
* Citizens aware of the challenges that our society faces, and
* Effective Leaders in their community

As a result, UIS students who graduate with a CLAS degree are fuller, richer individuals who are more capable of competing in an ever-changing job market than students whose education specialized in specific technical skills—especially those skills that may be out of date in just a few years.The **mission** of the College of Liberal Arts and Sciences (CLAS) at UIS is to prepare students for the future by providing a broad education for success. We teach students how to participate effectively in an interdependent, diverse, and rapidly changing world, offering education in a transformative environment that stimulates engagement with ideas, each other, and the globe. |
| **B4** | **UNIVERSITY OF ILLINOIS SPRINGFIELD** |
| B4.1 | Mission: The University of Illinois Springfield provides a uniquely student-centered educational experience both in and out of the classroom through active learning, meaningful research and impactful civic engagement that prepares graduates to contribute fully to society.Vision: The University of Illinois Springfield will be a pathway to opportunity, a catalyst for change and a space of possibility where learners become ethical and passionate scholars, leaders and citizens capable of transforming their local and global communities.Values:1. **Student-focused Teaching and Learning**: We place student development – fostered through meaningful interactions among students, faculty, staff and the community – at the core of all University activities.
2. **Integrity**: We conduct ourselves with honesty, professionalism and respect for others, accepting responsibility for the ethical consequences of our ideas and actions.
3. **Inquiry**: We seek to understand the world around us through the mastery of core skills of perception, analysis and expression, through the acquisition of knowledge and through the pursuit of scholarship that is challenging and significant.
4. **Civic Engagement**: We build meaningful relationships that enable us to both learn from and contribute to our local and global communities.
5. **Diversity**: We embrace diversity in all its forms as both an intellectual commitment and a social responsibility, and we foster an inclusive culture that recognizes the needs and contributions of every individual.
6. **Strategic Thinking**: We are a proactive learning organization committed to continuous improvement, evidence-based decision-making and innovation.
7. **Accountability**: We translate intentions into actions via shared governance and fiscal stewardship, holding decision-makers responsible to our students, colleagues and other stakeholders.
 |
| **C** | **PHILOSOPHY AND GOALS OF THE MATR** |
| The philosophy of the MATR at UIS provides a base that allows the MATR Faculty to prepare athletic trainers for tomorrow’s challenges while providing health care to a variety of athletes, patients, clients, and physically active people.  |
| **C1** | **BELIEFS OF THE MATR** |
| The following beliefs illustrate the philosophy upon which the MATR curriculum of study is based. |
| * The professional education of athletic trainers is a joint responsibility shared by MATR Faculty, UIS Athletic Training Staff and the private health care professionals accepting the role of Preceptor.
* Athletic training students should have a strong background in general education courses that provide an intellectual foundation in the liberal arts and sciences.
* A professional athletic training program should:
* enhance the cognitive, psychomotor, and affective domains of the student in a manner that relates to current athletic training practice;
* integrate practicum and field based experiences into the educational process;
* utilize technology in educational experiences for knowledge and application development whenever possible and appropriate;
* utilize evidence based knowledge and practice to care for and educate the patient/client;
* prepare athletic trainers to perform patient education in an inclusive manner with an understanding of local culture;
* along with BOC certification, prepare the student for entry into the athletic training profession;
* support its graduates by assisting them through BOC certification and during their induction year;
* prepare athletic trainers to practice in an inclusive manner with knowledge of and respect for all individuals regardless of cultural, ethnic, socioeconomic, sex, gender identity, sexual orientation, religious, educational, and/or political differences or biases.
 |
| **C2** | **GOALS OF THE MATR** |
| Upon completion of the MATR the student will be able to: |
| * communicate effectively to a variety of populations utilizing various media
 |
| * prevent, evaluate, treat, rehabilitate and recondition musculoskeletal injuries appropriately as an athletic training professional
 |
| * evaluate and manage medical conditions appropriately as an athletic training professional
 |
| * organize and administer athletic training services in a variety of settings
 |
| * apply evidence-based practices in the rapidly changing healthcare environment
 |
| * foster the caring side of athletic training by incorporating psychosocial aspects into all domains
 |
| * create collaborative environments with healthcare professionals to develop, administer, and utilize effective clinical skill management, communication, scholarship, and professional development
 |
| * demonstrate the importance of professional development through an appreciation of life-long learning, professional membership and service to the profession and community
 |
| * successfully pass standardized test(s) required in order to practice athletic training at the state or national level.
 |
| * practice in an inclusive manner with knowledge of and respect for all individuals regardless of cultural, ethnic, socioeconomic, sex, gender identity, sexual orientation, religious, educational, and/or political differences or biases.
 |
| **D** | **GOVERNING BODIES FOR ATHLETIC TRAINING EDUCATION** |
| **D1** | **CAATE STANDARDS**  |
| D1.1 | The Commission on Accreditation of Athletic Training Education (CAATE) serves as the governing body for athletic training education and UIS adheres to the CAATE Standards as outlined. *The Standards for Accreditation of Professional Athletic Training Programs (Standards) are used to prepare professional athletic trainers. Each institution is responsible for demonstrating compliance with these Standards to obtain and maintain recognition as a CAATE-accredited professional athletic training program. A list of accredited programs is published and available to the public.**These Standards are to be used for the development, evaluation, analysis, and maintenance of athletic training programs. Via comprehensive and annual review processes, CAATE is responsible for the evaluation of a program’s compliance with the Standards. The Standards provide minimum academic requirements; institutions are encouraged to develop sound innovative educational approaches that substantially exceed these Standards. The Standards also contain a glossary of terms used throughout the process; the definition provided in the glossary must be applied as stated.* |
| D1.2 | The CAATE Standards are periodically reviewed in conjunction with the Board of Certification (BOC) Practice Analysis to assess alignment with current practice expectations for athletic trainers. The current Curricular Content Standards are best reflected in the following categories: |
| D1.2.1 | * **Prerequisite Coursework and Foundational Knowledge**
* **Core Competencies**
* *Patient-Centered Care*
* *Interprofessional Practice and Interprofessional Education*
* *Evidence-Base Practice*
* *Quality Improvement*
* *Health Care Informatics*
* *Professionalism*
* **Patient/Client Care**
* *Care Plan*
* *Examination, Diagnosis, and Intervention*
* **Prevention, Health Promotion, and Wellness**
* **Health Care Administration**
 |
| **D2** | **ATHLETIC TRAINING TECHNICAL STANDARDS** |
| * Becoming a MATRs at the UIS requires the completion of a professional athletic training program that is both intellectually and physically challenging.
* The purpose of the Technical Standards document is to articulate the demands of the MATR in a way that will allow students applying for admission into the program to compare their own capabilities against these demands.
* This document meets the requirements outlined by the American Disabilities Act (ADA) of 1990. The ADA makes it unlawful to discriminate against individuals with disabilities.
* Applicants offered a position in the MATR will be asked to certify their ability to complete the tasks, with or without reasonable accommodations, associated with performance as a MATRs.
* Reasonable accommodation refers to ways in which the University can assist students with disabilities to accomplish these tasks, i.e. providing extra time to complete an examination, enhancing the sound system in a classroom or providing a step a student who may not be able to complete an evaluation at the height of the treatment table.
* Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks; it does mean that the MATR Faculty and Preceptors will work with students with disabilities to determine whether there are ways that the MATR Faculty and Preceptors can assist the student towards completion of the tasks.
* Students accepting a position in the MATR who indicate that they can complete these tasks, with or without reasonable accommodation, are not required to disclose the specifics of their disabilities until after acceptance into the program.
* After acceptance into the program, a student with a disability who wishes reasonable accommodation must make a formal request to the MATR Director and must be prepared to provide documentation substantiating the claimed disability.
* A student may be administratively withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, that the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health and safety of others.
* Students who have questions about this document or who would like to discuss specific accommodations should make an inquiry with the MATR Director

***Compliance with these standards does not guarantee a student’s eligibility for the BOC exam.*** |
| D2.1 | **Essential Tasks** |
| The following is a list of physical, cognitive, psychomotor, and affective variables that may impact essential work related functions of the entry-level athletic trainer. These areas are representative of the curricula presentation and may relate to performance outcomes specific to didactic, laboratory, and clinical education in Athletic Training. Visual Acuity* Ability to see all colors of the spectrum
* Ability to distinguish calibrated markers
* Ability to identify digital displays and controls in differing lighted environments
* Ability to determine the depth of instrument placement
* Ability to read small print on medical instrumentation or containers

 Hearing Acuity* Ability to hear alarms, beeper, and pages
* Ability to hear and respond to verbal communication in the work setting
* Ability to distinguish different alarm sounds/tones on medical devices

Physical Acuity* Ability to perform all ranges of body motions including walking, bending, stretching, reaching, and twisting of the upper and lower back.
* Ability to lift 35 pounds (weight of small child or small equipment) alone
* Ability to stand and/or sit for long periods of time
* Ability to perform CPR; use of hands for manually compressing resuscitation equipment, and the use of hands and body for performing chest compressions
* Ability to write legible for required documentation
* Ability to move swiftly when the situation demands

Communication * Ability to communicate with physicians, coaches, co-workers, other health care workers, the athlete and the athlete’s family

Mental Stress* Ability to function appropriately under stress without hesitations using all knowledge and skills require to perform the task at hand
* Ability to work long hours (8 to 12 hours), adapting to changes in the clinical schedule and/or emergency situations
* Ability to function as a team member and to follow the appropriate administrative protocol and/or chain of command
* Ability to review and use student-athlete data in a confidential and professional manner
* Ability to make quick, lifesaving decisions

Practicum Behavior Requirements* Must be patient, kind, and tactful in dealing with patients/clients and their families.
* Must understand that all information obtained in the practicum facilities is strictly confidential and it is not to be discussed outside the facility.
* Must attend practicum experiences as required.
 |
| The Office of Disability Services (ODS) at UIS will evaluate all students who indicate they need reasonable accommodations to meet these technical standards. ODS, in conjunction with the MATR, will determine whether it agrees that the student can meet the standards within reasonable accommodation without jeopardizing the educational process of the student or the institution, including all program coursework, and/or practicum and field experiences essential for graduation.  |
| **E** | **MATR PROGRAM STRUCTURE** |
| **E1** | **WHO IS ELIGIBLE FOR ADMISSION?** |
| E1.1 | * Students eligible to apply for admission to the program will do so annually, for admission to the MATR in the **SUMMER** semester
* If a student is not admitted, the student may re-apply for admission the following **SUMMER** semester, supplying a letter indicating the student’s ongoing interest in MATR admission. The letter, and any additional supporting documentation, is due following the same application deadline dates as those for first-time applicants.
* **The number of students admitted to the MATR is limited to 20 per cohort.**
 |
| **E2** | **TRANSFER POLICY** |
| E1.1 | Due to the sequencing and the complexity of external accreditation, all course in the professional athletic training program must be taken at UIS. |
| **E3** | **MATR ADMISSION REQUIREMENTS** |
|  | The MATR is a 64 credit, six semester program designed for students who have already completed a bachelor's degree from a regionally accredited college or university. Applicants to the MATR must be admitted for Graduate Study at UIS in order to be considered for admission to the MATR. Requirements for admission to Graduate Study can be found at <https://www.uis.edu/graduateeducation/>.Given the medical nature of Athletic Training the enrollment in the MATR is limited. Once the applicant’s file is complete, applicants will be considered and admitted on a rolling basis until the MATR is at capacity for the clinical education limits. An applicant’s file is considered complete (and eligible for review) once the applicant has a completed graduate application on file with the Office of Admissions and all required application material has been submitted and verified by ATCAS. Cohort sizes are limited based on the number of clinical placement sites and preceptors available for the program each year. If selected and the applicant accepts the position, classes for each cohort will start in the summer session of the application year. **The MATR Admissions Committee will evaluate applicants based on:*** Completion of admissions requirements\*
* Academic ability
* Evidence of potential for future practice as an athletic trainer
* Evidence of personality traits conducive to working effectively with people
* Letters of recommendation

\* While not a requirement of admission, students are strongly encouraged to complete a health-related major as a means to completing the prerequisite courses required for admission into the MATR. |
| E2.1 | **PREREQUISITE COURSES** |
|  | * Required Courses:
* Two semesters of anatomy and physiology with labs
* One course in general biology
* One course in general psychology
* One course in physiology of exercise
* One course in biomechanics or kinesiology
* One course in nutrition
* One introductory health course
* One course in statistics
* One course of chemistry
* One course of physics
* Recommended Courses:
* Medical Terminology
* Research Methods
* Strength and Conditioning
 |
| E2.2 | **PREREQUISITE COURSE REVIEW POLICY** |
|  | The MATR Admissions Committee reviews and evaluates the transcripts of all applicants to determine the legitimacy and applicability of prerequisite courses. Courses are reviewed for general content, credit hours, and applicant’s performance. In most cases, courses can be evaluated from the minimal course information (title, credit hours, grade) provided by the transcript, but in some cases the MATR Admissions Committee may utilize available resources (internet, syllabus, etc.) to ascertain additional information regarding the course. Since the MATR curriculum contains a large amount of foundational and advanced knowledge in the various content areas, the MATR Admissions Committee is allowed a wide berth for interpretation of prerequisite courses. |
| E2.3 | **ADMISSION CRITERIA** |
|  | * Completed Application through UIS or ATCAS
* Undergraduate cumulative GPA of 2.70 and a 3.0 GPA in Prerequisite Courses (minimum grade of “C” in each course)
* 50 hours of documented clinical observation/experience under a certified athletic trainer within 2 years prior to program application. Hours obtained under the supervision of a physical therapist DO NOT count unless the individual is dual credentialed as an AT and the hours were obtained in a traditional athletic training facility or field setting, not in an outpatient physical therapy clinic. Please use the MATR Observation Form to record your hours
* Evidence of current CPR/AED Certification for the Healthcare Professional (American Heart Association preferred)
* Evidence of current First Aid Certification or equivalent
* Three Letters of Recommendation
* One letter attesting to applicant’s academic potential
* One letter attesting to applicant’s work ethic
* One letter attesting to applicant’s character
 |
| E2.4 | **ADDITIONAL ADMISSIONS FORMS** |
|  | * [**MATR Observation Hours Form**](https://www.uis.edu/athletictraining/wp-content/uploads/sites/181/2018/11/MATR-Observation-Hours-Form.docx): documents the hours of observation and provides verification of said hours by AT supervisor with his/her signature
* [**MATR Technical Standards Form**](https://www.uis.edu/athletictraining/wp-content/uploads/sites/181/2019/03/MATR-Technical-Standards.docx): students must indicate their ability to perform the technical standards of the athletic training profession with or without accommodations. **Note:**The University of Illinois Springfield is committed to the principle that no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or denied the benefits of the services, programs, or activities of the University, or be subjected to discrimination by the University as required by the Americans with Disabilities Act of 1990. However, the University of Illinois Springfield cannot and does not waive the published degree requirements for MATR students. The University of Illinois Springfield will make a reasonable accommodation to assist otherwise qualified individuals with disabilities to fulfill their degree requirements, consistent with applicable federal and state law and the policies of UIS. In the event a candidate is unable to fulfill these technical standards, with or without reasonable accommodation, the candidate will not be admitted into the program.
* [**MATR Immunization Policy and Record**](https://www.uis.edu/athletictraining/wp-content/uploads/sites/181/2019/03/MATR-Immunization-Policy-and-Record.docx): students must submit this form as a part of the application to verify the appropriate immunizations have been completed prior to enrollment in the MATR. Immunizations that require a series can be partially completed at the time of application and will be addressed on a case by case basis with the student. The specific immunizations required and the submission process are explained in the Health and Safety Policies section outlined in **Section M.**

**\*\*Students are responsible for all expenses for required immunizations.** |
| E2.5 | **ADMISSIONS DECISIONS** |
|  | The MATR Admissions Committee reviews and evaluates all completed applications in a rolling fashion throughout the year. Admission is competitive and students with the strongest applications will be given priority for program admittance. The Admissions Committee has the ability to recommend *unconditional admission, conditional admission, or denial of admission* status for each application reviewed. |
| E2.5.1 | **Unconditional Admission** Students granted unconditional admissions to the MATR meet all the admission requirements and rank high within the competitive admissions schematic. |
| E2.5.2 | **Conditional Admission**Students granted conditional admissions to the MATR are admitted with a conditional status and must rectify the condition as outlined by the Admissions Letter. Students may appeal the conditional admission by written request for an appeal to the Chair of the Department of Allied Health. The appeal must be received in writing by the ALH Chair 10 working days of the initial admissions decision.  |
| E2.5.3 | **Denied Admission**Students denied admission to the MATR may appeal the decision. Students may appeal the denied admission by written request for an appeal to the Chair of the Department of Allied Health. The appeal must be received in writing by the ALH Chair no more than ten (10) working days of the initial admissions decision. Students that are denied admission after the appeal may reapply the following academic year.  |
| **E3** | **POST ACCEPTANCE REQUIREMENTS** |
|  | Once accepted to the Master of Athletic Training Program students will be required to submit the following documents: |
| E3.1 | **BLOOD BORNE PATHOGENS TRAINING VERIFICATION**The MATR will provide annual Blood Borne Pathogen training for students, document the training, and place verification of the training in the MATRs file. |
| E3.2 | **HIPAA TRAINING VERIFICATION**The MATR will provide HIPAA training for students, document the training, and place verification of the training in the MATRs file. |
| E3.3 | **FERPA TRAINING VERIFICATION**The MATR will provide FERPA training for students, document the training, and place verification of the training in the MATRs file. |
| E3.4 | **CONFIDENTIALITY STATEMENT VERIFICATION**MATRs will be provided a Confidentiality Form and the signed copy will be kept in the MATRs file. |
| E3.5 | **CRIMINAL BACKGROUND CHECK**If a student is assigned for clinical experiences/practicum at a clinical affiliate, other affiliate agency, organization, or school requiring a criminal background check, the student will be required to provide the requested information. The MATR will pay for the criminal background check out of the MATR Student Lab Fees. Additional information on criminal background checks is located in the Practicum Education section outlined in **Section N.** |
| E3.6 | **DRUG TESTING**If a student is assigned for clinical experiences/practicum at a clinical affiliate, other affiliate agency, organization, or school requiring a drug test, the student will be required to provide the requested information. The MATR will pay for the drug testing out of the MATR Student Lab Fees. Additional information on drug testing is located in the Practicum Education section outlined in **Section N.** |
| E3.7 | **SEXUAL HARASSMENT TRAINING**The MATRs will complete annual Sexual Harassment Training and verification of training completion will be placed in the MATRs file. |
| **E4** | **COURSE PROGRESSION (APPENDIX A & B)** |
| **Professional Year 1 (PY1)****SUMMER**ATH 511: Foundations of AT PracticeATH 512: Emergency CareATH 513: Applied Clinical A & P IATH 515: Therapeutic Intervention ConceptsATH 519: Athletic Training Practicum I**FALL**ATH 522: Lower Quarter Assessment and ManagementATH 524: Psychosocial Aspects in ATATH 525: Therapeutic Interventions IATH 527: Clinical Proficiency Integration IATH 528: Evidence-Based Research MethodsATH 529: Athletic Training Practicum II**SPRING**ATH 532: Upper Quarter Assessment and ManagementATH 533: Applied Clinical A & P IIATH 535: Therapeutic Interventions IIATH 537: Clinical Proficiency Integration IIATH 538: Applied Research IATH 539: Athletic Training Practicum III | **Professional Year 2 (PY2)****SUMMER**ATH 541: Health, Wellness, and Exercise Applications for Athletic TrainingATH 542: Medical ConditionsATH 545: Therapeutic Interventions IIIATH 549: Athletic Training Practicum IV**FALL**ATH 551: Advanced Techniques in AT PracticeATH 552: Gait, Posture, and Movement AssessmentATH 555: Therapeutic Interventions IVATH 556: Athletic Training AdministrationATH 557: Clinical Proficiency Integration IIIATH 559: Athletic Training Practicum V**SPRING**ATH 561: Contemporary Management and Leadership in HealthcareATH 567: Clinical Proficiency Integration IVATH 568: Applied Research IIATH 569: Athletic Training Practicum VIATH 595: Graduate Seminar in Athletic Training |
| E4.1 | **CLOSURE REQUIREMENT**  |
| As a component of **ATH 595**, all students in the Master of Athletic Training Program (MATR) must complete a comprehensive assessment exam administered by the MATR faculty. This exam is designed to draw upon the knowledge, skills, and abilities learned throughout the MATR curriculum. Completion of the closure requirement is satisfied once a student successfully passes the comprehensive assessment exam\* with an 80%. Students who take **ATH 595** and do not pass the comprehensive assessment exam while enrolled must register for **ATH 596** (zero credit hours, one billable hour) each fall and spring until the exam is passed. \*Students in the MATR program may substitute the Board of Certification (BOC) exam for Athletic Trainers for the comprehensive assessment exam administered by the MATR program faculty but ***only* if** the BOC is taken and a passing score is received prior to the end of the semester. The BOC exam is the entry-level requirement for an individual to practice athletic training and therefore will assure a minimum level of knowledge is attained.***Degree completion does not guarantee BOC certification or employment.*** |
| E4.1.1 | In general, the MATR Faculty believe students benefit from taking the BOC exam no later than the late spring testing window. As such, the MATR will coordinate the MATR courses to culminate in preparation for that testing window.  |
| E4.1.2 | Any MATR student wishing to use the BOC exam as a substitute for the comprehensive assessment exam **MUST** take the exam during the January/February or March/April testing windows **AND** a passing score must be received prior to the last class day of the semester.  |
| E4.2 | **PROGRESSION POLICY** |
| Students in the MATR Program must maintain high academic standards to continue progressing through the program. In order to remain in good standing in the MATR Program students must:* Maintain at least a 3.0 (on a 4.0 scale) cumulative GPA
* Earn a B or better in all MATR required coursework (grades of B- or lower are not accepted) \*
* Demonstrate satisfactory completion of all competencies, proficiencies, and curricular content standards associated with the didactic and clinical education components of the program
* Maintain current CPR/AED for Professional Rescuer and Healthcare Provider or Basic Life Support for Health Care Providers certification
* Successfully complete annual blood borne pathogens, HIPAA, FERPA, and sexual harassment training
* Maintain annual tuberculosis and influenza immunization requirements
* Abide by the Policies and Procedures outlined in the MATR Student Handbook
* Complete Criminal Background Checks and drug testing as outlined

\*Students may submit a Student Petition form to use up to a maximum of three hours of C/C+/B- grade toward a single didactic (non-practicum) course in the degree. The Student Petition form must be processed in the semester following the course in question. Required courses that are completed with a grade of B- or lower must be repeated. Students may repeat program courses for grade improvement only once. All courses required for the MATR are sequential. Repeating a course will result in the student being unable to progress in the program and the graduation date for the student will be postponed by at least one academic year. |
| E4.3 | **REMEDIATION POLICY**In the MATR, a student in need of remediation will be identified and a remediation plan developed using one of two forms located in **APPENDIX C**.  |
| E4.1.1 | **MATR AT-RISK MEETING FORM**During the semester, if there is concern about the academic progress of a student, a MATR Faculty member can request an at-risk meeting with the student and a MATR At-Risk Meeting Form will be filled out. The form will be signed by the student, course instructor, and the MATR Director and a remediation plan will be developed. If deemed appropriate, the student will be referred to the Remediation Coordinator.  |
| E4.1.1 | **MATR PROFICIENCY REMEDIATION FORM**Any student scoring below a 3 on a proficiency will be required to complete remediation of the proficiency in question. The evaluator of the proficiency will complete the MATR Proficiency Remediation Form. The form will be signed by the student, evaluator, and the MATR Director and a remediation plan will be developed. If deemed appropriate, the student will be referred to the Remediation Coordinator. |
|  E4.4 | **ASSIGNMENT OF AN ACADEMIC ADVISOR**Once admitted the MATRs is required to see the MATR Director for academic advising every semester. |
|  **E5** | **ACADEMIC GRIEVANCE AND STUDENT APPEALS PROCEDURE** |
| E5.1 | **ACADEMIC GRIEVANCE PROCEDURE** |
|   | Any student wishing to file a grievance should refer to the Student Grievance Code located at: <https://www.uis.edu/studentaffairs/wp-content/uploads/sites/121/2013/05/STUDENT-GRIEVANCE-CODE.pdf>  |
| E5.2 | **STUDENT APPEALS PROCEDURE** |
|   | A MATRs may appeal any decision regarding his/her admission, progression, or dismissal from the MATR. A MATRs wishing to appeal a decision must do so in writing to the MATR within 10 business days.  |
|  **E6** | **ATHLETIC PARTICIPATION POLICY** |
|   | Participation in intercollegiate athletics while completing enrollment in the MATR is not allowed due to the time commitment and restraints required for the MATR. |
| **F** | **MATR PROGRAM EXPENSES AND FUNDING POSSIBILITIES** |
| **F1** | **FEES AND COSTS** |
| **F1.1** | **LABORATORY FEE** |
| Students are assessed a $200 fee associated with each Practicum Course. The funds from this fee are used to pay for items directly connected to the student. Items these funds pay for include but are not limited to: * Game Polo (Approx. $50.00)
* Daily Uniform (Approx. $200.00): 2 Short Sleeve t-shirts, 1 long sleeved t-shirt, 1 sweat shirt, 1 light jacket.
* Fanny Pack/Messenger Bag and Scissors (Approx. $125.00)
* **Trajecsys:** Trajecsys monitors MATRs progress through the practicum experiences.
* Criminal Background Checks required for practicum rotations.
* Drug testing required for practicum rotations.
* Practice Exams in preparation for BOC Exam
 |
| **F1.2** | **ADDITIONAL COSTS** |
| Students are responsible for the following expenses:* Textbooks **(See APPENDIX D)**
* Khaki pants, khaki shorts, and/or dress clothing required for Game Attire outlined in the Professional Attire Policy.
* All travel expenses associated with required practicum rotations.
* All expenses for required immunizations.
* Annual student membership in NATA: Students are strongly encouraged to become a member of the NATA and maintain annual membership. UIS has no control over cost of the membership so students should review this cost annually.
 |
| **F2** | **MATR STUDENT FUNDING POSSIBILITIES** |
| **F2.1** | **SCHOLARSHIP OPTIONS** |
| MATRs have the opportunity to compete for scholarships and awards at UIS and through outside sources. Students interested in these opportunities should consult with the Office of Financial Assistance located in UHB 1015 or contact the office at: finaid@uis.edu, (217) 206 – 6724.  |
| **F2.2** | **GRADUATE ASSISTANTSHIP OPTIONS** |
| MATRs have the opportunity to applied for one of the graduate assistant positions available at UIS. However, the graduate assistant position must not interfere with MATR time commitments for courses and/or practicum rotations. Students interested in Graduate Assistant opportunities should consult with Graduate Assistant Program located in PAC 519 or contact the office at: gaprog@uis.edu, (217) 206 – 6544, (800) 252 - 8533.  |
| **F2.3** | **STUDENT EMPLOYMENT AND MATR**  |
| The MATR understands the need for students to maintain part time employment to assist with financing their education. MATR students are allowed to have part time jobs while completing the MATR ***only if***the job does not interfere in any way with course work and/or practicum rotations. |
| Students desiring to secure part time employment situation must make the MATR the priority when scheduling their employment. The MATR student ***will not*** be released from requirements associated with the MATR (coursework and/or practicum rotations) experiences due to employment. |

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| **G** | **STANDARDS OF OPERATION** |
| **G1** | **CHAIN OF COMMAND**For the MATR Faculty and UIS Athletic Training Staff to function smoothly and consistently, the following chain of command is in effect: |

 **ACADEMICS**

 **UIS ATHLETICS**

Interim Dean, College of Liberal Arts & Sciences

Michael Lemke, PhD

MATR Medical Director

Diane Hilliard-Sembell, MD

Team Physicians -

Springfield Clinic

Chair, Department of Allied Health

Celest Weuve, PhD, ATC, CSCS, LAT

Athletic Director

Peyton Deterding, MS

Head Athletics Trainer

Chris Camburn, MS, ATC, LAT

Director, MATR

Celest Weuve, PhD, ATC, CSCS, LAT

Director of Strength & Conditioning

Ryan Johnson, MA, CSCS

Coordinator of Clinical Education, MATR

Alan Freedman, MEd, ATC, LAT

Assistant Athletics Trainer

Nicholas Menietti, MS, ATC, LAT

Olivia Bartlett, MS, ATC, LAT

Ayumi Deyton, MS, ATC, LAT

Faculty, MATR

Misty Sax, PhD, ATC, LAT

**PRACTICUM**

**PRECEPTORS**

MATR Students

**Decisions should always be referred to the next higher-ranking individual that is immediately available.**

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| **ATHLETIC TRAINING STUDENT CONDUCT** |
| **H** | **PROFESSIONAL APPEARANCE POLICY** |
| **H1** | As a future allied health professional, students are required to maintain a professional and appropriate appearance both on and off campus. This is a necessary measure to present a professional image to our MATR faculty and students, as well as, maintaining a positive public image for the MATR and the profession of athletic training. |
| **H2** | The ultimate decision on the attire or appearance being appropriate for the MATRs during practicum assignments is at the discretion of the Preceptor supervising the student at the respective venue. In the event of a disagreement between the Preceptor and the MATRs, the ultimate decision will be deferred to the Coordinator of Clinical Education &/or the MATR Director. |
| **H3** | It is the student’s responsibility to be in appropriate dress at all times during practicum rotations. *At no time will a student’s absence or late arrival for athletic training duties be excused when a student is dismissed for inappropriate dress.* |
| **H4** | Remember you represent the MATR and you should never do anything to embarrass yourself, your fellow students, the program or the university. It is considered inappropriate to wear MATR apparel to social events (parties, clubs, etc.) and events not related to the program’s mission and goals. |
| **H5** | Each MATRs must adhere to the following policies: |
|  H5.1 | MATR Apparel may only be worn when the student is acting as a MATR student. |
|  H5.2 | Students are expected to wear their name tags in plain view, above the waist, whenever off campus. Students without a name tag can be found in violation of the dress code. |
| H5.2.1 | Customized MATR name tags are provided by the MATR in coordination with the UIS icard Center. Students are responsible for maintaining possession of their name tags.  |
| H5.2.2 | If a name tag must be replaced due to damage or being misplaced it is the students’ responsibility to:* immediately inform the MATR Director that a replacement is needed,
* to attain a replacement as soon as possible, and
* to pay any replacement fee assessed by the UIS icard Center.
 |
| H5.2.3 | Students are expected to wear their name tags at *all* off campus practicums rotations, even if the practicum site provides a site specific ID.  |
|  H5.3 | Shirts will be tucked in neatly at all times as a MATRs or when in practicum rotation facility for any reason **(no exceptions)**. All shirts must be of length to be able to be tucked into the shorts or pants; they must also have sleeves that cover over both shoulders. |
|  H5.4 | A MATR logo shirt (T-shirt or polo) must be worn at all times when a student is acting as an MATR student. MATR logo T-shirts or polo may be worn for daily practicum rotation facility activity and practice settings. MATR logo polo shirts should be worn for event coverage unless alternate dress is preferred at the practicum facility.  |
|  H5.5 | Shoes must be worn in the practicum rotation facilities at all times. Shoes must be closed toe and close backed (no sandals, flops or Birkenstock type shoes allowed). Tennis / turf shoes are recommended. Socks **must** be worn, **must** match, and are to be plain white, grey, black or navy blue in color. |
|  H5.6 | Pants/Shorts  |
| H5.6.1 | Pants/ Shorts will be worn in an appropriate and neat manner with the waist of the pants/shorts located on the person’s waist with a belt (if the pants have belt loops). All pants/shorts will be neat, free of stains, without holes and not cut off. No jeans allowed! |
| H5.6.2 | Shorts must all be of appropriate length (mid-thigh to just below the knee) and clean (no cutoffs, no rips, no holes). No jeans allowed! |
|  H5.7 | Sweatshirts and/or jackets must be UIS, MATR, or plain. Acceptable colors of black, navy blue, white, or gray or may be specific to the practicum site. |
|  H5.8 | **Off-Campus Practicum Attire:** will be the MATR polo shirt with khaki pants. The only variations to this dress uniform will be in instances where the MATRs chooses to “dress up”. “Dress up” attire can include dress pants (conservative in color) and a collared shirt or blouse. Attire should not be excessively tight or revealing in any manner and should portray a professional appearance at all times. Closed toed shoes and nametags should be worn at all times during practicum rotations. Absolutely no shorts or t-shirts are allowed! These instances will be delineated by the supervising Preceptor. |
|  H5.9 | **Outdoor Game Attire:** MATR polo shirt, khaki shorts or pants. Due to the changing conditions and the potential for decreased traction, sneaker type shoes are required for all outdoor sporting events. No Sperry type shoes are allowed. The only variations to this game dress uniform will be in instances where the Preceptor requests the MATRs to “dress up” or other considerations are made by the Preceptor (all variations must be approved prior to competition). |
|  H5.10 | **Indoor Game Attire:** MATR polo shirt with khaki pants. The only variations to this game dress uniform will be in instances where the Preceptor requests the MATRs to “dress up” or other considerations are made by the Preceptor (all variations must be approved prior to competition). |
|  H5.11 | **Practice Attire:** MATR athletic training t- shirt or polo, khaki shorts/ khaki pants. Due to the changing conditions and the potential for decreased traction, sneaker type shoes are required for all outdoor sporting events. **No Sperry** type shoes are allowed! |
|  H5.13 | Each semester the MATR will facilitate the purchase of MATR logo clothing. Clothing will be ordered only once per semester. |
| **H6** | In order to maintain the professional appearance of the students of the MATR, the following areas will also be considered part of the code. |
| H6.1 | All MATR students must practice good hygiene. MATR students are expected to use discretion with make-up, perfume, cologne, and jewelry. Fingernails must be maintained at a short length to not interfere with daily duties. **(There may be more restrictions to these rules based on practicum assignment/rotation.)** |
| H6.2 | Hair should be kept neat, maintained, and out the way. During practicum rotations, long hair must be pulled back/put up in a neat and functional fashion. Hair must be “naturally occurring colors” and should not be worn in an attention-causing manner. |
| H6.3 | Facial hair should be kept to a minimum or neatly trimmed (if having a mustache or beard). Face should be clean-shaven on a daily basis or an establish growth – no in between growth is acceptable.  |
| H6.4 | Jewelry (necklaces, bracelets, watches, rings, etc.) must not interfere with the proper delivery of patient care. Earrings are acceptable, if appropriate, but may not be long or dangling. Visible body piercing that interfere with performing emergency techniques will not be allowed. |
| H6.5 | Hats may be worn indoors in during practices (if approved by the Preceptor) but are **NOT ALLOWED** during or in preparation for an indoor game at any time. Hats must be worn “front-words” and must be neat and clean. Hats must have the MATR or UIS logos or be plain navy blue, gray, white, or khaki. They will not display symbols for alcohol or other substances, vulgar or obscene/offensive images nor display logos of other universities. Discretion is left in the hands of the Preceptor as to what may be inappropriate.  |
| H6.6 | Nothing considered a “fad” or ostentatious will be acceptable. Discretion is left in the hands of the Preceptor and/or MATR Faculty as to what may be inappropriate.  |
|  **H7** | At the discretion of the preceptor, a MATR student may be dismissed from a daily practicum experience due to a profession attire violation.  |
| **I** | **PROFESSIONAL DEMEANOR POLICY** |
| MATR students are expected to conduct and portray themselves in a professional manner. They are expected to display a high level of integrity at all times and hold themselves to a high set of moral and ethical standards. |
| **I1** | **ILLEGAL BEHAVIOR POLICY** |
|  | Any behavior on or away from UIS that is illegal or punishable by law, where the student is representing the University in any capacity, and which places the MATR or UIS in a poor public position may result in probation, suspension, or dismissal from the MATR. UIS Code of Student Conduct can be found in the Student Handbook located at: <https://www.uis.edu/studentaffairs/policies/handbook/> **(APPENDIX E)** |
| **I2** | **TOBACCO-, VAPE, AND CANNABIS- FREE CAMPUS POLICY** |
|  | Use of tobacco, vape, and cannabis on campus is not allowed and can result in disciplinary action by the MATR program and/or the University being taken.  |
| I2.1 | The purpose of this policy is to provide an environment that promotes the health, well-being and safety of students, faculty, staff and visitors at the University of Illinois Springfield by minimizing the negative effects of tobacco, e-cigarette and cannabis products as well as to improve fire safety and encourage a healthier, more sustainable environment. |
| I2.2 | This policy applies to any individual on campus property, including but not limited to students, faculty, staff, other employees, contractors, subcontractors, volunteers, visitors and members of the public, and is applicable 24 hours a day, seven days a week. |
| I2.3 | Smoking and use of tobacco, e-cigarettes (vaping) and cannabis products is prohibited on all campus property at the University of Illinois Springfield, both indoors and outdoors, in university-owned vehicles and in privately owned vehicles parked on or traveling through campus property, or as part of any university activity. The sale, advertising or free sampling of tobacco, e-cigarette or cannabis products is also prohibited on campus property. Littering the remains of tobacco or cannabis products or any other related waste product on campus property is further prohibited. |
| I2.4 | “Campus property” means any property owned, leased, occupied, operated or otherwise controlled by the University of Illinois Springfield, including but not limited to academic and auxiliary buildings, classrooms, laboratories, residences, residence halls, elevators, stairwells, restrooms, roofs, meeting rooms, hallways, lobbies and other common areas, conference facilities, athletic complexes and facilities, exterior open spaces, shuttle buses, shuttle bus stops, university-owned parking lots, driveways, loading docks, university-owned streets, sidewalks and walkways.“Smoking” means:* lighting, burning, inhaling or exhaling any type of matter or substance that contains tobacco, including but not limited to cigarettes, cigars, cigarillos, pipes, beedies, kreteks, water pipes, bongs and hookahs;
* lighting or burning of non-tobacco plants or cannabis; and
* using electronic cigarettes.

“Tobacco products” means all forms of tobacco, including but not limited to cigarettes, cigars, cigarillos, pipes, beedies, kreteks, water pipes, bongs and hookahs, electronic cigarettes, smokeless tobacco, snuff, chewing tobacco and any non-FDA approved nicotine delivery device or product. |
| I2.5 | Students found to be noncompliant will be subject to existing campus disciplinary measures and be referred to the Office of the Dean of Students. |
| **I3** | **ALCOHOL AND DRUG POLICY** |
|  | According to the UIS Alcohol and Drug Policy: The unlawful possession, use, distribution dispensation, sale or manufacture of controlled substances or alcohol is prohibited on university property or as part of any university activity. Employees and students who violate this policy may be disciplined in accordance with university policies, statues, rules, regulations, employment contracts and labor agreements, up to and including discharge and referral for prosecution. (**APPENDIX F**) |
| **I4** | **SEXUAL HARASSMENT POLICY** |
|  | The University of Illinois at Springfield will not tolerate sexual harassment and is committed to providing and preserving an atmosphere free from harassment in any form. Any action deemed as, construed as, or pertaining to sexual harassment as defined in Student Handbook, by any MATR student will result in referral to the Dean of Students for appropriate action and possible removal from the MATR (UIS Sexual Harassment and Title IX Policy- **APPENDIX G**) (NATA Sexual Harassment Policy- **APPENDIX H**). |
| **I5** | **HUMAN RIGHTS POLICY** |
|   | It is the policy of the university to maintain an educational and work environment in which each member of the community may enjoy his or her rights as a human being free of discrimination or harassment. It is the policy of the university to provide equal opportunity and to promote affirmative action. This document sets forth the university’s basic commitment to the right of the members of its community to nondiscrimination, to equal opportunity, and to affirmative action. |
| **I6** | **DEPARTMENT OF ALLIED HEALTH SOCIAL MEDIA POLICY** |
|  | The purpose of the ALH Social Media Policy is to outline policy and recommendations for faculty and students when using social media. Degrees earned through programs of the ALH will require protection of health, safety and identity of patients/clients and maintain integrity of themselves and the employer they represent. Guidelines are designed to help users of social media (students, faculty, internship facilitators, practicum preceptors) to make appropriate decisions when managing and/or developing social media initiatives or in certain relationships within the ALH department-student to faculty, student to preceptors in an internship or practicum setting, student representation of the ALH Department. (**APPENDIX I**) |
| **I7** | **UIS PARKING REGULATIONS**  |
|  | All athletic training students are expected to abide by the Parking Regulations of UIS when parking personal vehicles. Illegal parking will be subject to citations by the UIS Police Department. |
| **I8** | **STUDENT GRIEVANCE CODE** |
|  | Any student wishing to file a grievance should refer to the Student Grievance Code located at <https://www.uis.edu/studentaffairs/wp-content/uploads/sites/121/2013/05/STUDENT-GRIEVANCE-CODE.pdf>  |
| **I9** | **BOC STANDARDS OF PROFESSIONAL PRACTICE & NATA CODE OF ETHICS** |
|  | Students should use the BOC Standards of Professional Practice (**Appendix J**) (<http://www.bocatc.org/system/document_versions/versions/171/original/boc-standards-of-professional-practice-2019-20181207.pdf?1544218543>) and the NATA Code of Ethics (**APPENDIX K**) as the ultimate guide for their conduct as an athletic training student. Any violations of the NATA Code of Ethics should be reported directly to the NATA at <https://www.nata.org/ethics-complaint-form>. |
| **I10** | Failure to comply with any of the policies and procedures of the MATR will result in a Disciplinary Report being issued. Repeated Disciplinary Reports may result in an unsatisfactory course grade and potentially dismissal from the MATR. The student will be informed of disciplinary action and will be given due process. If the offending action is severe enough to warrant suspension or termination, the student will be referred to the Dean of Students. |
| **I11** | At the discretion of the preceptor, a MATR student may be dismissed from a daily practicum experience due to a profession demeanor violation.  |
| **J** | **MATR STUDENT RELATIONSHIPS** |
| **J1** | The MATR student comes in contact with health care professionals, athletic staffs, administrators and the public quite often. It is helpful to know the limits of this contact in order that some unfortunate circumstances can be avoided. Following are brief guidelines to use in dealing with others during your assigned activities. |
| **J2** | **MATR STUDENTS TO PRECEPTORS** |
| J2.1 | The Preceptor is the ultimate authority in the practicum rotation (see chain of command). |
| J2.2 | The Preceptor's orders/requests are to be carried out as promptly as possible and not to be passed to subordinates. |
| J2.3 | It is perfectly acceptable to ask questions of a Preceptor about anything pertinent. Ask, do not challenge in front of patients/athletes. |
| J2.4 | If there are any grievances, they are to be directed to the Preceptor first then to the MATR Coordinator of Clinical Education or MATR Director where the appropriate course of action will be decided upon. |
| **J3** | **MATR STUDENTS TO MEDICAL DIRECTOR &/OR TEAM PHYSICIANS** |
| J3.1 | The medical director is the ultimate medical authority for the MATR. The Team Physician and/or Physician is the ultimate medical authority for patient care. |
| J3.2 | Always follow the physician’s directions explicitly. |
| J3.3 | Referral to the physicians during practicum rotations can only be made upon request by the Preceptors. |
| J3.4 | MATR students are encouraged to actively interact with the physician. When observing or participating a patient evaluation, MATR students should ask questions and be attentive to what the physician says or does.  |
| J3.5 | If you are present when a patient is being examined by a physician, present the case to the physician including history, the details of the illness or injury, and your impressions. |
| J3.6 | Whenever you are involved in patient care with a student athlete and an on-site physician always accompany the student athlete into the examination, be attentive and be able to inform the athletic training staff on the status of the student athlete or their injury. |
| J3.7 | Remember, these physicians are extremely busy, they may run behind schedule or seem abrupt at times, but they are vital to the performance of our jobs and should be treated with respect at all times. |
| **J4** | **MATR STUDENT TO COACHES/STAKEHOLDER** |
| J4.1 | The Preceptor is ultimately responsible for reporting injuries or the status of patients to the respective coach/stakeholder. |
| J4.2 | If a coach/stakeholder asks you a question about an athlete or their injury, answer it to the best of your knowledge, do not speculate. If a question still remains, refer the coach to the AT. At the discretion of the preceptor, a MATR student may be dismissed from a daily clinical experience due to a profession demeanor violation.  |
| J4.3 | Adhere to the coach’s rules as though you were a member of the team; avoid giving the appearance of having special privileges. |
| **J5** | **MATR STUDENT TO ATHLETES/PATIENTS** |
| J5.1 | The role of the MATR student is twofold: a student and an athletic training student. Each student is asked to remember that both in and out of the practicum facility, they are filling both of these roles and should act accordingly. |
| J5.2 | Treat each and every patient the same, in an inclusive manner and with respect. |
| J5.3 | Do not discuss a patient’s condition with anyone other than the patient, family, identified and approved stakeholders, preceptor and fellow students. Discussion with any other individual is a violation of the patient’s right to privacy and can result in a Disciplinary Report being issued. |
| J5.4 | Refer the patient to the Preceptor if he/she has a question you cannot answer. Do not speculate. |
| J5.5 | If any problems arise with a patient, refer the problem to your Preceptor immediately. |
| J5.6 | Each MATR student is expected to exercise a professional demeanor at all times and follow the NATA Code of Ethics. |
| J5.7 | Do not provide an excuse or provide any special favors for patients. |
| J5.9 | MATR students dating patients can lead to very compromising situation and therefore is discouraged. It is recognized that in working closely with various entities that friendships may arise with patients. MATR students developing a friendship with relationship possibilities with a patient should inform the MATR of the friendship so potential conflicts can be prevented. |
| J5.10 | If a relationship between a MATR student and a patient becomes evident in the practicum rotation setting and/or the MATR student cannot perform his/her duties, the MATR student will be reprimanded and may be removed from that assigned rotation. |
| **J6** | **MATR STUDENT TO HIGH SCHOOL ATHLETES/PATIENTS** |
| J6.1  | Practicum at the local high schools are for educational purposes only. It is unacceptable for MATR students to engage with high school patients on social networking sites. This includes but is not limited to: befriending, displaying friendships, posting pictures or videos with high school patients from associated practicum rotations |
| J6. 2  | MATR students dating high school aged patients is forbidden regardless of the age of the patient!  |
| J6.3  | All communications regarding a high school patient’s condition should be directed to the parents/guardians of the athlete, not through phone calls or texts to the patient directly. |
| **J7** | **MATR STUDENT TO MATR STUDENT** |
| J7.1 | Treat one another with respect and with a professional attitude. |
| J7.2 | Share the work as assigned, always do your part. |
| J7.3 | Be fair with those students in cohorts after yours. |
| J7.4 | Be constructive in your criticism and helpful in your comments. |
| J7.5 | Refer confrontations and problems to supervising Preceptor or MATR Faculty. |
| J7.6 | Always attempt to challenge each other to grow in skill and knowledge attainment. |
| **J8** | **MATR STUDENT TO THE PUBLIC AND MEDIA** |
| J8.1 | Accept their attention, graciously, do not seek it out. |
| J8.2 | Conduct yourself in a manner becoming to an allied health care professional. |
| J8.3 | Be courteous. |
| J8.4 | Refrain from discussions regarding patients, stakeholders, affiliates, health care providers, staff, coaches, or administrators. |
| J8.5 | Do not be the "inside source" for your friends or the media.  |
| J8.6 | Avoid making statements concerning the status of a patient; refer them to one of the faculty/staff athletic trainers. |
| J8.7 | Remember your first responsibilities are to your athletic training educational duties. Conversations not pertinent to your MATR student responsibilities should not interfere with your ability to complete those responsibilities.  |
| **J9** | **MATR STUDENT TO SALESPERSONS OR VENDORS** |
| J9.1 | You are more than welcome to listen to sales pitches made to preceptors and/or staff members and to ask questions, but refrain from talking business. |
| J9.2 | Do not accept free samples, unless given permission by your Preceptor. |
| J9.3 | Make no commitments. |
| J9.4 | Endorse no products. |
| J9.5 | Sign nothing. |
| J9.6 | Do not allow yourself to be photographed using a product that can be identified or used as advertisement. |
| **J10** | **MATR STUDENT TO ADMINISTRATORS** |
| J10.1 | Administrators have the ultimate responsibility for all aspects of a practicum site. If an administrator asks you a question about a patient or their condition answer it to the best of your knowledge but do not speculate. If a question still remains, refer the administrator to your Preceptor. |
| **J11** | **MATR STUDENT TO VISITORS** |
| J11.1 | All visitors to a Practicum facility are to be treated with proper courtesy and respect.  |
| J11.2 | The MATR Student should do everything in his/her power to make sure an injured opponent is treated with the best medical care. |
| **K** | **CLASSROOM EDUCATION GUIDELINES AND RESOURCES** |
| **K1** | **CLASS ATTENDANCE POLICY** |
| K1.1 | The MATR Faculty is responsible for the design and instruction of the academic courses contained within the curriculum. The faculty feels that these courses, combined with practicum education and experience, are vital to the overall success of students in the MATR. As such, the faculty feels students enrolled in the MATR should attend 100% of all class meetings. All MATRs will be required to attend and actively participate in all MATR courses.  |
| K1.1.1 | Students are expected to be seated and prepared to initiate class activities at the time designated for the class to begin. Those students not ready to initiate class as described will be considered tardy. Attendance policies are as determined by the individual professors. |
| K1.1.2 | Attendance will be taken at the beginning of classes and faculty is not obligated to amend the roll for students arriving after that time. Faculty may, at their discretion, choose to refuse admittance to anyone who arrives after class has begun (i.e. lock classroom doors or dismiss student.) |
| K1.1.3 | This policy applies to laboratory class meetings and includes a student failing to be in the appropriate dress. |
| K1.2 | MATR Faculty may choose to create an individual attendance policy for his/her course. Each student is responsible for reviewing attendance policy in the syllabus for each course. |
| **K2** | **COMPUTER USE** |
|  | At no time should computer use during class time be distracting to the student, classmates or faculty. Faculty may allow, discontinue, or ban use of a computer at any time.  |
| **K3** | **ACADEMIC INTEGRITY**  |
| K3.1 | The MATR Faculty are committed to maintaining the integrity of the academic process. MATR students are expected to understand and follow the UIS Academic Integrity Policy. Please see <https://www.uis.edu/academicintegrity/policy/> for the complete policy. Students should also review the AIC Procedure Flow Chart in **APPENDIX L**.  |
| K3.2 | Per Department of Allied Health By-Laws, all academic integrity instances will be processed through UIS’ Academic Integrity procedures.  |
| **L** | **LIBRARY AND EDUCATIONAL RESOURCES** |
| L1 | **Brookens Library** |
| L1.1 | MATR students have access to Brookens Library, the associated databases, and the resources available through Interlibrary Loan. Please see the Brookens Library website for more information <https://library.uis.edu/> |
| L1.2 | Purpose of Interlibrary Loan:Libraries cooperate to advance scholarship and learning by lending books and other materials to each other. Interlibrary loans are intended to give access to unusual materials occasionally needed that the local library may not own. As such it is not to be used as a substitute for materials already in the collection. |
| L1.3 | Brookens Library offers this service as a supplement to the Library's collection. Interlibrary loan is a privilege, not a right. There is no guarantee that if a request is sent, the material will be loaned. Every effort should be made to use this Library's resources first before requesting from other libraries. |
| **M** | **HEALTH AND SAFETY POLICIES**  |
| The practicum experience portion of the MATR is where students implement, practice, and master skills vital to their success as athletic training professionals. These experiences are provided in the form of practicum rotations (both on and off campus) with assignment to a Preceptor and are a required portion of the student’s educational experience. |
| **M1** | **IMMUNIZATION REQUIREMENT**  |
|  M1.1 | **Athletic training students are required to submit proof of the following immunizations prior to being allowed to complete any practicum rotations.** |
| * Annual PPD (purified protein derivative)
	+ The PPD skin test is a method used to diagnose silent (latent) tuberculosis (TB) infection. PPD stands for purified protein derivative.
	+ If the PPD is considered positive a Chest radiography is required, every three years.
* Hepatitis B immunization
	+ established by three reported dates of immunization or by documented testing of quantitative antibody titer
* Tetanus diphtheria
	+ every 10 years
* Rubella immunity
	+ established by two reported dates of vaccination or documented quantitative antibody titer
* Varicella immunity
	+ established by documented history or quantitative antibody titer or date of vaccination.
 |
|  M1.2 | **The immunization must be valid for the entire academic year in order to be considered cleared for practicum rotations.** |
| **M2** | **ACTIVE COMMUNICABLE DISEASE POLICY** **SUMMARY**All students enrolled in the MATR must help to ensure the safety and the health of the people they come in contact with on a daily basis. MATRs must seek medical attention immediately and discuss the restrictions/precautions that should be imposed due to their illness. The MATRs should inform their Practicum Course Instructor, Preceptor and the Coordinator of Clinical Education of their status and discuss plans to address any missed practicum experiences. The MATRs who has been diagnosed with a communicable/contagious disease must have a physician release before resuming their practicum activities. MATRs students are expected to review the complete explanation of the Active Communicable Disease Policy located in **APPENDIX M.** |
| **M3** | **UIS PATHOGENS POLICY** <https://www.uis.edu/athletictraining/policies-procedures> |
| M3.1 | Due to the nature of athletic training, the possibility of a student being exposed to blood or other bodily fluids containing a blood borne pathogen is ever present. Students are trained in and expected to utilize Universal Precautions whenever providing care in the presence of bodily fluids |
| M3.2 | While students are required to follow OSHA guidelines very closely, an exposure may occur. The UIS Pathogens Policy outlines the post-exposure steps for UIS Employees. These steps are listed below: |
| *Excerpt from UIS Pathogen Policy* **Exposure Management**Exposure management including post exposure prophylaxis shall be done according to UIS Campus Health Services’ policies, in compliance with OSHA standard 1919.1030 and Illinois statutes. UIS employees who have been determined to be at risk shall receive education regarding the management of exposures to bloodborne pathogens that shall include the following:1. Wound and skin exposures shall be immediately washed with soap and water for approximately 15 minutes.
2. Eye and mucous membrane exposures shall be rinsed in running water for 15 minutes.
3. Exposures shall be reported to the supervisor. The supervisor is responsible for notifying Human Resources and completing the appropriate paperwork.
4. Exposed individuals shall go as soon as possible (within one hour) to Campus Health Services follow-up evaluation and treatment.
5. UIS Campus Health Services shall provide a confidential medical evaluation and follow-up of all exposure events to employees. The follow-up shall include these components:
6. The route and circumstances of the exposure shall be documented.
7. The identification of the source individual shall be documented unless it is unfeasible or prohibited by university policies.
8. Serologic testing of the exposed employee shall be offered within the provisions of Illinois statutes for HIV. If the employee consents to baseline blood collection, but chooses not to be tested for HIV at that time, the sample shall be held for 90 days after the incident enabling the employee to have HIV testing within the 90 days.
9. The evaluation and follow-up protocols are based upon OSHA recommendations. A written follow-up letter shall be provided to the exposed employee with 15 days of the completion of the evaluation. The letter shall document:
10. That the employee has been informed of the results of the evaluation.
11. That the employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require any further evaluations or treatment.
12. The hepatitis B immunization status and the need for immunization.
13. The letter shall not include any confidential material.
14. The medical personnel responsible for evaluation of exposures shall be knowledgeable about the OSHA Bloodborne Pathogen standard 1910.1030.
 |
| **M4** | **ALH BODILY FLUID EXPOSURE POLICY** |
| Since the UIS Pathogens Policy outlines the post-exposure steps for UIS employees, the Department of Allied Health has slightly modified the post-exposure steps in order to better apply to students and the potential practicum rotation situations. The steps are included below: |
| **Department of Allied Health** **Post-Exposure Steps During Practicum Rotations and Laboratory Experiences**If a student experiences a needle stick, sharps injury, or is otherwise exposed to the blood of a patient while on a practicum rotation or in a laboratory experience, the student should:1. Immediately report the incident to your instructor or preceptor and perform basic first aid. Wash needle sticks, skin exposure and wounds with soap and water for approximately 15 minutes. Eye and mucous membrane exposures shall be rinsed in running water for 15 minutes.
	1. Prompt reporting is essential. In some cases, post exposure treatment may be recommended and should be started as soon as possible. If there is potential exposure to HIV, it is imperative to initiate prophylactic treatment within two hours of the incident. Also, without prompt reporting, the source patient may be released before testing for infectious disease can be conducted.
2. Seek post-exposure services.
	1. Students should immediately report to Health Services in the following situations:
		1. on-campus laboratory experience within Health Services hours of operation
		2. on-campus practicum site within Health Services hours of operation
		3. non-medical practicum sites within the Springfield area and within the Health Services hours of operation.
	2. Students should immediately seek treatment as outlined by the Site Coordinator\* or Clinical Liaison when the practicum rotation is a medical facility with an established exposure plan and the personnel to provide services.
	3. Students should **immediately** seek emergency/urgent medical treatment and identify themselves as a student who has just sustained an exposure in the following situations:
		1. If the exposure occurs after the operational hours of Health Services
		2. If the practicum site is not located in the Springfield area and the student cannot go to Health Services within one hour of exposure
		3. If the student cannot locate a person to guide them to proper care.
3. Obtain baseline laboratory tests, if indicated. The treating clinician should evaluate the type and severity of exposure and counsel the student on the risk of transmission of HIV, HBV and HCV. This may involve testing the student’s blood and that of the source patient and initiating post-exposure treatment.
	1. Acute Hepatitis Panel
	2. HIV Test
4. In conjunction with the Preceptor/Clinical Liaison (for practicums) or Instructor (for laboratory experiences), complete the **Bodily Fluid Exposure Report** (**APPENDIX N**). The Preceptor/Clinical Liaison/Instructor and/or student should immediately report the incident to the appropriate Director and/or Coordinator of Clinical Education and forward the completed Bodily Fluid Exposure Report within 24 hours of the exposure. The training site may require the student to complete a separate incident report for their facility.
5. The Chair of the Department of Allied Health will handle further reporting steps within UIS, while the student should handle all insurance actions (personal and UIS as determined).

\*The Site Coordinator/Clinical Liaison is the point of contact between the Program and the affiliated practicum site. For off-campus practicum sites located out of the Springfield area, the Coordinator of Clinical Education and/or Director will document the practicum personnel responsible for arranging post-exposure care, as a part of the documentation for a practicum site completed in advance of a student rotating to the site. |
| **M4** | **RADIATION EXPOSURE POLICY** |
| M4.1 | The athletic training facilities (MATR and UIS Athletic Training) at UIS do not house equipment that would expose the student to radiation. However, if a student completes a practicum experience that allows the student to see a procedure that requires exposure to radiation (such as x-ray or surgery under fluoroscope), then the student is expected to follow all policies and procedures implemented by that location.  |
| M4.2 | The following principles, which apply when radiation-producing devices are being operated, will help personnel reduce their exposure: * Time: Since accumulated dose is directly proportional to exposure time, the less time or duration for the radiation exposure, the less radiation exposure one receives
* Distance: The rate of radiation exposure is inversely proportional to the square of the distance from the source. Thus, maintaining more distance from a source of radiation offers increasingly helpful levels of radiation protection. Employee exposure drops dramatically with increased distance.
 |
| M4.3 | In locations where MATRs may be exposed to radiation, Preceptors are expected to:* provide the MATRs with the appropriate policies and procedures of the facility,
* explain to the MATRs how to effectively monitor and maintain exposure below the regulatory limits,
* provide monitoring device and ensure MATRs exposure is below regulatory limits.
 |
| **M5** | **SANITATION POLICY** |
| M5.1 | The MATR expects students to maintain sanitation standards during laboratory and practicum experiences. During these experiences, students should practice proper prevention and management recommendations which may include, but are not limited to:* + - 1. Keep hands clean by washing thoroughly with soap and warm water or using an alcohol-based hand sanitizer routinely.
1. Encourage immediate showering following activity.
2. Avoid whirlpools or common tubs with open wounds, scrapes or scratches.
3. Avoid sharing towels, razors, and daily athletic gear.
4. Properly wash athletic gear and towels after each use.
5. Maintain clean facilities and equipment.
6. Inform or refer to appropriate health care personnel for all active skin lesions and lesions that do not respond to initial therapy.
7. Administer or seek proper first aid.
8. Encourage health care personnel to seek bacterial cultures to establish a diagnosis.
9. Care and cover skin lesions appropriately before participation.
 |
| **N** | **PRACTICUM EDUCATION PLAN AND GUIDELINES** |
| The practicum experience portion of the MATR is where students implement, practice, and master skills vital to their success as athletic training professionals. These experiences are provided in the form of practicum rotations (both on and off campus) with assignment to a Preceptor and are a required portion of the student’s educational experience. |
| **N1** | **CONFIDENTIALITY STATEMENT (APPENDIX O)** |
| N1.1 | Each student is required to sign a confidentiality statement covering all practicum sites and agree, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific or confidential information regarding any patient, except as required by law or as authorized by the clinical site. |
| N1.2 | Each student is required to acknowledge their responsibility under applicable Federal Law and the Agreement between UIS, MATR and each respective practicum site, to keep confidential any information regarding athletic patients, as well as all confidential information of the practicum site. |
| N1.3 | In dealing with people, common sense must be your guideline. Always stay within the limits of your education and skill preparation. Do not discuss any patient related activities (injuries, treatments, doctor's reports, etc.) with others. The confidentiality of the medical atmosphere is paramount. |
| N1.4 | You may not release information to anyone regarding a patient. This includes the health status, open the patient's file for inspection, copy or reproduce any reports for anyone other than the patient, pass authorized information by telephone or use X-ray or test results for demonstration or instruction without prior, written permission. |
| N1.5 | These guidelines must be adhered to strictly. Disregarding these instructions will result in a Disciplinary Report being issued and potentially dismissal from the MATR. |
| **N2** | **CRIMINAL BACKGROUND CHECK POLICY** |
| N2.1 | If a student is assigned for clinical experiences/practicum at a clinical affiliate, other affiliate agency, organization, or school requiring a criminal background check, the student will be required to provide the requested information. Students are allowed in the facility at the clinical affiliates, other affiliate agency, organization, or school’s discretion. If the agency denies the student’s acceptance into the facility, the student will not be able to complete the clinical/practicum/field experience and will be withdrawn from the program. In certain situations, investigative background reports are ongoing and may be conducted at any time.  |
| N2.2 | Costs of criminal background checks are determined by the agency completing the checks and may change without advanced warning. Funds from the MATR Student Lab Fees will be utilized by the MATR to pay for the criminal background check. |
| **N3** | **DRUG TESTING POLICY** |
| N3.1 | If a student is assigned for clinical experiences/practicum at a clinical affiliate, other affiliate agency, organization, or school requiring a criminal background check, the student will be required to provide the requested information and complete any required procedures. Students are allowed in the facility at the clinical affiliates, other affiliate agency, organization, or school’s discretion. If the agency denies the student’s acceptance into the facility, the student will not be able to complete the clinical/practicum/field experience.  |
| N3.2 | Costs of drug testing are determined by the agency completing the checks and may change without advanced warning. Funds from the MATR Student Lab Fees will be utilized by the MATR to pay for the drug testing. |
| **N4** | **hipAA and FERPA TRAINING REQUIREMENT** |
|  | All students that are formally admitted into the MATR will be required to complete HIPAA and FERPA training on a yearly basis before starting Fall practicum experiences. In order to ensure compliance, HIPAA and FERPA training will be included in the practicum orientation meeting taking place within the first week of the summer semester. Each student will be required to review the two separate presentations posted on the MATR website: <https://www.uis.edu/athletictraining/policies-procedures> outlining the importance of HIPAA and FERPA. To test the knowledge and understanding, the students must then take and pass the associated quiz for each topic. Passing is defined as an 80% or better on each quiz. Failure to do so will result in the inability to begin clinical experience until this requirement is fulfilled. Compliance will be documented with the grades from the quizzes. |
| **N5** | **PRACTICUM EDUCATION Experience Guidelines and Requirements**In accordance with the 2020 CAATE Standards, the purpose of this policy is to assist the student in understanding his/her role and responsibilities during clinical experiences.  |
| N5.1 | **Athletic training students are required to attend off campus practicum rotations and to provide their own transportation to those assignments**. |
| N5.2 | MATR students will never be assigned to a practicum site or perform practicum education experiences without a preceptor providing direct supervision.  |
| N5.2.1 | Direct Supervision of MATR Students“Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the MATR student and the patient.”  |
| N5.3 | **Practicum Time Commitment Policy:** Each student MUST complete a minimum of **1110** but no more than **1480** clock hours of practicum athletic training experiences under the supervision of a Preceptor.  |
| N5.3.1 | The minimum and maximum hours for the entire MATR are determined by the sum of the individual practicum courses. * ATH 519: 60 – 80
* ATH 529: 180 – 240
* ATH 539: 180 – 240
* ATH 549: 60 – 80
* ATH 559: 180 – 240
* ATH 569: 450 – 600
 |
| N5.3.2 | Students are required to stay within their maximum hours for each rotation and each semester.  |
| N5.3.3 | Occasionally, an educational opportunity (observe a surgery, participation in post-season competition, etc.) may arise when a student is at (or close to) their maximum. Students wish to go over their maximum for such an opportunity are required to request permission from the Coordinator of Clinical Education or MATR Director to go over their maximum hours. In these situations, permission to exceed the maximum and the number of extra hours allowed will be determined on a case by case basis.  |
| N5.3.4 | Students not meeting the minimum number of practicum hours will be negatively impacted in their grade for the practicum course they are enrolled.  |
| N5.3.5 | Assigned hours at a practicum site may be adjusted due to changes in the Preceptor’s schedule that would affect direct supervision. |
| N5.4 | Students may not assist or perform any skill they have not received appropriate training and validation of skill performance.  |
| N5.5 | As defined by Standard 17 of the 2020 Standard for Professional Programs, the MATR’s “clinical education component is planned to include clinical practice opportunities with varied client/patient populations. Populations must include clients/patients* throughout the lifespan (for example, pediatric, adult, elderly),
* of different sexes,
* with different socioeconomic statuses,
* of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
* who participate in nonsport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).
 |
| N5.6 | All AT students are required to complete assigned competencies/proficiencies at a level specific expectation. PY1: = 3; PY2 = 4; using the following scale:**5** = Student's knowledge / performance is **exceptional** with no errors/preceptor assistance and at a level **ready for unsupervised practice**.**4** = Student's knowledge / performance is **above average** with self-initiated correction of non-critical errors without need for Preceptor intervention and at the level of an **advanced learner.****3** = Student's knowledge / performance is **average** with non-critical errors or minimum prompting required by Preceptor and at the level of an **early learner.****2** = Student's knowledge / performanceis **below average** with errors orprompting required by Preceptor and at a level below but **approaching an early learner**. **(Remediation Needed)** **1** = Student's knowledge / performance is **unsatisfactory** with critical, harmful / potentially harmful errors which necessitates Preceptor intervention. **(Remediation Needed)** |
| N5.7 | Once a student has successfully completed and been evaluated on a MATR proficiency, he/she may begin to utilize these skills on a daily basis, under the supervision of a preceptor. |
| N5.8 | The MATRs is expected to be present and active in all academic and clinical roles as part of his/her overall education; failure to do so results in a student compromising his/her own educational experience. |
| N5.9 | MATR students are not to serve in the capacity of an Athletic Trainer. Athletic training students are not to act in the capacity of managers, secretarial support staff, or coaches, but are expected to work closely with their supervising Preceptor in their respective roles. Requests to perform tasks other than athletic training related duties are not to compromise their educational experience. |
| **N6** | **PRACTICUM ASSIGNMENT POLICY** |
| N6.1 | MATRs will be assigned to practicum rotations based upon a variety of factors which include, but are not limited to, the following: previous experience and clinical rotations, clinical experiences needed prior to anticipated program completion, indicated professional practice preferences, clinical proficiency and competency, professional responsibility and dependability, extracurricular activities, academic performance, class schedules, employment and other factors as felt to be pertinent by the MATR Faculty. |
| N6.2 | MATRs are to abide by the rules of their practicum rotation when attending events (home or away) related to the rotation. |
| N6.3 | When in practicum rotations, be prepared to provide treatments or perform tasks (appropriate to the education level of the student) as deemed necessary by the Preceptor. |
| N6.4 | While at practicum rotations, the use of profanity, horse play, or actions unacceptable to the allied health care professional, will not be tolerated. |
| N6.5 | All rules of the NCAA (www.ncaa.org) and Great Lakes Valley Conference (www.glvcsports.com) governing practices, events, or competitions are to be followed by the athletic training students. |
| N6.6 | All MATRs will submit an evaluation for each practicum site they attend and each Preceptor they were assigned. These evaluations will become a part of summative reports each semester.  |
| **N7** | **PRACTICUM ATTENDANCE POLICY** |
| N7.1 | A student in the MATR is required to attend and actively participate in ***all*** scheduled/assigned practicum experiences. Therefore, all athletic training students will be required to attend and be actively involved in all practicum experiences as assigned. Additionally, being “tardy” for any practicum assignment will be considered an absence under the terms of this policy. |
| N7.2 | Students are expected to be ready to initiate the practicum assignment at the designated time. Those students not ready, including appropriate dress and equipment, to initiate the practicum assignment as described will be considered tardy. |
| N7.3 | Preceptors are expected to inform the Coordinator of Clinical Education about a MATR student is absent or repeatedly tardy to a practicum rotation. Furthermore, the Preceptor may choose to dismiss a MATR student from the practicum rotation due to tardiness. |
| N7.4 | If an unexpected situation should arise where a student cannot attend a scheduled practicum rotation, he/she **must** contact the supervising preceptor and apprise them of the situation immediately. The student **must** then complete a Practicum Absence Request Form (**APPENDIX P**) and submit it to the Coordinator of Clinical Education by the next day. Hours missed during an absence will be made up at the discretion of the preceptor.  |
| N7.5 | Due to the nature of athletic training, practicum schedules may change without warning or notice. As such the MATR requires these events receive the same consideration and attendance as all other events. At no time is anyone other than the supervising Preceptor allowed to excuse a student from a practicum experience. |
| N7.6 | Requests for excused absences (including dates and reason) must be submitted in writing to the Preceptor one week prior to the absence. Failure to comply with this procedure may result in a Disciplinary Report and the travel may not be approved. Understandably, there will be times when absences cannot be pre-approved (illness, family emergency, etc.). These will be dealt with at the discretion of the Preceptor. |
| N7.7 | It is the MATR student’s responsibility to communicate with all appropriate instructors, Preceptors, and Coordinator of Clinical Education when these instances do arise. Again, the student should make every effort in advance of the absence to follow this notification procedure.  |
| N7.8 | Records of Disciplinary Reports will become a part of the MATR student’s permanent record. Any student who is tardy or absent from assigned practicum experiences may be issued a Disciplinary Report and follow the Disciplinary Reports Policy. |
| **N8** | **DISCIPLINARY ACTION**  |
|  | Any MATR student violating any items as specified under the MATR Student Conduct section regarding responsibilities, dress code, or policies and procedures is subject to disciplinary action. Below is the guideline that will be followed; however, if a situation occurs that blatant misconduct is found to have occurred, a more severe penalty may be involved. A Disciplinary Report is written documentation of student misconduct. At the discretion of the Preceptor, the MATR student may be immediately removed from the practicum rotation on the day of issuance. (**APPENDIX Q**) The following guidelines will be utilized when issuing a Disciplinary Report:  |
| N8.1 | Disciplinary Report Procedure |
| N8.1.1 | When a violation occurs the preceptor must inform the MATR student of the infraction and complete the Disciplinary Report. |
| N8.1.2 | Once the Disciplinary Report is written the preceptor should meet with the student, allow the student to read the report, and provide the student with the student’s component of the Disciplinary Report. |
| N8.1.3 | The preceptor’s component should then be forwarded to the Coordinator of Clinical Education. |
| N8.1.4 | The Coordinator of Clinical Education will then contact the student and schedule a meeting to discuss the incident. The student should bring his/her component of the Disciplinary Report to the scheduled meeting, and a final decision is made. |
| N8.1.5 | Once the meeting is complete the Coordinator of Clinical Education will advise the Preceptor, Practicum Course Instructor and MATR Director the result of the meeting. |
| N8.2 | At the discretion of the preceptor, the practicum experience of a student may be suspended until the Disciplinary Report is resolved. |
| N8.3 | If you receive one Disciplinary Report, your practicum grade will not be impacted. For every Disciplinary Report thereafter, your overall practicum course grade will be reduced by 5%.  |
| N8.4 | Practicum hours missed as a result of a Disciplinary Report must be made up in the respective clinical rotation by the end of practicum rotations. These make-up hours must be scheduled with the Preceptor prior to returning to normal practicum rotations. |
| N8.5 | Students wishing to appeal an unsatisfactory clinical grade due to disciplinary reports should follow the grievance process. |
| N8.6 | **Based on the individual review of the disciplinary infraction, the MATR reserves the right to suspend an individual from practicum rotations. Suspension of a student will be determined by a majority vote of an Allied Health disciplinary committee created to review a serious infraction.**  |
| N8.7 | Appeal ProcessThe student has the right to appeal any infraction they receive. Students must appeal to the MATR Program Director in writing within one week of the notification of disciplinary decision. |
| N8.8 | ReinstatementWhen and if the student is reinstated, they will resume their normal activities. |
| **N9** | **STUDENT RESPONSIBILITIES** |
| N9.1 | CommunicationAlways stay within the limits of your education and skill preparation. Do not discuss any athletic training clinic activities (injuries, treatments, doctor's reports, etc.) with others. **You may NOT release information to anyone regarding an athlete. This includes the health status of an athlete, open the athlete's file for inspection, copy or reproduce any reports for anyone but the athlete, pass authorized information by telephone or use X-ray or test results for demonstration or instruction without prior, written permission.** **These guidelines must be adhered to strictly.** |
| N9.2 | Availability1. MATR student responsibilities begin at the scheduled time and continue until the student is dismissed by the preceptor.
2. Schedule all personal appointments outside of practicum hours.
3. Personal business should not be conducted during practicum rotations. This will hamper the patient care and learning experiences.
 |
| N9.3 | Punctuality: The MATR punctuality rule: to be early is to be on time, to be on time is to be late, and to be late is unacceptable.When practicum rotations begin - look for something to do. No sitting and talking.Be efficient and stay on task. When unexpected circumstances will result in late arrival. It is the student’s responsibility to contact the preceptor immediately. |
| N9.4 | Travel:As part of the MATR experience, MATR students may be provided the opportunity to travel with various athletic teams. When traveling with athletic teams athletic training students must follow the rules and guidelines of the respective team he/she is traveling with. Failure to comply will result in a Disciplinary Report being issued and possible reassignment to a different practicum experience. |
| N9.5 | In General1. When present, the team physician is the medical authority on any injury/illness or injury/illness situation.
2. When the team physician is absent, the authority then falls to the Preceptor (refer to the chain of command in the MATR Student Handbook).
 |
| **O** | **PROGRAM EVALUATIONS** |
| **O1** | **PRACTICUM HOURS DOCUMENTATION (Through Trajecsis)** |
| O1.1 | Students are required to document their weekly practicum experiences and hours, etc. and then request their Preceptor to verify the hours.  |
| O1.2 | Students will record one hour for each hour they are engaged in practicum experiences. Partial hours are recorded to the nearest ¼ hour. When rounding to the nearest ¼ hour, you must complete 8 minutes or more of the ¼ hour to round up. If you complete less than 8 minutes of the ¼ hour, you should round down. |
| O1.3 | When recording the amount of practicum time completed on the time sheet the student should utilized the following values: 15 min = .25 30 min = .50 45 min = .75 |
| O1.4 | Students can only record actual hours spent performing practicum activities (hours to and from the practicum site or hours spent traveling are not acceptable). |
| O1.5 | Student requesting a change in practicum schedule should receive permission (when possible) from the Coordinator of Clinical Education in advance of the change.  |
| O1.6 | In instances when a sudden schedule change is required due to an urgent situation, the student is expected to communicate with his/her preceptor regarding the situation and then complete the Absence Request – Practicum Experience (**APPENDIX P**) form within 24 hours.  |
| **O2** | **MATR STUDENT ROTATION EVALUATION and DOCUMENTATION**  |
| O2.1 | Each student must submit a student evaluation form completed by the Preceptor at the conclusion of his/her practicum rotation. This form provides the Preceptor’s evaluation of the student’s knowledge / performance during the rotation and will document the student’s progress towards:1. Cognitive Development
2. Psychomotor Skill Attainment
3. Affective Development
 |
| O2.2 | The Coordinator of Clinical Education will collect these evaluations during the semester.  |
| **O3** | **PRECEPTOR / SITE EVALUATION** |
| O3.1 | Each student must complete a Site Evaluation to evaluate his/her practicum experience at the practicum site at the conclusion of the rotation (**APPENDIX R**) |
| O3.2 | Each student must complete an Preceptor Evaluation to evaluate his/her practicum clinical experience with the practicum instructor at the conclusion of the rotation (**APPENDIX S**) |
| O3.3 | The information obtained remains anonymous and is utilized to evaluate the effectiveness of the particular preceptor / site. |
| O3.4 | The Coordinator of Clinical Education and/or MATR Director shall meet with each preceptor to discuss the student survey. General comments will be shared with the preceptor to help him/her to improve their practicum site and/or their teaching methods. |
| **P** | **PROFESSIONAL ORGANIZATIONS**  |
| Home IATA |
|  R1 | **NATIONAL ATHLETIC TRAINERS’ ASSOCIATION****(NATA) As taken from www.nata.org**The National Athletic Trainers’ Association is the professional organization of the athletic training profession. Founded in 1950, the association now has over 36,000 members. The NATA is committed to encouraging, promoting, and advancing the profession of athletic training. The NATA sets standards for practicing certified athletic trainers through its education programs. Students are encouraged to become members of this organization. |
|  R2 | **GREAT LAKES ATHLETIC TRAINERS ASSOCIATION****(GLATA) As taken from www.glata.org**The Great Lakes Athletic Trainers' Association (GLATA) represents District 4 of the National Athletic Trainers' Association (NATA). As part of the federation of the 10 NATA districts, we are integrated with the national association, but operate independently with our own board and agenda. However, membership dues for District 4 are paid along with your NATA dues. |
|  R3 | **ILLINOIS ATHLETIC TRAINERS ASSOCIATION** **(IATA) As taken from www.illinoisathletictrainers.org**The Illinois Athletic Trainers Association, Inc. (IATA) is a professional membership organization for licensed athletic trainers (ATC) and others who support the athletic training profession in the State of Illinois. Incorporated as a general not for profit corporation in 1982 with just over 100 members, the IATA currently serves over 1600 members in a number of healthcare settings throughout the State of Illinois. The mission of the IATA is to improve the quality of healthcare in the State of Illinois through the advancement, promotion, and improvement of the athletic training profession for practicing Athletic Trainers in all settings, and to be proactive in creating effective partnerships in our communities, as well as among those interested in athletic training as a career. In addition, IATA provides a means for a free exchange of ideas for the Illinois athletic training field. |

**APPENDIX A – MATR CURRICULUM – 64 Total Hours**

 **Professional Year 1 (PY1)**

|  |  |
| --- | --- |
| **Summer** |  |
| ATH 511: Foundations of Athletic Training Practice | 3 cr |
| ATH 512: Emergency Care | 3 cr |
| ATH 513: Applied Clinical Anatomy and Physiology I | 2 cr |
| ATH 515: Therapeutic Intervention Concepts | 2 cr |
| ATH 519: Athletic Training Practicum I  | 1 cr |
| **TOTAL** | **11 cr** |
| **Fall** |  |
| ATH 522: Lower Quarter Assessment and Management | 3 cr |
| ATH 524: Psychosocial Aspects in Athletic Training | 1 cr |
| ATH 525: Therapeutic Interventions I  | 3 cr |
| ATH 527: Clinical Proficiency Integration I | 1 cr |
| ATH 528: Evidence-Based Research Methods | 2 cr |
| ATH 529: Athletic Training Practicum II | 2 cr |
| **TOTAL** | **12 cr** |
| **Spring** |  |
| ATH 532: Upper Quarter Assessment and Management | 3 cr |
| ATH 533: Applied Clinical Anatomy and Physiology II | 2 cr |
| ATH 535: Therapeutic Interventions II | 3 cr |
| ATH 537: Clinical Proficiency Integration II | 1 cr |
| ATH 538: Applied Research I | 1 cr |
| ATH 539: Athletic Training Practicum III | 2 cr |
| **TOTAL** | **12 cr** |

**Professional Year 2 (PY2)**

|  |  |
| --- | --- |
| **Summer** |  |
| ATH 541: Health, Wellness, and Exercise Applications for Athletic Training | 2 cr |
| ATH 542: Medical Conditions | 3 cr |
| ATH 545: Therapeutic Interventions III  | 2 cr |
| ATH 549: Athletic Training Practicum IV  | 1 cr |
| **TOTAL** | **8 cr** |
| **Fall** |  |
| ATH 551: Advanced Techniques in Athletic Training Practice  | 2 cr |
| ATH 552: Gait, Posture, and Movement Assessment | 2 cr |
| ATH 555: Therapeutic Interventions IV  | 2 cr |
| ATH 556: Athletic Training Administration  | 3 cr |
| ATH 557: Clinical Proficiency Integration III | 1 cr |
| ATH 559: Athletic Training Practicum V | 2 cr |
| **TOTAL** | **12 cr** |
| **Spring** |  |
| ATH 561: Contemporary Management and Leadership in Healthcare | 2 cr |
| ATH 567: Clinical Proficiency Integration IV | 1 cr |
| ATH 568: Applied Research II | 1 cr |
| ATH 569: Athletic Training Practicum VI  | 3 cr |
| ATH 595: Graduate Seminar in Athletic Training | 2 cr |
| **TOTAL** | **9 cr** |

ATH 596: Continuing Enrollment in Graduate Seminar 0 cr

**APPENDIX B – MATR COURSE DESCRIPTIONS**

**Professional Year 1 (PY1)**

|  |  |
| --- | --- |
| **Summer** |  |
| **ATH 511: Foundations of Athletic Training Practice**This course will familiarize the student with the foundational concepts and skills prominent in the profession of athletic training. Topics presented will include: professional history and governance, roles and responsibilities in team healthcare, effective communication, and the legalities of modern healthcare. Instruction in basic evaluation, documentation, and injury prevention techniques (e.g taping, wrapping, bracing, protective equipment) are also included. | 3 cr |
| **ATH 512: Emergency Care**This course is designed to provide the student with the knowledge and skills to meet the needs of most situations when emergency first aid care is critical to saving a life and minimizing the severity of injuries. Topics addressing individual and environmental risk factors, circulation and airway management, immobilization, bleeding control, and management of sudden illness will be presented. Personal safety and accident prevention of the health care provider will also be incorporated. | 3 cr |
| **ATH 513: Applied Clinical Anatomy and Physiology I**This course focuses on the identification, palpation, and interconnected relationships of anatomical structures utilized during human movement. Muscle origin, insertion, action and innervation will be a primary focus of this course. | 2 cr |
| **ATH 515: Therapeutic Intervention Concepts**This course provides the student with foundational knowledge of the theories and principles related to injury intervention. Topics will include: the pathophysiology of injury, tissue healing, theories of pain and pain control, and the factors influencing structural stability and mobility. | 2 cr |
| **ATH 519: Athletic Training Practicum I**In this course, the student will complete supervised fieldwork experiences in emergency care.  | 1 cr |
| **TOTAL** | **11 cr** |
| **Fall** |  |
| **ATH 522: Lower Quarter Assessment and Management**Recognition, assessment and management of injuries and conditions pertaining to the lower quarter. Common assessment and imaging techniques for common injuries of the lower quarter will be included in the lab portion of the course. The utilization of evidence-based assessment practices will be incorporated throughout the course. | 3 cr |
| **ATH 524: Psychosocial Aspects in Athletic Training**The purpose of this course is to develop an understanding of the psychosocial aspects of physical activity. Emphasis is placed on the psychological, social, and environmental factors that influence injury predisposition, response to injury, and rehabilitation, as well as the appropriate intervention required. Cultural competency of the clinician will be incorporated throughout the course.  | 1 cr |
| **ATH 525: Therapeutic Interventions I** This course provides the student with foundational knowledge of the theories, principles, and applications of interventions utilizing therapeutic modalities and rehabilitation for lower quarter conditions. Focus will include designing and planning therapeutic interventions according to evidence-based protocols. | 3 cr |
| **ATH 527: Clinical Proficiency Integration I**This course is designed to test the proficiency of the athletic training student on the curricular content standards as outlined by the Commission on the Accreditation of Athletic Training Education (CAATE). Competencies for this course include but are not limited to: basic taping, universal precautions, musculoskeletal anatomy and physiology, and the foundational information of athletic training.  | 1 cr |
| **ATH 528: Evidence-Based Research Methods**This course will focus on outlining the foundation of evidence-based practice in athletic training. The student will gain a basic understanding of principles in evidence-based practice and how to incorporate those principles into clinical practice. The student will develop the skills to generate an appropriate clinical question, to search and critically evaluate the relevant literature, and to make a clinical recommendation based on the findings.  | 2 cr |
| **ATH 529: Athletic Training Practicum II**In this course, the student will complete supervised fieldwork experiences focusing on activities with frequent lower extremity injuries.  | 2 cr |
| **TOTAL** | **12 cr** |
| **Spring** |  |
| **ATH 532: Upper Quarter Assessment and Management**Recognition, assessment and management of injuries and conditions pertaining to the upper quarter. Common assessment and imaging techniques for common injuries of the upper quarter will be included in the lab portion of the course. The utilization of evidence-based assessment practices will be incorporated throughout the course. | 3 cr |
| **ATH 533: Applied Clinical Anatomy and Physiology II**This course focuses on the identification, diagnostic procedures, and interconnected relationships of bodily systems during human movement. Anatomical structures, physiological processes, pathophysiology of disease, and common diagnostic techniques for the nervous, endocrine, cardiovascular, and respiratory systems will be the primary focus, but the major anatomic structures of other body systems (e.g. gastrointestinal, dermatological, etc) will also be incorporated. | 2 cr |
| **ATH 535: Therapeutic Interventions II**This course provides the student with foundational knowledge of the theories, principles, and applications of interventions utilizing therapeutic modalities and rehabilitation for upper quarter conditions. Focus will include designing and planning therapeutic interventions according to evidence-based protocols. | 3 cr |
| **ATH 537: Clinical Proficiency Integration II**This course is designed to test the proficiency of the athletic training student on the curricular content standards, as outlined by the Commission on the Accreditation of Athletic Training Education (CAATE). Competencies for this course include but are not limited to: assessment and management techniques of lower and upper quarter injuries, applied anatomy and physiology, therapeutic modalities, and evidence-based clinical decision making. | 1 cr |
| **ATH 538: Applied Research I**This course applies the evidence-based practice concepts by focusing on clinician- and patient-centered outcome measures. Exploration of primary literature focused on clinical questions related to the design, implementation, and modification of therapeutic interventions, will lead the student to complete a thorough review of the literature and to design a research protocol for a research project relevant to athletic training. | 1 cr |
| **ATH 539: Athletic Training Practicum III**In this course, the student will complete supervised fieldwork experiences focusing on activities with frequent upper extremity injuries. | 2 cr |
| **TOTAL** | **12 cr** |

**Professional Year 2 (PY2)**

|  |  |
| --- | --- |
| **Summer** |  |
| **ATH 541: Health,** **Wellness, and Exercise Applications for Athletic Training**This course is designed to introduce the health, wellness, and strength training concepts necessary for athletic trainers. The student will learn the concepts of program design, flexibility training, strength training, balance, speed, agility, and cardiovascular training. Assessment of general fitness concepts such as body composition, risk factors, weight management, and nutritional considerations will be incorporated to emphasize the importance of developing an individualized exercise program. | 2 cr |
| **ATH 542: Medical Conditions**This course provides the student with knowledge of the pathophysiology, diagnostic techniques, and treatment protocols for the common medical conditions for each body system.  | 3 cr |
| **ATH 545: Therapeutic Interventions III** This course provides the student with foundational knowledge of the theories and principles related to pharmacological intervention utilized during injury and/or illness. | 2 cr |
| **ATH 549: Athletic Training Practicum IV**In this course, the student will complete supervised fieldwork experiences in a general medical setting. | 1 cr |
| **TOTAL** | **8 cr** |
| **Fall** |  |
| **ATH 551: Advanced Techniques in Athletic Training Practice**This course offers the student the opportunity to learn the advanced techniques utilized in the practice of athletic training. The specific techniques of the course will be modified as needed based on the current Athletic Training Practice Analysis and CAATE curricular content standards. | 2 cr |
| **ATH 552: Gait, Posture, and Movement Assessment**This course will provide the student with a comprehensive approach to assess and manage common pathomechanical patterns in gait, posture, and movement. Common diagnostic and rehabilitative techniques will be incorporated throughout the course. | 2 cr |
| **ATH 555: Therapeutic Interventions IV** This course provides the student with foundational knowledge of the theories, principles, and applications of interventions utilizing therapeutic modalities and rehabilitation for spinal conditions. Focus will include designing and planning therapeutic interventions according to evidence-based protocols. | 2 cr |
| **ATH 556: Athletic Training Administration** This course provides the student with knowledge and skills needed to administrate an athletic training facility. The student will gain knowledge in pre-participation screening, legal issues, emergency planning, record keeping, facility design, and budgetary strategies.  | 3 cr |
| **ATH 557: Clinical Proficiency Integration III**This course is designed to test the proficiency of the athletic training student on the curricular content standards, as outlined by the Commission on the Accreditation of Athletic Training Education (CAATE). Competencies for this course include but are not limited to: the recognition and management of common medical conditions; health, wellness, and conditioning applications; psychosocial and cultural concepts; functional movement, and therapeutic exercise. | 1 cr |
| **ATH 559: Athletic Training Practicum V**In this course, the student will complete supervised fieldwork experiences with an equipment intensive sport.  | 2 cr |
| **TOTAL** | **12 cr** |

|  |  |
| --- | --- |
| **Spring** |  |
| **ATH 561: Contemporary Management and Leadership in Healthcare** The focus of this course is two-fold. First, this course provides the student with the knowledge and skills necessary to be a healthcare professional practicing athletic training as a life-long learner. Second, this course introduces the student to the interprofessional nature of today’s healthcare environment. Activities incorporating additional healthcare providers will be emphasized throughout the course.  | 2 cr |
| **ATH 567: Clinical Proficiency Integration IV**This course is designed to test the proficiency of the athletic training student on the curricular content standards, as outlined by the Commission on the Accreditation of Athletic Training Education (CAATE). Competency for each student will be assessed and addressed in a personalized manner.  | 1 cr |
| **ATH 568: Applied Research II**In this course, the student will apply evidence-based practice concepts by implementing a research protocol, collecting data, analyzing the data collected and drafting a research abstract and manuscript for professional submission.  | 1 cr |
| **ATH 569: Athletic Training Practicum VI**In this course, the student will complete supervised fieldwork experiences in a practice-intensive setting that allows the student to experience the totality of care provided by athletic trainers and emphasizing therapeutic interventions. These fieldwork experiences will be the entire semester and will utilize student input and future employment interest to help determine clinical placement.  | 3 cr |
| **ATH 595: Graduate Seminar in Athletic Training**Taken during the last semester of studies, this courses integrate the coursework and practicum experiences to ensures the student possesses the clinical decision making skills to complete a comprehensive assessment exam of the knowledge, skills, and abilities in athletic training. Approval of Program Director is required.  | 2 cr |
| **TOTAL** | **9 cr** |
| **ATH 596: Continuing Enrollment in Graduate Seminar**The student who takes ATH 595 and does not pass the comprehensive assessment exam of the knowledge, skills, and abilities in athletic training while enrolled must register for ATH 596 for zero credit hours (one billable hour) each fall and spring until the exam is passed. Prerequisite: ATH 595 | 0 cr |

|  |  |
| --- | --- |
| **TOTAL CREDIT HOURS:**  | **64** |

**APPENDIX C**

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**MATR**

**At-Risk Meeting Form**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment/Exam/Course in which student was unsuccessful: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Discussion/Plan for Remediation:

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Student referred to Remediation Coordinator? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Instructor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MATR Director Signature Date

#  **MATR PROFICIENCY REMEDIATION FORM**

## Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CPI Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proficiency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Earned Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **MATR GRADING SCALE FOR PROFICIENCY PAPERWORK****5** = Student's knowledge / performance is **exceptional** with no errors/preceptor assistance and at a level **ready for unsupervised practice**. |
| **4** = Student's knowledge / performance is **above average** with self-initiated correction of non-critical errors without need for Preceptor intervention and at the level of an **advanced learner.** |
| **3** = Student's knowledge / performance is **average** with non-critical errors or minimum prompting required by Preceptor and at the level of an **early learner.** |
| **2** = Student's knowledge / performanceis **below average** with errors orprompting required by Preceptor and at a level below but **approaching an early learner**. **(Remediation Needed)**  |
| **1** = Student's knowledge / performance is **unsatisfactory** with critical, harmful / potentially harmful errors which necessitates Preceptor intervention. **(Remediation Needed)** |
| **N/A** = Not Assessed |

Focus of Remediation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student referred to Remediation Coordinator? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

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Student Signature Date

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Evaluator Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCE Signature Date

**APPENDIX D – MATR TEXTBOOKS**

**BOC Exam Reference 2020 – 2021** **\*** Textbook used for multiple classes N = New U = Used

|  |  |  |
| --- | --- | --- |
| **Course Title & Name** | **Required Textbook** | **Approx Cost** |
| ATH 511: Foundations of Athletic Training Practice | **\*Prentice WE. *Principles of Athletic Training: A Guide to Evidence-Based Clinical Practice.* 16th edition, Boston: McGraw-Hill, 2016. (ISBN: 978-1-2598-2400-5)** | N: $140U: $102 |
|  | Beam JW. Orthopedic Taping, Wrapping, Bracing, & Padding. 3rd ed. Philadelphia, PA: FA Davis; 2017. (ISBN: 978-0-8036-5848-6) | N: $91U: $69 |
|  | **\*Starkey C, Brown SD, Ryan J. *Examination of Orthopedic and Athletic Injuries.* 4th ed. Philadelphia, PA: F.A. Davis; 2015.** **(ISBN: 978-0-8036-3918-8)**  | N: $120U: $90 |
|  | \*Kettenbach G, Schlomer SL. *Writing Patient/Client Notes: Ensuring Accuracy in Documentation.* 5th ed. Philadelphia, PA: FA Davis; 2016. (ISBN: 978-0-8036-3820-4) | N: $47U: $39 |
| ATH 512: Emergency Care | Cleary MA, Flanagan KW.  *Acute and Emergency Care in Athletic Training.* Champaign, IL:  Human Kinetics, 2020.(ISBN: 978-1492536536) | N: $87U: $68 |
| ATH 513: Applied Clinical Anatomy and Physiology I | \*Archer P, Nelson LA. *Applied Anatomy and Physiology for Manual Therapist.* Philadelphia, PA: Lippincott; 2013. (ISBN: 978-1-60547-655-1) | N: $100U: $90 |
|  | **Biel A. *Trail Guide to the Body.* 6th ed. Boulder, CO: Books of Discovery; 2019. (ISBN: 978-0-9987850-6-6)**  | N: $77U: $58 |
|  | Biel A. *Student Workbook:* *Trail Guide to the Body.* 6th ed. Boulder, CO: Books of Discovery; 2019. (ISBN: 978-0-991466672) | N: $30U: $23 |
| ATH 515: Therapeutic Intervention Concepts | **\*Denegar C, Saliba E, Saliba S. *Therapeutic Modalities for Musculoskeletal Injuries.* 4th ed. Champaign, IL: Human Kinetics; 2016. (ISBN: 978-1-4504-6901-2)** | N: $99U: $75 |
|  | **\*Kisner C, Colby LA, Borstad J. *Therapeutic Exercise: Foundations and Techniques.* 7th ed. Philadelphia, PA: F.A. Davis; 2017.** **(ISBN: 978-0-8036-5850-9)** | N: $94U: $55 |
| ATH 519: Athletic Training Practicum I | None |  |
| ATH 522: Lower Quarter Assessment and Management | **\*Starkey C, Brown SD, Ryan J. *Examination of Orthopedic and Athletic Injuries.* 4th ed. Philadelphia, PA: F.A. Davis; 2015.** **(ISBN: 978-0-8036-3918-8)**  | **XXXXX** |
|  | \*Starkey C, Brown SD, Ryan J. *Orthopedic and Athletic Injury Examination Handbook.* 3rd ed. Philadelphia, PA: F.A. Davis; 2015 (ISBN:978-0-8036-3919-5) | N: $70U: $53 |
|  | \*Kettenbach G, Schlomer SL. *Writing Patient/Client Notes: Ensuring Accuracy in Documentation.* 5th ed. Philadelphia, PA: FA Davis; 2016. (ISBN: 978-0-8036-3820-4) | **XXXXX** |
| ATH 524: Psychosocial Aspects in Athletic Training | Granquist M., Hamson-Utley J, Kenow L, Stiller-Ostrowski J. *Psychosocial Strategies for Athletic Training.* Philadelphia, PA: FA Davis; 2014. (ISBN: 978-0803638174) | N: $70U: $40 |
| ATH 525: Therapeutic Interventions I | **\*Denegar C, Saliba E, Saliba S. *Therapeutic Modalities for Musculoskeletal Injuries.* 4th ed. Champaign, IL: Human Kinetics; 2016. (ISBN: 978-1-4504-6901-2)** | **XXXXX** |
|  | **\*Kisner C, Colby LA, Borstad J. *Therapeutic Exercise: Foundations and Techniques.* 7th ed. Philadelphia, PA: F.A. Davis; 2017.** **(ISBN: 978-0-8036-5850-9)** | **XXXXX** |
| ATH 527: Clinical Proficiency Integration I | None | **XXXXX** |
| ATH 528: Evidence-Based Research Methods | **\*Van Lunen B, Hankemeier D. Evidence-Guided Practice: A Framework for Clinical Decision Making in Athletic Training. Thorofare, NJ: SLACK Inc; 2015. (ISBN: 978-1-61711-603-2)** | N: $64U: $48 |
|  | \*Adams M, Swiger W. *Epidemiology for Athletic Trainers: Integrating Evidence-Based Practice.* Thorofare, NJ: SLACK Inc; 2015. (ISBN: 978-1-6171-1916-3) | N: $60U: $45 |
| ATH 529: Athletic Training Practicum II | None | **XXXXX** |
| ATH 532: Upper Quarter Assessment and Management | **\*Starkey C, Brown SD, Ryan J. *Examination of Orthopedic and Athletic Injuries.* 4th ed. Philadelphia, PA: F.A. Davis; 2015.** **(ISBN: 978-0-8036-3918-8)**  | **XXXXX** |
|  | \*Starkey C, Brown SD, Ryan J. *Orthopedic and Athletic Injury Examination Handbook.* 3rd ed. Philadelphia, PA: F.A. Davis; 2015 (ISBN:978-0-8036-3919-5) | **XXXXX** |
|  | \*Kettenbach G, Schlomer SL. *Writing Patient/Client Notes: Ensuring Accuracy in Documentation.* 5th ed. Philadelphia, PA: FA Davis; 2016. (ISBN: 978-0-8036-3820-4) | **XXXXX** |
| ATH 533: Applied Clinical Anatomy and Physiology II | \*Archer P, Nelson LA. *Applied Anatomy and Physiology for Manual Therapist.* Philadelphia, PA: Lippincott; 2013. (ISBN: 978-1-60547-655-1) | **XXXXX** |
|  | **\*Walsh-Flanagan KM, Cuppett M. *Medical Conditions in the Athlete.* 3rd ed. St. Louis, MO: Elsevier Mosby; 2017.** **(ISBN: 978-1-4925-3350-4)** | N: $95U: $72 |
|  | **\*O'Conner DP, Fincher AL. *Clinical Pathology for Athletic Trainers.* Thorofare, NJ: Slack, Inc; 2015.** **(ISBN: 978-1-61711-091-7)** | N: $79U: $59 |
| ATH 535: Therapeutic Interventions II | **\*Denegar C, Saliba E, Saliba S. *Therapeutic Modalities for Musculoskeletal Injuries.* 4th ed. Champaign, IL: Human Kinetics; 2016. (ISBN: 978-1-4504-6901-2)** | **XXXXX** |
|  | **\*Kisner C, Colby LA, Borstad J. *Therapeutic Exercise: Foundations and Techniques.* 7th ed. Philadelphia, PA: F.A. Davis; 2017.** **(ISBN: 978-0-8036-5850-9)** | **XXXXX** |
| ATH 537: Clinical Proficiency Integration II | None | **XXXXX** |
| ATH 538: Applied Research I | **\*Van Lunen B, Hankemeier D. Evidence-Guided Practice: A Framework for Clinical Decision Making in Athletic Training. Thorofare, NJ: SLACK Inc; 2015. (ISBN: 978-1-61711-603-2)** | **XXXXX** |
|  | \*Adams M, Swiger W. *Epidemiology for Athletic Trainers: Integrating Evidence-Based Practice.* Thorofare, NJ: SLACK Inc; 2015. (ISBN: 978-1-6171-1916-3) | **XXXXX** |
| ATH 539: Athletic Training Practicum III | None | **XXXXX** |
| ATH 541: Health, Wellness, and Exercise Applications for Athletic Training | **Haff GG, Triplett NT. *Essentials of Strength Training and Conditioning.* 4th edition. Champaign, IL: Human Kinetics; 2016.****(ISBN: 978-1-4925-0162-6)**  | N: $119U: $89 |
|  | Sandstead M, Caulfield S, Berninger D. *Exercise Technique Manual for Resistance Training.* Champaign, IL: Human Kinetics; 2016(ISBN: 978-1-49250692-8) | N: $100U: $80 |
|  | Campbell BI, Spano MA. *NSCA’s Guide to Sport and Exercise Nutrition.* Champaign, IL: Human Kinetics; 2011. (ISBN: 978-0-7360-8349-2) | N: $59U: $45 |
| ATH 542: Medical Conditions | **\*Walsh-Flanagan KM, Cuppett M. *Medical Conditions in the Athlete.* 3rd ed. St. Louis, MO: Elsevier Mosby; 2017.** **(ISBN: 978-1-4925-3350-4)** | **XXXXX** |
|  | **\*O'Conner DP, Fincher AL. *Clinical Pathology for Athletic Trainers.* Thorofare, NJ: Slack, Inc; 2015.** **(ISBN: 978-1-61711-091-7)** | **XXXXX** |
|  | **\*Starkey C, Brown SD, Ryan J. *Examination of Orthopedic and Athletic Injuries.* 4th ed. Philadelphia, PA: F.A. Davis; 2015.** **(ISBN: 978-0-8036-3918-8)**  | **XXXXX** |
| ATH 545: Therapeutic Interventions III | **Houglum JE. *Principles of Pharmacology for Athletic Trainers*. 3 ed. Thorofare, NJ: Slack, Inc; 2016. (ISBN: 978-1617119293)** | N: $68U: $51 |
| ATH 549: Athletic Training Practicum IV | None | **XXXXX** |
| ATH 551: Advanced Techniques in Athletic Training Practice | Brown SA, Radia FE. *Orthopaedic Immobilization Techniques: A Step-By-Step Guide for Casting and Splinting.* Urbana: Sagamore, 2015. (ISBN: 978-1-57167-742-6) | N: $126U: $94 |
|  | Myers BA. *Wound Management: Principles and Practice.* 3rd ed. Boston, MA: Pearson; 2012 (ISBN: 978-0-1313-9524-4) | N: $124U: $93 |
| ATH 552: Gait, Posture, and Movement Assessment | Levine D, Richards J, Whittle MW. *Whittle’s Gait Analysis.* 5 ed. St. Louis: Elsevier, 2012. (ISBN: 978-0-7020-4265-2) | N: $69U: $52 |
|  | \*Johnson J. *Postural Assessment: A Hands on Guide for Therapists.* Champaign: Human Kinetics, 2012.(ISBN: 978-1-4504-0096-1) | N: $35U: $27 |
|  | Cook G, Burton L, Kiesel K, Rose G, Bryant MF. Movement Functional Movement Systems: Screening, Assessment, Corrective Strategies. Aptos, CA: On Targets Publications, 2010.(ISBN: 978-1-9053-6733-7) | N: $52U: $39 |
| ATH 555: Therapeutic Interventions IV | **\*Denegar C, Saliba E, Saliba S. *Therapeutic Modalities for Musculoskeletal Injuries.* 4th ed. Champaign, IL: Human Kinetics; 2016. (ISBN: 978-1-4504-6901-2)** | **XXXXX** |
|  | **\*Johnson J. *Postural Correction.* Champaign: Human Kinetics, 2015. (ISBN: 978-1-492507123)** | N: $70U: $50 |
|  | **\*Kisner C, Colby LA, Borstad J. *Therapeutic Exercise: Foundations and Techniques.* 7th ed. Philadelphia, PA: F.A. Davis; 2017.** **(ISBN: 978-0-8036-5850-9)** | **XXXXX** |
| ATH 556: Athletic Training Administration | **Ray R, Konin J. *Management Strategies for Athletic Training.* 4th ed. Champaign, IL: Human Kinetics; 2011.** **(ISBN: 978-0-7360-7738-5)** | N: $89U: $67 |
| ATH 557: Clinical Proficiency Integration III | None | **XXXXX** |
| ATH 559: Athletic Training Practicum V | None | **XXXXX** |
| ATH 561: Contemporary Management and Leadership in Healthcare | Drinka TJK, Clark PG. *Healthcare Teamwork.* Santa Barbara, CA: ABC-CLIO LLC, 2016. (ISBN: 978-1-4408-4536-9) | N: $39U: $29 |
|  | **Kutz M. *Leadership and Management in Athletic Training: An Integrated Approach.* 2nd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2010. (ISBN: 978-1-2841-2488-0)** | N: $93U: $70 |
|  | \*Kettenbach G, Schlomer SL. *Writing Patient/Client Notes: Ensuring Accuracy in Documentation.* 5th ed. Philadelphia, PA: FA Davis; 2016. (ISBN: 978-0-8036-3820-4) | **XXXXX** |
| ATH 567: Clinical Proficiency Integration IV | None | **XXXXX** |
| ATH 568: Applied Research II | **\*Van Lunen B, Hankemeier D. Evidence-Guided Practice: A Framework for Clinical Decision Making in Athletic Training. Thorofare, NJ: SLACK Inc; 2015. (ISBN: 978-1-61711-603-2)** | **XXXXX** |
|  | \*Adams M, Swiger W. *Epidemiology for Athletic Trainers: Integrating Evidence-Based Practice.* Thorofare, NJ: SLACK Inc; 2015. (ISBN: 978-1-6171-1916-3) | **XXXXX** |
| ATH 569: Athletic Training Practicum VI | None | **XXXXX** |
| ATH 595: Graduate Seminar in Athletic Training | Cartwright LA. Athletic Trainers’ BOC Exam Prep Enhanced Online Course. Champaign, IL: Human Kinetics, 2016. | **XXXXX** |
|  | Van Ost L, Manfre K, Lew K. *Athletic Training Exam Review: A Student Guide to Success.* 5th ed. Thorofare, NJ: Slack, Inc; 2013. (ISBN: 978-1-61711-613-1)  | N: $66U: $50 |
|  | **\*Prentice WE. *Principles of Athletic Training: A Guide to Evidence-Based Clinical Practice.* 16th edition, Boston: McGraw-Hill, 2016. (ISBN: 978-1-2598-2400-5)** | **XXXXX** |
| ATH 596: Continuing Enrollment in Grad Seminar | None | **XXXXX** |
|  | Estimated Total Cost (w/out taxes) | **N: $2353****U: $1773** |

**APPENDIX E – UIS STUDENT CODE OF CONDUCT**

 ***I. STATEMENT OF APPLICABILITY***

This Disciplinary Code is applicable to all persons enrolled in University of Illinois classes. It covers disciplinary action initiated or taken against a student. Disciplinary action may be initiated for proscribed conduct occurring on property owned or controlled by the Campus or conduct in the course of participating in a Campus-sponsored program or project. Disciplinary action may also be initiated for off campus conduct that adversely affects the campus community. Further, disciplinary action under this Code may be initiated for proscribed conduct irrespective of whether separate criminal proceedings concerning the same conduct are brought against the student by federal, state or local law enforcement authorities. Actions initiated by a faculty member for academic integrity such as cheating or plagiarism are within the purview of the Academic Integrity Policy.

The success of this Code depends in large part upon its ability to protect the privacy of all parties involved. The procedures contained herein are to be implemented with the expectation that members of the Campus community will respect the privacy of the process.

***II. PROSCRIBED CONDUCT:***

The following categories of conduct are specifically prohibited and may form the basis for disciplinary action:

1. Violence, the threat of violence, harassment, or intimidation directed against another person or persons.
2. The intentional obstruction or interference with any person’s right to attend or participate in any Campus function.
3. Hazing.
4. Unreasonable obstruction or disruption of teaching or other Campus activities.
5. Unauthorized possession or use of firearms, explosives, dangerous chemicals or other dangerous weapons on Campus property in contravention of federal, state, or local law or Campus regulations.
6. Trespass, intentional property damage, or theft.
7. Use, possession or distribution of alcoholic beverages by or to underage persons or controlled substances on Campus property in violation of federal, state, or local law or Campus regulation.
8. Intentionally entering false fire alarms or bomb threats; tampering with fire extinguishers, alarms or safety equipment; refusing to follow directions to evacuate a building as directed during any emergency condition.
9. Forgery, alteration or misuse of Campus documents, records or identification.
10. Unauthorized use of the Campus’s name, finances, materials, facilities and supplies (including stationery bearing the Campus’s letterhead.)
11. Interference or attempted interference with the administration of this Code, such as the initiation of a grievance or complaint knowing that the charge was false, intimidation or bribery of hearing participants, acceptance of bribes, dishonesty or disruption of proceedings and hearings.
12. Falsification of information provided for official university business
13. Acts in violation of Board of Trustees and/or University and/or Campus policies, regulations or rules. These include, but are not limited to:
	* + 1. Human Rights Policy
			2. Policy for Awareness and Prevention of Sex Discrimination, Sexual Harassment and Sexual Misconduct, including Sexual Assault.
			3. Alcoholic Beverages Policy
			4. Drug-Free Workplace Policy
			5. Student Housing Policy
			6. Student Employment Policy
			7. Parking Regulations.

***III. INITIATION OF PROCEEDINGS:***

An attempt should be made to resolve matters informally through discussion between the parties involved. The Vice-Chancellor of Student Affairs or their designee \* may also be called upon by one or more of the parties to facilitate informal resolution. If informal resolution is inappropriate; or if matters cannot be resolved to the satisfaction of all parties, or if the parties choose to forego attempts of informal resolution, the following procedures shall apply. Cases of suspected sexual harassment, including sexual assault, shall be addressed following the procedures of the Policy for Awareness and Prevention of Sex Discrimination, Sexual Harassment and Sexual Misconduct, including Sexual Assault.

\*For purpose of this document, the Vice Chancellor for Students Affairs designee will be referred to as Dean of Students (DOS).

Nothing in the Code shall preclude a Campus administrator, faculty member or staff member from taking appropriate and immediate action in matters involving a student. When the action involves the interim suspension or removal from campus of a student for misconduct for an alleged violation of the Code, the Campus Chancellor or her/his designee must first determine that the alleged violator may present a threat of danger to her/himself or others on campus or impedes the orderly conduct of the Campus.

A. Filing Disciplinary Charge:

The charging party shall file a written disciplinary charge with the Dean of Students within 10 days of the contested action, of the date the activity became known to the charging party, or of the date that informal efforts at resolution are ended, or the date of receipt of any Title IX investigatory report. The charge should contain as much of the following information as possible. The remaining information must be submitted in writing as soon thereafter as possible. Changes initiated as suspected violations of the Policy for Awareness and Prevention of Sex Discrimination, Sexual Harassment and Sexual Misconduct, including Sexual Assault should be filed in accordance with Section III. C below. Formal UIS documentation (e.g. Maxient report, Police report) may suffice for the written charge.

The name, office, address, and office telephone number of the person who is bringing the charge.

* + - 1. The student’s name and address.
			2. Description of the disciplinary infraction charged.
			3. Date of alleged infraction.
			4. If a BOT/Campus policy, regulation or rule is at issue, a specific reference should be made to it, if known.
			5. A statement of the harm suffered.
			6. A statement of the remedy sought (if applicable).
			7. The names and addresses, if known, of proposed witnesses.
			8. Copies of supporting documentation, if any.

B. Transmission of Charge to the Student Hearing Board:

Upon receipt of a charge, the Office of the DOS shall forward the charge to the Chair of the Executive Panel of the Student Hearing Board as soon as practical. The Office of the Vice-Chancellor shall retain a copy of the written charge and record the date received and the date transmitted to the Executive Panel. The DOS shall maintain the official files and records of the proceeding.

C. Changes Regarding Suspected Violations of the Policy for Awareness and Prevention of Sex Discrimination, Sexual Harassment and Sexual Misconduct, including Sexual Assault.

Changes initiated as suspected violations of the Policy for Awareness and Prevention of Sex Discrimination, Sexual Harassment and Sexual Misconduct, including Sexual Assault must be filed with the campus Title IX Officer for investigation and fact finding. Upon completion, the Title IX Coordinator shall deliver a final report of facts and recommendations to the DOS.

If the Title IX Coordinator has determined that the Policy for Awareness and Prevention of Sex Discrimination, Sexual Harassment and Sexual Misconduct, including Sexual Assault has **not** been violated, then the DOS will review the information to determine if there are other Code violations indicated. If so, the normal disciplinary procedures will be followed.

* + - 1. If the Title IX Coordinator has determined that the Policy for Awareness and Prevention of Sex Discrimination, Sexual Harassment and Sexual Misconduct, including Sexual Assault has been violated, the DOS will forward the report to the Chair of the Executive Panel by the end of the next working day. Within three (3) working days, the Executive Panel will establish a Hearing Panel solely for the purpose of reviewing the Title IX Officer’s report and deliberating to determine appropriate sanctions. Panelists will include one faculty member, one staff member, and one student member who must have received appropriate training in responding to such issues. The Panel shall convene, complete its review, and submit a report of recommended sanctions to the DOS within five days. The student may file a written appeal regarding the sanctions to the Vice Chancellor for Student Affairs within 5 days of receiving the report.

Appeals of the Title IX Coordinator’s determination shall be addressed following the procedures in the Policy for Awareness and Prevention of Sex Discrimination, Sexual Harassment and Sexual Misconduct, including Sexual Assault. Sanction implementation shall occur in accordance with Sections V.3 and Section VI of this Code.

***IV. STUDENT HEARING BOARD:***

The Student Hearing Board is created to ensure that students receive a speedy and fair process for resolving all matters governed by this procedure. The regular membership of the Student Hearing Board consists of four students, four faculty, two staff members, and two academic professionals, all of whom shall be selected by their respective advisory groups (SGA, APAC, CSAC, SEC) in late spring. Faculty and staff will serve three year terms and students will serve one year. The DOS is *ex-officio* and non-voting. The DOS is responsible for arranging training in the Code for new board members. Administrative and clerical support will be provided by the DOS. The Board will meet as a whole at the beginning of each semester for training.

A. Executive Panel:

The Executive Panel will receive all charges submitted, determine the assignments of such charges for proper action and disposition, establish a calendar for hearings, and notify the parties involved of their rights and responsibilities.

The Executive Panel will act with the authority of the Student Hearing Board between meetings of the Board and will keep the members of the Board and the Campus community informed of operations of the hearing system.

The Executive Panel shall consist of one faculty, one staff, one student, and the DOS (ex officio and not voting). In the event of an action involving the Office of Student Services, a VCSA designee from another office will replace the DOS. Panel members and the Panel Chair shall be selected by the full Hearing Board. If a position opens or there is a conflict, a member from the Board may move into an Executive Panel spot. Executive Panel responsibilities include:

Upon receipt of a charge, the Chair will send a copy of the charge and this Procedure to the student as soon as practical. The student should retain copies of all documentation.

* + - 1. Within 7 calendar days of receipt, the Executive Panel will proceed as follows:
	1. **Dismiss a case as inappropriately filed or clearly frivolous, providing written reasons.** Charges which have been filed past the 10-day time limit will not be rejected if there is good cause for the delay.

Within 10 days of receipt of notice of dismissal, the charging party may appeal in writing to the Board. The Board must respond to this appeal within 10 days. The Executive Panel members will not vote on an appeal of its decision. A majority vote of the remaining Board members is sufficient to decide appeals. If the Board overturns the Panel’s decision, the Panel will proceed with regular processing of the charge.

1. **Seek the agreement of the affected parties to attempt informal resolution of the charge by acting as neutral mediator.**

The Executive Panel may seek informal resolution of the case by working directly with both parties or by assigning the DOS to discuss the case informally with the affected parties. Resolution achieved through mediation shall be committed to writing by the Panel/Board member seeking such resolution and filed with the Executive Panel and the appropriate DOS. If informal resolution cannot be accomplished within 10 days after the affected parties have been contacted or if either party declines to participate in informal mediation, the case shall be returned to the Executive Panel for disposition.

1. **Hear a case which involves a time-sensitive emergency or which it considers minor in importance and make an appropriate determination.**

To facilitate resolution of matters considered to be minor in their impact on the college community, [e.g., broken window in campus building, some forms of pranks, etc.] or of matters considered to be a time-sensitive emergency, the Executive Panel may constitute itself as a hearing panel to hear charges and make determinations in such cases.

Decisions by the Executive Panel that a charge involves an emergency or is minor can be appealed as a due process violation to the VCSA.

1. **Assign the case to an appropriately constituted hearing panel.**

The Hearing Board will determine the appropriate method of constituting hearing panels. However, as the Executive Panel may review the decision of the Hearing Panel under Paragraph V (2) below, no member of the Executive Panel should simultaneously serve as a member of a Hearing Panel.

B. Hearing Panel:

Hearing Panel Composition:

Each panel shall include one faculty, one student, and one staff and the DOS.

1. Hearing Panel Procedures:
	1. Upon receipt of the charge, the Hearing Panel shall convene within 7 days.
	2. Chairperson: The DOS will serve as the chair for the hearing panel. The chairperson’s responsibility shall be to conduct an effective hearing within 15 days of convening the Panel. - The DOS will not vote, but rather facilitate the process as well be afforded the opportunity to ask questions.
	3. Notice to the Parties:

The Panel chairperson shall notify the charging party and the student of the hearing in writing via campus mail, U.S. mail or e-mail at least 10 days prior to a scheduled hearing. The notice shall include:

(1) name of charging party

(2) the nature and date of the alleged disciplinary infraction

(3) the time and place of hearing

(4) the names of the hearing panel members to confirm there is not a conflict of interest.

d. Pre-Hearing Meeting; Exchange of Information-

At least 5 days prior to the scheduled hearing the parties shall exchange the names of tentatively scheduled witnesses and copies of relevant documents.

e. Hearing:

 (1) The Hearing Panel will schedule a hearing for the parties to present relevant information, documents, and witnesses. The Panel members may pose questions and seek such information as is necessary for the fair and just resolution of the matter. Formal rules of legal evidence and procedure do not apply. The parties may bring to the hearing a non-witness friend or representative, who may be an attorney. Such non-witnesses may participate at the discretion of the panel. The student may testify at his or her discretion; a decision not to testify will not be held against the student.

(2) Hearings will be closed to the public unless both parties agree to an open hearing.

(3) The Campus shall tape record the proceedings for use in any appeal.

(4) The Panel will make a determination based upon the evidence presented. The student is presumed not responsible for the said charges unless proceedings of the hearing prove otherwise. The standard of proof the panel will use is preponderance of the evidence (50.1%; more likely than not). Within 7 days of the completion of the hearing, the Chairperson shall submit a report on behalf of the Panel to the Chair of the Board and the parties. The report will include findings of fact, conclusions, and any recommended sanctions.

**V. *Appeal and Implementation***

1. The determination of the hearing panel is final and binding upon the parties unless the parties file an appeal with the Executive Panel Chair. An appeal must be based only upon the following grounds:

* 1. New evidence which was not reasonably available or subject to discovery at the time of the hearing; or
	2. Due process violations must be filed within 10 days.

2. The Executive Panel shall review the appeal within 10 days.

* 1. If it finds the existence of new evidence, it shall remand the charge to the original Hearing Panel, which shall reconvene within 10 days. If an original member of the panel cannot attend, a new member from the Board may fill in.
	2. If it finds that there were due process violations, it shall refer the matter to a newly constituted panel, which shall convene within 10 days.
	3. In all other cases, it shall forward the panel’s determination with the file and supporting documentation to the DOS for implementation of the panel’s determination.

3. The Hearing Panel’s fact finding shall be final and binding on the parties. The student may however file a written appeal regarding the recommended sanctions to the Vice Chancellor for Student Affairs. The recommended sanctions may be set aside by the VCSA only upon a finding that the determination was outside the scope of the authority of the panel or would result in fundamental unfairness to the parties.

***VI. SANCTIONS FOR MISCONDUCT:***

One or more of the following disciplinary sanctions may be imposed upon a student engaging in any of the other proscribed conducts. Failure to comply with an imposed sanction without good cause may result in additional disciplinary action.

1. *Warning:* Notice to the offender, orally or in writing, that continuation or repetition of the conduct found wrongful, within a period of time stated in the warning, violates Campus rules and may be cause for more severe disciplinary action.

2. *Written Reprimand:* A written reprimand may be issued to formally admonish the student.

3. *Restitution:* Reimbursement may be ordered for damage to or misappropriation of property. Reimbursement may take the form of appropriate service to compensate for damages or payment to repair the damages.

4. *Campus Service:* The student may be required to perform appropriate service to the Campus Community (e.g., set up for Springfest event, clean up international festival).

*5. Examples of other possible sanctions:* Papers, attend programs/meetings, create and present programs, research best practices, counseling (in-take session, anger management, alcohol), and parental notification.

6. *Probation:* Disciplinary probation removes a student from good disciplinary standing. The probation shall last for a stated period of time or until specific conditions have been met. Probationary status prevents the student from participating in Campus-recognized extracurricular activities identified by the Hearing Panel, excluding activities engaged in through Campus-wide student elections. Generally, probation does not involve exclusion from the campus nor should it interfere with the pursuit of programs directly related to the attainment of a degree.

7. *Suspension:* Disciplinary suspension is an involuntary separation of the student from the Campus for a period of time or until a stated condition is met after which readmission will be permitted upon written application to the Vice Chancellor for Student Affairs. Disciplinary suspension is entered on the student’s transcript for the duration of the suspension. The suspension may include required absence from campus.

8. *Expulsion from the University.*

*9. Other sanctions as deemed appropriate by the panel*

**APPENDIX F**

**ALCOHOL AND DRUG POLICY**

**Alcohol and other Drugs: A policy and resource guide for students and employees at the University of Springfield.**

The University of Illinois Springfield is committed to supporting and maintaining a safe and healthy environment for our students, faculty and staff. The unlawful possession, use or distribution of illicit drugs and alcohol presents both legal and health risks to the individual, which can have a significant adverse effect on the UIS community. Therefore, campus standards of conduct for students and employees prohibit the unlawful or unauthorized possession, use, distribution, dispensation, sale and manufacture of controlled substances or alcohol on UIS property or as part of any UIS activity. Employees and students who violate these standards may be disciplined in accordance with UIS policies, statutes, rules, regulations, employment contracts and labor agreements, up to and including dismissal and referral for prosecution.

**Academic Handbook link:**

https://www.uis.edu/academicstaffhandbook/university-policies/policy\_\_program\_for\_drug\_prevention/

**Student Handbook link:**

https://www.uis.edu/studentaffairs/handbook/

**Alcohol and other Drugs**

**How does drug use affect health?**

There are risks associated with the chronic use of all psychoactive drugs, including alcohol. Adverse health effects can range from nausea and anxiety to coma and death. When drugs are used in combination, their negative effects on the mind and body are often multiplied beyond the effects of the same drugs taken alone.

**ALCOHOL**

Alcohol is the drug most frequently abused on college campuses. Even small amounts of alcohol can significantly impair your judgment and coordination, and consumption of alcohol may be an interacting factor in the incidence of aggressive acts, including date rape and spouse and child abuse. Moderate to large amounts of alcohol severely impair your ability to learn and remember information. Because alcohol is a depressant, very large amounts can cause respiratory and cardiac failure, resulting in death.

**CANNABIS**

Cannabis impairs short-term memory and comprehension. It can cause confusion, anxiety, lung damage and abnormalities of the hormonal and reproductive system. Hours after the feeling of getting high fades, the effects of cannabis on coordination and judgment may remain, heightening the risks involved in driving or performing other complex tasks. Cannabis may remain in your system for weeks. An overdose may bring about paranoia, panic attacks or psychiatric problems.

**DEPRESSANTS**

Barbiturates, benzodiazepines (e.g., Valium), Quaaludes and other depressants cause disorientation, slurred speech and other behaviors associated with drunkenness. The effects of an overdose range from shallow breathing, clammy skin, dilated pupils and weak and rapid pulse to coma and death.

**HALLUCINOGENS**

Hallucinogens such as LSD, MDA, PCP (angel dust), mescaline and peyote can cause powerful distortions in perception and thinking. Intense and often unpredictable emotional reactions can trigger panic attacks or psychotic reaction. An overdose can cause heart failure, lung failure, coma and death.

**NARCOTICS**

Heroin, codeine, morphine, methadone and opium are narcotics. There is a high likelihood of developing a physical and psychological dependence on these drugs. Health effects include anxiety, mood swings, nausea, confusion, constipation and respiratory depression. Overdose may lead to convulsions, coma and death. The risk of being infected with HIV, the virus that causes AIDS, or other diseases increases significantly if you inject drugs and share needles.

**STIMULANTS**

Cocaine, amphetamines and other stimulants can cause agitation, loss of appetite, irregular heartbeat, chronic sleeplessness and hallucinations. Cocaine and crack cocaine are extremely dangerous and psychologically and physically addictive. An overdose can result in seizures and death.

**NICOTINE & TOBACCO**

Nicotine, the active ingredient in tobacco and e-cigarettes, increases your heart rate and raises your blood pressure. The tar in cigarette smoke is a major cause of cancer and other respiratory problems. The carbon monoxide in cigarette smoke can promote arteriosclerosis. Long-term effects of smoking cigarettes may include emphysema, chronic bronchitis, heart disease and lung cancer.

**What are the university’s policies regarding drug use by students and employees?**

UIS is committed to maintaining a drug-free environment for its students and employees in compliance with applicable federal and state laws. Students or employees who violate federal or state laws concerning drugs or alcohol are subject to criminal prosecution; those who violate university policies may also be subject to institutional sanctions.

No one younger than 21 may store, possess or consume alcoholic beverages on any property under the control of the university. Persons of legal drinking age—21 or older—may possess or consume alcoholic beverages only in areas or at functions specifically designated or approved for such use. The unlawful possession, use, distribution, dispensation, sale or manufacture of controlled substances or alcohol is prohibited on university property or as part of any university activity. Employees or students who violate this policy may be disciplined in accordance with university policies, statutes, rules, regulations, employment contracts and labor agreements, up to and including discharge and referral for prosecution.

Under the federal Controlled Substances Act, cannabis is classified as a Schedule 1 controlled substance and is illegal. Consistent with that Act and the federal Drug Free Schools and Communities Act and the Drug Free Workplace Act, the university prohibits the possession, use, distribution, dispensation, sale or manufacture of cannabis on university property or as part of any university activity. The passage of the Illinois Cannabis Regulation and Tax Act in 2019, which legalizes certain activities related to cannabis under Illinois state law effective Jan. 1, 2020, does not affect federal law or the university’s cannabis prohibition.

The university’s cannabis prohibition applies to both recreational and medical use. Having a medical cannabis registry identification card under the Illinois Compassionate Use of Medical Cannabis Pilot Program Act does not allow individuals to use or possess cannabis on university property or as part of any university activity.

For the full policies, please refer to the UIS Academic Handbook and/or Student Handbook.

**Parental Notification Policy**

The University of Illinois Springfield acknowledges the important role of parents in supporting and facilitating their child’s success in college. In accordance with federal law, the UIS administration may notify a student’s parents of the student’s violation of federal, state or local law, or of any rule or policy of the university regarding the use or possession of alcohol or a controlled substance, if the student is under 21 at the time of the notification and if UIS has determined that the student has committed a disciplinary violation. The decision to give parental notification will be based on factors such as the student’s prior judicial history, the severity of the alleged incident and other relevant circumstances.

**For what actions may a university employee be disciplined?**

Employees are subject to discipline, up to and including discharge, for the unlawful or unauthorized possession, use, distribution, dispensation, sale or manufacture of alcohol, cannabis or other controlled substances on university property or as part of any university activity or the inability to perform satisfactorily their assigned job duties as a result of impairment.

**Are employees subject to drug and alcohol testing?**

Applicants for certain positions are subject to pre-employment drug screening. If you are engaged in work under a federal contract, you may be required to submit to tests for illegal use of controlled substances as provided by the law or regulations of the contracting agency. If you perform safety-sensitive job functions that require you to possess a commercial driver’s license as a condition of university employment, you will be subject to alcohol and controlled substances testing as mandated by Department of Transportation regulations. In addition, employees may be subject to reasonable suspicion testing pursuant to a collective bargaining agreement or other applicable policies.

**What if an employee is convicted of a drug or alcohol offense that took place at work?**

You must notify UIS Human Resources within five days. If you are an employee working on a federal contract or grant and you are convicted of a drug or alcohol offense occurring in the workplace, the university will notify the granting or contracting federal agency within 10 days of receiving notice of your conviction. Within 30 days of receiving such notice, the campus will take appropriate personnel action against such an employee—with the range of possible sanctions including warnings, reassignment and/or demotion, paid or unpaid suspension, termination and/or loss of tenure. Employees convicted of a drug or alcohol offense involving the workplace may be required to complete a drug rehabilitation program and additional drug testing in order to continue employment at the university.

**What happens if a student violates the university’s drug policy?**

The range of possible sanctions for students committing illicit drug- or alcohol-related violations includes warnings, written reprimands, restitution, community service, probation, suspension or dismissal. Students may also be required to participate in counseling and complete a program of treatment. Re-admission may be conditioned upon successful completion of an approved rehabilitation program.

**What state and local laws apply to alcohol and drug use?**

In Illinois, it is against the law to sell or deliver alcohol to anyone under 21 or to any intoxicated person [235 ILCS 5/6-16]. Illinois Criminal Code violations can result in fines of up to $1,000 and one year in jail, while Springfield City Ordinance violations range between $500 and $1,000. It is also illegal for a person under 21 to present false identification in an attempt to purchase alcohol.

Substantial penalties exist in Illinois for the operation of a motor vehicle by a driver with a blood or breath alcohol concentration of .08 or greater. Arrests are also possible at lower alcohol levels if driving is impaired. The first offense can result in a $1,000 fine, incarceration for up to one year and suspension or revocation of the offender’s driver’s license. Subsequent offenses entail penalties of significantly greater severity. Transporting open alcohol containers in a motor vehicle is also punishable under Illinois law.

Except as otherwise provided in the Illinois Cannabis Regulation and Tax Act [410 ILSC 705], the possession, sale and delivery of controlled substances is prohibited in Illinois under the Illinois Cannabis Control Act [720 ILCS 550/] and the Illinois Controlled Substances Act [720 ILCS 570/]. Under the Illinois Cannabis Control Act as amended by the Illinois Cannabis Regulation and Tax Act, courts can set penalties that increase in accordance with the amount of any substance containing cannabis in each case. In regard to both the Illinois Cannabis Control Act and the Illinois Controlled Substances Act, penalties vary with the amount of the drug confiscated, the type of drug found, the number of previous offenses held by the individual and whether the individual intended to manufacture, deliver or possess with the intent to deliver [720 ILCS 550/4 through 550/10] [720 ILCS 570/401 through 570/408].

The Springfield Code of Ordinances prohibits the possession of 10 grams or more of cannabis, or possession of drug paraphernalia. Anyone who commits an offense of this nature, shall be fined not less than $300 and may be subject to community service. [Sections 131.07, 131.08, 131.999]

**What federal laws apply?**

In addition to prohibiting the unlawful possession of controlled substances [21 U.S.C. 844], the federal Controlled Substance Act [21 U.S.C. 801 and following] prohibits the manufacture, distribution or dispensation—or possession with intent to manufacture, distribute or dispense—of controlled substances [21 U.S.C. 841(a)]. The Act also prohibits the creation,

distribution or dispensation, or possession with intent to distribute or dispense, of counterfeit substances [21 U.S.C. 841(a)]. Individuals can be penalized on the quantity of confiscated drugs, the type of drug(s) found, the number of previous offenses by the individual and whether the individual intended to manufacture, sell or use the drug.

For additional information on federal drug trafficking penalties, visit the Drug Enforcement Administration website at https://www.dea.gov/sites/default/files/drug\_of\_abuse.pdf#page=30.

**Where can I seek help?**

For medical emergencies, please call 9-1-1.

Several university and community-based services are available to help students and employees who have problems with alcohol or other drugs.

**UNIVERSITY RESOURCES**

**•** Human Resources (employees), HRB 30 217-206-6652

**•** Counseling Center (students), HRB 64 217-206-7122

**•** UIS Health Services (students), BSB 20217-206-6676

**•** Employee Assistance Program, 866-659-3848

**COMMUNITY RESOURCES**

Be sure to check whether your health insurance, including student health insurance or your family’s health insurance, covers any charges for private therapists.

**•** Triangle Center 217-544-9858, 120 N. 11th St., Springfield, IL 62702

**•** Gateway Foundation 217-303-8020, 2200 Lake Victoria Drive, Springfield, IL 62703

**•** St. John’s Hospital Emergency Department 217-525-5610, 800 E. Carpenter St., Springfield, IL 62769

**•** Memorial Medical Center Emergency Department 217-788-3030, 701 N. First St., Springfield, IL 62781

***PEORIA COMMUNITY RESOURCES***

***•*** *Illinois Institute for Addition Recovery 800-522-3784, 5409 N. Knoxville Ave., Peoria, IL 61614*

***•*** *Illinois Alcohol and Drug Evaluation Services 309-692-9236, 7501 University St., Suite 201, Peoria, IL 61614*

***•*** *New Leaf 309-689-3078, 3500 New Leaf Lane, Peoria, IL 61615*

***•*** *OSF Saint Francis Medical Center 309-655-2000, 800 NE Glen Oak Ave.*

***SUPPORT GROUPS***

*There are no fees or dues for these groups, which meet anonymously to discuss and resolve problems common to members.*

***•*** *Alcoholics Anonymous 217-525-5795 (24 hours)*

***•*** *Alanon/Alateen 888-899-8341*

***•*** *Narcotics Anonymous 800-539-0475 (24 hours)*

This document was prepared in accordance with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989. The University of Illinois Springfield is an equal opportunity, affirmative action institution.

**APPENDIX G**

**UIS SEXUAL HARASSMENT AND TITLE IX POLICY**

Sexual misconduct, including sexual harassment, stalking, domestic or dating violence, and sexual assault are prohibited, as is retaliation for pursuing individual rights under these legal and policy protections. Title IX also prohibits discrimination in the form of exclusion from the benefits of participating in educational programs or activities, including but not limited to collegiate sports.

* [**Title IX and Sexual Misconduct Policy**](https://www.uis.edu/titleix/title-ix-sexual-misconduct-policy/)

**APPENDIX H**

**SEXUAL HARASSMENT (NATA Brochure)**

**WHAT EVERY ATHLETIC TRAINER SHOULD KNOW**

Most athletic trainers work in environments where physical contact, competition, and pressure for opportunities are intense, and where failure often has quick consequences for athletes and those who work with them. The potential for sexual harassment is high in environments such as these.

Sexual harassment is not just a problem for its victims. Anyone responsible for workplace decisions or employee supervision is responsible for understanding and preventing sexual harassment and may be held liable for failing to do so. Sexual harassment includes much more than most people think.

This brochure provides general summaries of what sexual harassment is, what athletic trainers' responsibilities are, what victims can do, and where NATA stands. Laws, regulations and case law vary by jurisdiction and change over time - this brochure does not provide individual legal guidance and is no substitute for knowing the law in your area.

**What is Sexual Harassment?**

Sexual Harassment is any form of unwelcome conduct based on a victim's gender. There are two basic types. Most people understand the first type, quid pro quo, in which the victim is promised some kind of benefit is threatened or fears some kind of harm in exchange for sexual favors. Sexual favors include requests for dates and social events as well as requests for any kind of sexual touching.

The second type of harassment, hostile environment harassment, is more commonly alleged and does not require any threat or promise of benefit: sexual harassment occurs if a harasser by his or her conduct or failure to act creates or allows a hostile, offensive or intimidating environment. An environment may be hostile even if no touching occurs; jokes, pictures, innuendo, comments about a person's body or appearance, sexual remarks about others, gestures and looks, and even more subtle collections of practices may create one.

**What responsibility does an athletic trainer have for sexual harassment?**

If an athletic trainer is an employer, is a manager of employees, or is a person responsible for workplace policies, he or she has a variety of responsibilities to attempt to prevent sexual harassment and to deal properly with it when it happens. These responsibilities have been growing rapidly in recent years and athletic trainers are cautioned to stay well informed of their legal responsibilities.

An employer could be liable for sexual harassment of the quid pro quo type even if it had no knowledge of the harassment, and even if the victim did not object and suffered no harm.

An employer may be liable for hostile environment harassment if it knew of the harassment, took insufficient action to stop it, or had no effective means in place for reporting, investigating or remedying the harassment (with no adverse consequences for the victim).

An employer is generally responsible for trying to prevent and police harassment against employees from any source, not just from other employees. This means that employees must be protected against harassment from athletes, coaches, fans, customers, vendors, doctors, athletic trainers and others, to the extent possible.

Courts increasingly determine whether harassment against women occurred based on whether a reasonable woman (not a reasonable man) might feel threatened or harassed.

**What can a victim do?**

A person can be a victim of sexual harassment if she or he is the target of the harassment, if she or he is harmed because someone else is a target (for example, if someone else gets preferred treatment), or if she or he works in a sexually hostile environment.

Appropriate actions will vary greatly with the situation and governing laws and policies. A person may feel victimized or ill-treated and not legally be a victim of sexual harassment; so (1) becoming informed, (2) keeping proper records, and (3) acting calmly are generally prudent.

Employers are legally expected to have and publish investigation and protection procedures for victims. The law requires that employers (1) act promptly, (2) take all complaints seriously, (3) document the investigation, (4) conduct all interviews privately and confidentially, and (5) prevent avoidable harm to the victim. Many employers make available same-gender representation and alternative reporting channels. Victims should investigate their internal options.

Victims often have a variety of legal courses of action in addition to internal procedures including breach of contract, workman's compensation claims, common law tort actions, state and federal statutory claims, and EEOC or other regulatory agency actions. Expert advice, not just the impassioned views of friends and relatives, should be sought. Keeping proper records increases a victim's options and chances of positive resolution. Non-legal resolutions should be analyzed as well.

**Where does the NATA stand?**

Sexual harassment violates the NATA's Code of Ethics and can be grounds for sanctions, including termination of membership.

**APPENDIX I**

## Department of Allied Health Social Media Policy

The purpose of the ALH Social Media Policy is to outline policy and recommendations for faculty and students when using social media. Degrees earned through programs of the ALH will require protection of health, safety and identity of patients/clients and maintain integrity of themselves and the employer they represent. Guidelines are designed to help users of social media (students, faculty, internship facilitators, practicum preceptors) to make appropriate decisions when managing and/or developing social media initiatives or in certain relationships within the ALH department-student to faculty, student to preceptors in an internship or practicum setting, student representation of the ALH department.

### Guidelines for engagement in social media on behalf of UIS:

1. Adhere to UIS Code of Conduct, Privacy Policies and IT policies, procedures and guidelines, UIS Acceptable Use Policy, Campus Web Policy and University of Illinois Information Security Policy as outlined on the Information Technology Services website.
2. Do not use UIS identity, such as name, color and emblems except as permitted by Administrative Guide.
3. Strictly adhere to the Acceptable Use of Information Technology Resources as outlined on the Information Technology Services web page.
4. Avoid engaging in behavior that could appear as conflicts of interest or commitment on social networks.
5. Maintain confidentiality of proprietary or protected information.
6. Do not use or disclose personal information which to include protected health information, student records, employee information.
7. Be respectful of intellectual property rights and laws.
8. When engaging on social media on UIS’ behalf, refrain from expressing political opinions or engage in political activities.
9. Use good judgement.
10. Do not continue to maintain a social media account that has gone dormant.

### Guidelines for departmental use of social media on behalf of UIS

1. Posts, comments and actions on social media networks can affect UIS’ reputation so remember to represent UIS with responsibility.
2. Use discernment when writing posts as the can be seen by anyone.
3. Manage comments wisely and only delete comments that might contain private data of others and abusive or obscene. If a threatening comment is made, contact UIS police.
4. Avoid advertising on websites with inappropriate or offensive content.

### Guidelines for an individual employee’s personal use of social media

1. You are responsible for what you post on your personal social media accounts. Even if you are posting personally on your own page, if your profile is affiliated with UIS, it can affect the University as a whole. Refrain from complaining about your job.
2. Keep personal and professional behavior separate. It is strongly discouraged for you to friend students, parents, and people you only known professionally or otherwise connect with them through your personal account until said students have graduated and are no longer instructed by you.
3. Refrain from posting information about a student in any capacity which includes counseling students via social media. Refrain from posting pictures of students on social media (especially without consent).
4. Don’t join groups that may be considered unprofessional or inappropriate.
5. Do not friend, follow or connect with any other form of social media with a student until that student has graduated or is no longer evaluated by you. You are encouraged to block student on Twitter, do not geo-tag, refrain from SnapChat and set your Instagram account to private.

### Guidelines for Students in the ALH Department:

1. It is prohibited for you to friend, follow or connect with any other form of social media with a UIS instructor, internship facilitator, or practicum preceptor while being instructed by that person.
2. While representing the UIS ALH department via social media pages connected with student involvement, it is prohibited to use profanity, obscenity or anything that depicts you or the organization in unfavorable light to include inappropriate images, inappropriate attire or engaging in illegal activities or any behavior that would make UIS or the ALH department appear in an unfavorable way.
3. It is prohibited for you to share highly sensitive patient/client information to include any details regarding patient/client experiences, diagnosis, treatment, clinical findings.

### Guidelines for Internship Facilitators/Practicum Preceptors:

1. It is prohibited for you to friend, follow or connect with any other form of social media a student under your direction until that student has graduated or is no longer being evaluated by you.

**APPENDIX J**

**BOC STANDARDS OF PROFESSIONAL PRACTICE – Version 3.2 (January 2019)**

**Introduction**

The BOC Standards of Professional Practice is reviewed by the Board of Certification, Inc. (BOC) Standards Committee and recommendations are provided to the BOC Board of Directors. The BOC Standards Committee is comprised of 5 Athletic Trainer members and 1 Public member. The BOC Board of Directors approves the final document. The BOC Board of Directors includes 6 Athletic Trainer Directors, 1 Physician Director, 1 Public Director and 1 Corporate/ Educational Director. The BOC certifies Athletic Trainers (ATs) and identifies, for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs. ATs are healthcare professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities. The BOC is the only accredited certification program for Athletic Trainers in the United States. Every 5 years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the Institute of Credentialing Excellence.

The BOC Standards of Professional Practice consists of 2 sections:

1. Practice Standards
2. Code of Professional Responsibility

The Professional Practice and Disciplinary Process of the BOC are intended to assist and inform the public, certificants, and candidates for certification, of the BOC Standards of Professional Practice and the Disciplinary Process relative to professional conduct and disciplinary procedures.

The BOC conducts a certification program for athletic trainers and has established a recertification requirement for certified athletic trainers (ATC®). The BOC affirms that, after a candidate has successfully passed the certification examination, the Standards of Professional Practice for entry into the profession of athletic training have been satisfied.

The BOC does not express an opinion on the competence or warrant job performance of certificants; however, it is expected that a certificant or candidate for certification agrees to comply at all times to the following Standards of Professional Practice.

### Standards of Professional Practice for Athletic Training – Direct Service

The following are minimal standards. Each one is essential for the practice of athletic training.

Standard 1: Direction

The athletic trainer renders service or treatment under the direction of a physician or dentist.

Standard 2: Injury and On-Going Care Services

All services should be documented in writing by the athletic trainer and shall become part of the athlete's permanent records.

Standard 3: Documentation

The athletic trainer shall accept responsibility for recording details of the athlete's health status. Documentation shall include:

1. Athlete's name and any other identifying information.

2. Referral source (doctor, dentist).

3. Date; initial assessment, results and database.

4. Program plan and estimated length.

5. Program methods, results and revisions.

6. Date of discontinuation and summary.

7. Athletic trainer's signature.

Standard 4: Confidentiality

The athletic trainer shall maintain confidentiality as determined by law and shall accept responsibility for communicating assessment results, program plans, and progress with other persons involved in the athlete's program.

Standard 5: Initial Assessment

Prior to treatment, the athletic trainer shall assess the athlete's level of functioning. The athlete's input shall be considered an integral part of the initial assessment.

Standard 6: Program Planning

The athletic training program objectives shall include long and short-term goals and an appraisal of those that the athlete can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program shall be incorporated into the plan.

Standard 7: Program Discontinuation

The athletic trainer, with collaboration of the physician or dentist, shall recommend discontinuation of the athletic training service when the athlete has received optimal benefit of the program. The athletic trainer, at the time of discontinuation, shall note the final assessment of the athlete's status.

### Standards of Professional Practice for Athletic Training – Service Programs

Standard 1: Objectives

Basic to the development of any program are its intended purposes. Objectives and applicable policies should be clearly outlined for each activity, such as: athletic training treatment, education of personnel, supervision and interdisciplinary relations. The objectives of the service program should implement those of the institution itself.

Standard 2: Planning

Each objective should be supported by detailed plans for its implementation.

Standard 3: Evaluation

Objective methods of data collection and analysis should be used in relation to each component of the program to determine the need for service, assess its effectiveness and indicate a need for change.

Standard 4: Types of Services Offered

Athletic training is appropriately a health service offered under the direction of a physician or dentist for the prevention, immediate care, management/disposition and reconditioning of athletic Injuries.

Standard 5: Personnel

The service program should be directed by a National Athletic Trainers Association Board of Certification, Inc (BOC) Certified Athletic Trainer who has met the qualifications established by the BOC. Education, qualifications and experience of all other personnel should meet existing standards and should be appropriate to their duties.

Standard 6: Facilities and Budget

Space, equipment, supplies and a continuing budget should be provided by the institution and should be adequate in amount, variety and quality to facilitate the implementation of the service program.

Standard 7: Records

Objective, permanent records of each aspect of the service program should (1) indicate date, name of physician or dentist referral; (2) initial evaluation and assessment; (3) treatment or services rendered, with date; (4) dates of subsequent follow-up care.

Standard 8: Reports

Written reports on each aspect of the service program should be made annually.

**APPENDIX K**

**NATA CODE OF ETHICS**

### Preamble

The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

**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.

**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.

September 2005, Revised 2018

**APPENDIX L**

**UIS Academic Integrity Procedure Flow Chart**

##

**APPENDIX M**

**ACTIVE COMMUNICABLE DISEASE POLICY**

The following are guidelines for students enrolled in the Master of Athletic Training Program (MATR) at University of Illinois Springfield (UIS).

1. All students enrolled in the MATR must help and ensure a safe and healthy environment for all student, faculty, staff and student-athletes/patients by maintaining their health.

2. When a MATR student becomes ill the student should:

* Seek medical attention immediately from Health Services, local or family physician,
* Inform the treating physician they are enrolled in the MATR and explain the roll that they play in caring for injured/ill physically active individuals,
* Discuss the restrictions/precautions that should be taken based on the diagnosis provided,
* Contact their Practicum Course Instructor, Practicum Preceptor and Coordinator of Clinical Education to discuss their status,
* Follow the prescribed treatment until the treating physician releases them fully for participation in unlimited practicum activities.
* Please note: Students are responsible for expenses related to their care, through student and/or personal insurance or by some other means.

3. The MATR Program and the practicum site affiliates, may not allow students with communicable diseases or conditions to have patient contact. This restriction may be necessary to protect the health and safety of all patients and staff at these sites. Persons with the following medical conditions will not be allowed patient contact without a medical clearance:

* Active chickenpox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, tuberculosis
* Conjunctivitis
* Diarrhea and vomiting with fever
* Diarrhea lasting over three days or accompanied by fever or bloody stools
* Draining or infected skin lesions
* Influenza
* Group A streptococcal disease (i.e., strep throat) until 24 hours of treatment received
* Oral herpes with draining lesions
* Staphylococcal disease

If an ill student is unsure whether he/she should participate in patient care in the manner outlined above, the MATR student should inquire with the appropriate healthcare personnel as described herein.

4. MATR students are to remove themselves from their practicum rotations and/or classrooms if they believe their health status endangers those around them. MATR students will NOT be penalized for practicum time missed due to diagnosed illness. MATR students will work with their preceptors to address the need to make-up any practicum experiences missed due to illness.

5. In the event of a prolonged illness, MATR students should contact the MATR Director to appropriately document the cause of absence.

**POLICY SUMMARY**

All students enrolled in the MATR must help to ensure the safety and the health of the people they come in contact with on a daily basis. MATR students must seek medical attention immediately and discuss the restrictions/precautions that should be imposed due to their illness. The MATR student should inform their Practicum Course Instructor, Preceptor and the Coordinator of Clinical Education of their status and discuss plans to address any missed practicum experiences. The MATR students who has been diagnosed with a communicable/contagious disease must have a physician release before resuming their practicum activities.

**APPENDIX N**

|  |  |
| --- | --- |
|  | **BODILY FLUID EXPOSURE REPORT** |

In the event of an exposure incident during practicum rotations the student and preceptor should complete this form as soon as possible after the exposure. Once completed, this form should be submitted to the Chair of the Department of Allied Health within 48 hours or the next business day, whichever comes first. The Chair will then take the appropriate action within UIS to notify the appropriate personnel.

 ***Please Print Legibly!***

Practicum Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exposure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Exposure Time: \_\_\_\_\_\_\_\_\_\_\_

With precision and detail describe the specifics of the exposure (continue on back if needed):

Please list the name(s) of any witness(es) to the exposure:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Practicum Student Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preceptor Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

**APPENDIX O**

|  |  |  |
| --- | --- | --- |
|  | **MATR CONFIDENTIALITY STATEMENT** |  |

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, do hereby acknowledge my responsibility under

 (print name)

applicable Federal Law and the Agreement between University of Illinois Springfield, College of Liberal Arts and Sciences, Department of Allied Health and **all** **affiliated practicum sites**, to keep confidential any information regarding patients, as well as all confidential information of the clinical sites. By my signature below, I agree, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agree not to reveal to any third party any confidential information, except as required by law or as authorized by the practicum site and/or practicum staff.

Dated this, the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

MATR Student’s Signature MATR Student’s UIN

 Witness’ Signature

**ELECTRONIC HEALTH RECORD CONFIDENTIALITY**

As a part of my clinical rotations, I understand I may be asked to use electronic health records (HER) as an electronic injury tracking resources. By my signature below, I understand that I am to use the software for the purpose of recording pertinent medical information only. I also understand I am no to review files of family, friends, or acquaintances unless instructed to do so as a part of my clinical rotation. Furthermore, under penalty of law, I may not reveal to any person or persons, except authorized clinical staff and associated personnel, any specific information regarding any patient information contained within the software.

Dated this, the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

MATR Student’s Signature MATR Student’s UIN

 Witness’ Signature

**APPENDIX P**

|  |  |  |
| --- | --- | --- |
|  | **ABSENCE REQUEST – PRACTICUM EXPERIENCE** |  |
| I am requesting advance approval for absence from a scheduled practicum experience(s) on the dates and times as listed below.  |
| Date of Absence: | Reason For Absence: |
| Time of Absence: |  |
| Practicum Experience Missing: | Preceptor Approval: Date:  |
| I am requesting approval to reschedule the above absence for the following dates and times as listed below.  |
| Date of Rescheduled Hours: | Preceptor Comments: |
| Time of Reschedule Hours: |  |
| Clinical Experience of Rescheduled Hours: | Preceptor Approval: Date:  |
|  |
| MATR Student Signature: |  | Date Submitted: |  |
|  |  |  |  |
| Coordinator of Clinical Education Approval: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**THIS FORM MUST BE COMPLETELY FILLED OUT & SUBMITTED TO THE PRACTICUM COURSE INSTRUCTOR NO LATER THAN 7 DAYS (1 WEEK) PRIOR TO BEGINNING OF ABSCENSE DATE (S).**

**APPENDIX Q**

|  |  |  |
| --- | --- | --- |
|  | **MATR DISCIPLINARY REPORT – PRECEPTOR** |  |

#

Student’s Name: Date:

Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:

Witnesses:

Preceptor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: ( )

|  |
| --- |
| Discrepancies in Conduct and/or Practicum Performance |
|  | Insubordination |  | Theft / Vandalism |  | Misuse of AT Hours |
|  | Unprofessional Behavior |  | Sexual Harassment |  | Dress Code Violation |
|  | Breach of Duty |  | Falsifying Hours |  | Unauthorized Procedure Performed |
|  | Unexcused Absence(s) |  | Academic Dishonesty |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Chronic Tardiness |  | Drug / Alcohol Abuse |  | Other:  |

Please describe the variance for the above location, date, and time: \_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preceptor’s Signature: Date:**

I, the undersigned, understand that my signature below IS NOT an admission of guilt, but rather an acknowledgement of the report. Each variance report will be reviewed on a case-by-case basis. I also understand that any refusal to sign this document by the aforementioned staff athletic trainer will be considered an admission of guilt and subsequent disciplinary action will be taken as outlined in the MATR Student Handbook.

**MATR Student’s Signature: Date:**

Reviewed by:

Comments / Remarks:

###### MATR Student’s Signature: Date:

Reviewer’s Signature: Date:

|  |  |  |
| --- | --- | --- |
|  | **MATR DISCIPLINARY REPORT – STUDENT** |  |

Student’s Name: \_\_\_\_ Date: \_\_\_\_\_\_\_\_

Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_

Witnesses: \_

Preceptor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: ( )

|  |
| --- |
| Discrepancies in Conduct and/or Practicum Performance |

1. If a student displays inappropriate behavior, professionalism and/or practicum performance and is removed from a practicum facility, the incident will be investigated. If the student is found to be at fault, the students will be counseled and the discrepancy documented.
2. If a student performs a procedure that is deemed harmful or potentially harmful to the patient and/or themselves the student will be sent home. After an investigation, the student will be counseled and the discrepancy will be documented.
3. Any student with three (#2 above) documented discrepancies or one or more serious/critical-documented discrepancies during the length of the clinical education will be subject to immediate dismissal.

**Note: A discrepancy will include, but is not limited to, the following examples of actions or occurrences:**

* Unexcused absence from clinical
* Failure to display a professional respectful attitude.
* Failure to follow the appropriate dress code.
* Failure to arrive at clinical mental and physically prepared.
* Failure to wear protective equipment during high-risk procedures and/or patient protection protocols.
* Performing a procedure without clearance of an instructor.
* Any other harmful or potentially harmful procedure performed.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| TO BE COMPLETED BY THE STUDENT |

Please describe the discrepancy for the above location, date, and time:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature Date**

**APPENDIX R**

|  |  |  |
| --- | --- | --- |
|  | **MATR STUDENT EVALUATION – PRACTICUM SITE** |  |

**MATR Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PURPOSE:

The purpose of this form is to help evaluate practicum settings for the MATR. Each MATR student is asked to complete this evaluation to the best of his/her knowledge. The Coordinator of Clinical Education will review and compile a summative report for the Preceptors and MATR Director. (NOTE: Students comments will remain anonymous and confidential.) The Coordinator of Clinical Education will then meet with the Preceptor to discuss the summative report from all student evaluations.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Were you given adequate orientation to individual patients/athletes and to your responsibilities to these people?
 |  |  |
| 1. Did you have a clear understanding of what was expected of you?
 |  |  |
| 1. Were your objectives for clinical education considered in planning your learning experiences?
 |  |  |
| 1. Did you feel that the learning experiences at this setting were:

\_\_\_\_\_\_\_ Routine for every student or \_\_\_\_\_\_ Individualized for each student |
| 1. Were on-going changes made in your learning experiences based on the level of competency you demonstrated?
 |  |  |
| 1. Were you provided with adequate space to accommodate your professional and personal needs: (e.g. lockers, study space, patient treatment area)
 |  |  |
| 1. Did you have adequate individual attention?
 |  |  |
| 1. Was the variety of patients/athletes adequate for you to meet the objectives of the clinical education experience? If no, please comment.
 |  |  |
|  |  |  |
| 1. Were the equipment and supplies adequate to meet the objectives of the clinical education experience? If no, please comment.
 |  |  |
|  |  |  |
| 1. Did the Preceptor understand your education level and education needs?
 |  |  |
| 1. Did you have adequate opportunity for communication with the Preceptor to whom you were responsible?
 |  |  |
| 1. Please describe your opportunities for discussion with your Preceptor by checking all appropriate responses:
 |
| \_\_\_\_\_\_Daily \_\_\_\_\_\_Midway \_\_\_\_\_\_Final\_\_\_\_\_\_Once per week \_\_\_\_\_\_Whenever necessary \_\_\_\_\_\_Whenever requested\_\_\_\_\_\_Impromptu \_\_\_\_\_\_\_Seldom \_\_\_\_\_\_Never\_\_\_\_\_\_Had to be scheduled in advance |
| 1. How would you rate staff morale?

Always high Usually high Occasionally High Usually Low Occasionally Low \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ |
|  | **Yes** | **No** |
| 1. Was the person who was directly responsible to you adequately prepared to answer your questions?
 |  |  |
| 1. Was the person who was directly responsible to you interested in your learning?
 |  |  |

16. Did you have an opportunity to interact with: Yes No N/A

a. radiology technicians \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

b. nurses \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

c. occupational therapists \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

d. orthotists \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

e. paramedics/EMTs \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

f. physical therapists \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

g. orthopedists \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

h. physicians \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

i. physician’s assistants \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

j. chiropractors \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

k. other physicians \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

l. other health professionals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

17. How would you describe your patient/athlete load during the majority of your practicum experience?

\_\_\_\_\_ Appropriate for your level of education \_\_\_\_\_ Too high \_\_\_\_\_ Too low

Please comment if too high or too low:

18. Based on your experience and skill, how would you describe the degree of supervision you received?

\_\_\_\_\_\_ Too close \_\_\_\_\_\_ Commensurate with need \_\_\_\_\_\_ Not close enough

If not commensurate with your need, please comment:

19. How would you describe the final evaluation process of your performance?

\_\_\_\_\_\_ a. Discussed with you prior to and after being finalized in writing.

\_\_\_\_\_\_ b. Discussed with you only prior to being finalized in writing.

\_\_\_\_\_\_ c. Discussed only after being finalized in writing.

\_\_\_\_\_\_ d. Not discussed.

20. Identify any new subject matter to which you were exposed during this practicum experience and indicate if it should be included in the MATR program.

21. Based on your past experience in practicum rotations and your concept of the "ideal" practicum setting, how would you rate this practicum setting?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| A very negative experience | A waste of time | Time well spent | A very positive experience |

**APPENDIX S**

|  |  |  |
| --- | --- | --- |
|  | **MATR STUDENT EVALUATION – PRECEPTOR** |  |

**MATR Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials of Preceptor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotation Week (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Definition of a Preceptor**

Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care

professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state

credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor’s

licensure must be appropriate to his or her profession.

**MATRs = MATR student**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y ES** | **NO** | Unknown |
| 1. The Preceptor demonstrates athletic training services that are confidential & consistent with state and federal legislation. Examples include American Disabilities Act, Health Insurance Portability & Accountability Act (HIPAA), and Family Education Rights & Privacy Act (FERPA).
 |  |  |  |
| 1. The Preceptor demonstrates ethical behavior as defined by the NATA Code of Ethics and the BOC Standards of Professional Practice.
 |  |  |  |

**Use the following scale to respond to the criteria listed below for this standard:**

**U = Unknown 1 = Never 2 = Seldom 3 = Occasionally 4 = Usually 5 = Always**

|  |  |
| --- | --- |
|  | **Rating** |
| 1. The Preceptor uses appropriate forms of communication to clearly and concisely express him-/her-self to MATRs, both verbally and in writing.
 |  |
| 1. The Preceptor provides appropriately timed and constructive feedback to MATRs.
 |  |
| 1. The Preceptor facilitates communication with MATRs through open-ended questions and directed problem solving.
 |  |
| 1. The Preceptor ensures time for on-going professional discussions with the MATRs in the practicum setting.
 |  |
| 1. The Preceptor communicates with MATRs in a non-confrontational and positive manner.
 |  |
| 1. How would you characterize the Preceptor’s communication skills (circle one)?

 Approachable Strained Appropriate Confusing Helpful Disconnected Other\_\_\_\_\_\_\_\_\_  Please explain: |

|  |
| --- |
| **Use the following scale to respond to the criteria listed below for this standard:****U = Unknown 1 = Never 2 = Seldom 3 = Occasionally 4 = Usually 5 = Always**  |
|  | **Rating** |
| 1. The Preceptor forms appropriate professional relationships with MATRs.
 |  |
| 1. The Preceptor models appropriate professional interpersonal relationships when interacting with MATRs, colleagues, patients/athletes, and administrators.
 |  |
| 1. The Preceptor appropriately advocates for the MATRs when interacting with colleagues, patients/athletes, and administrators.
 |  |
| 1. The Preceptor is a positive role model and/or mentor for MATRs.
 |  |
| 1. The Preceptor demonstrates respect for gender, racial, ethnic, religious, and individual differences when interacting with people.
 |  |
| 1. The Preceptor has an open and approachable demeanor to MATRs when in the practicum setting.
 |  |
| 1. How would you characterize the Preceptor’s interpersonal relationship with you (circle one)?

  Friendly Authoritative Supportive Professional Disinterested Aloof Other: \_\_\_\_\_\_\_\_\_Please explain: |
| 1. The Preceptor facilitates and evaluates planned clinical objectives of the MATRs.
 |  |
| 1. The Preceptor understands the MATRs' academic curriculum, level of didactic preparation, and current level of performance, relative to the goals of the practicum experience.
 |  |
| 1. The Preceptor takes advantage of teachable moments during planned and unplanned learning experiences by instructing skills or content that is meaningful and immediately applicable.
 |  |
| 1. The Preceptor employs a variety of teaching styles to meet individual MATRs' needs.
 |  |
| 1. The Preceptor modifies learning experiences based on the MATRs' strengths and weaknesses.
 |  |
| 1. The Preceptor is enthusiastic about teaching MATRs.
 |  |
| 1. The Preceptor communicates complicated/detailed concepts in terms that students can understand based on their level of progression within the MATR.
 |  |
| 1. The Preceptor routinely encourages MATRs to engage in self-directed learning as a means of establishing life-long learning practices of inquiry and clinical problem solving.
 |  |
| 1. Circle the word(s) that best describes your Preceptor’s instructional style?

 Innovative Thorough Proactive Minimal Reactive Hurried Other: \_\_\_\_\_\_\_\_\_\_\_Please explain: |
| 1. The Preceptor directly supervises MATRs during formal acquisition, practice, and evaluation of the Practicum Proficiencies.
 |  |
| 1. The Preceptor intervenes on behalf of the athlete/patient when the MATRs is putting the athlete/patient at risk or harm.
 |  |
| 1. The Preceptor encourages MATRs to arrive at clinical decisions on their own according to their level of education and clinical experience.
 |  |
| 1. The Preceptor applies the clinical education policies, procedures, and expectations of the MATR.
 |  |
| 1. The Preceptor presents clear performance expectations to MATRs at the beginning and throughout the learning experience.
 |  |
| 1. The Preceptor informs MATRs of relevant policies and procedures of the practicum setting.
 |  |
| 1. The Preceptor treats the MATRs presence as educational and not as a means for providing medical coverage.
 |  |
| 1. The Preceptor completes MATRs evaluation forms in a timely fashion.
 |  |
|  **Use the following scale to respond to the criteria listed below for this standard:****U = Unknown 1 = Never 2 = Seldom 3 = Occasionally 4 = Usually 5 = Always**  |
|  | **Rating** |
| 1. The Preceptor collaborates with MATRs to arrange quality practicum experiences, which are compatible with the students’ academic schedule and goals.
 |  |
| 1. What would you suggest to improve the Preceptor’s efficiency in this area?

Please explain: |
| 1. The Preceptor notes the MATRs' knowledge, skills, and behaviors as they relate to the specific goals and objectives of their practicum experience.
 |  |
| 1. The Preceptor records student progress based on performance criteria established by the MATR and identifies areas of competence as well as areas requiring improvement.
 |  |
| 1. The Preceptor approaches the evaluation process as constructive and educational.
 |  |
| 1. The Preceptor and MATRs participate in formative (i.e., on-going specific feedback) and summative (i.e., general overall performance feedback) evaluations.
 |  |
| 1. Do you feel your Preceptor was unbiased in your evaluation? (circle one)

 Please explain: | **Y ES** | **NO** | **Unknown** |
| 1. The Preceptor is capable of teaching and evaluating the practicum proficiencies, which are particular to the Preceptor’s setting or environment.
 |  |
| 1. The Preceptor’s knowledge and skills are current and support care decisions based on science and evidence-based practice.
 |  |
| 1. Should this rotation continue for future MATRs? Why or Why not?
 |

**ADDITIONAL COMMENTS:**

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MATR Student Signature Date