GENERAL DISCLAIMER

The Master of Science in Athletic Training (MSAT) Program is a dynamic program, constantly reassessing itself to provide the best educational experiences for students. Therefore, on at least a yearly basis, the handbook is revised. Revisions will be notated below, and the revised handbook will apply to all students currently enrolled in the MSAT Program, regardless of admissions date. Students will be notified of any revisions.

YEARLY REVISIONS:

* The 2022-2023 academic year is the first year of the Graduate Athletic Training program, the first year of implementation for this handbook.

* Effective 10/01/2022: MSAT Program grading policy has been updated to reflect the grading system A, B, C, D, F. The MSAT Program no longer utilizes a +/- system for grading. All policies concerning a grade have been updated to reflect this change.

* Effective 12/11/2022: Information has been provided on the MSAT Program research tool TurnItIn to deter and detect plagiarism and the department and program use of APA 7th ed. style guide for all academic work.
TABLE OF CONTENTS

Nondiscrimination Statement .......................................................................................................................... 10
Statement on Anti-Racism ................................................................................................................................. 11
Purpose of the Master of Athletic Training Program Handbook & Policies ......................................................... 12
Contact Information for MSAT Program Faculty .......................................................................................... 12
Student Expectations of the Master of Science in Athletic Training Program Handbook & Policies ............... 13

Section I: Programmatic Overview .................................................................................................................... 14
  Program Philosophy ........................................................................................................................................... 14
  Program Vision ............................................................................................................................................... 14
  Program Mission ............................................................................................................................................ 14
  Program Goals & Objectives ............................................................................................................................ 14
  Student Goals & Objectives ............................................................................................................................ 15

Admissions .................................................................................................................................................. 16
  Admissions Policy & Criteria ............................................................................................................................ 16
  Graduate Record Examinations (GRE) ............................................................................................................ 18
  Admissions Timeline ...................................................................................................................................... 18
  Admissions Decisions ................................................................................................................................... 19
  Transfer Information ..................................................................................................................................... 19
  Expected Program Costs ................................................................................................................................ 20

Getting Started at RU ...................................................................................................................................... 20
  Student ID and Parking .................................................................................................................................. 20
  Activating your RU account ............................................................................................................................ 21

Section II: Program Academic Policies .............................................................................................................. 21
  Academic Expectations .................................................................................................................................... 21
  MSAT Program Calendar ............................................................................................................................... 22
  MSAT Student Orientation Requirements ..................................................................................................... 22
  Master of Science in Athletic Training Program Curriculum .............................................................................. 23
    Course Sequence ........................................................................................................................................ 23
    Curriculum Plan ......................................................................................................................................... 24
    Course Descriptions .................................................................................................................................. 25
    Didactic Courses ....................................................................................................................................... 25
    ATTR 601 .................................................................................................................................................. 25
    ATTR 602 .................................................................................................................................................. 25
    ATTR 603 .................................................................................................................................................. 25
    ATTR 605 .................................................................................................................................................. 25
    ATTR 615 .................................................................................................................................................. 26
    ATTR 625 .................................................................................................................................................. 26
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Honor Pledge</td>
<td>39</td>
</tr>
<tr>
<td>Student Collaboration</td>
<td>41</td>
</tr>
<tr>
<td>Violation of the Student Code of Conduct</td>
<td>41</td>
</tr>
<tr>
<td>TurnItIn</td>
<td>41</td>
</tr>
<tr>
<td>APA 7th Edition Style Guide</td>
<td>42</td>
</tr>
<tr>
<td>Master of Science in Athletic Training Student Behavior Expectations Policy</td>
<td>42</td>
</tr>
<tr>
<td>Social Media Policy</td>
<td>43</td>
</tr>
<tr>
<td>Confidentiality, FERPA, and HIPPA Policies</td>
<td>44</td>
</tr>
<tr>
<td>Open Communications</td>
<td>45</td>
</tr>
<tr>
<td>Disciplinary Actions</td>
<td>46</td>
</tr>
<tr>
<td>Probation</td>
<td>46</td>
</tr>
<tr>
<td>Conditional Suspension of Progress</td>
<td>46</td>
</tr>
<tr>
<td>MSAT Program Removal</td>
<td>46</td>
</tr>
<tr>
<td>MSAT Program Faculty Support</td>
<td>46</td>
</tr>
<tr>
<td>Student Services &amp; Resources</td>
<td>47</td>
</tr>
<tr>
<td>Information Technology Services</td>
<td>47</td>
</tr>
<tr>
<td>University IT Offered Recourses</td>
<td>47</td>
</tr>
<tr>
<td>Highlander Success Center</td>
<td>47</td>
</tr>
<tr>
<td>Teaching Resource Center (TRC)</td>
<td>48</td>
</tr>
<tr>
<td>Computer Lab Software Access</td>
<td>48</td>
</tr>
<tr>
<td>McConnell Library</td>
<td>48</td>
</tr>
<tr>
<td>Campus Safety</td>
<td>48</td>
</tr>
<tr>
<td>Emergency Action Plan for Peters Hall B109 (Athletic Training Lab)</td>
<td>49</td>
</tr>
<tr>
<td>Student Support Services</td>
<td>49</td>
</tr>
<tr>
<td>Counseling Center</td>
<td>49</td>
</tr>
<tr>
<td>Multicultural &amp; International Student Services Office</td>
<td>50</td>
</tr>
<tr>
<td>Office of the Dean of Students</td>
<td>50</td>
</tr>
<tr>
<td>Division of Student Affairs</td>
<td>50</td>
</tr>
<tr>
<td>Center for Accessibility Services</td>
<td>50</td>
</tr>
<tr>
<td>Accommodations Procedure</td>
<td>51</td>
</tr>
<tr>
<td>Student Health Services</td>
<td>51</td>
</tr>
<tr>
<td>Office of Student Standards &amp; Conduct (OSSC)</td>
<td>51</td>
</tr>
<tr>
<td>MSAT Program Policies &amp; Procedures</td>
<td>51</td>
</tr>
<tr>
<td>COVID-19 GUIDELINES</td>
<td>51</td>
</tr>
<tr>
<td>Communicable Disease Policy</td>
<td>53</td>
</tr>
<tr>
<td>Appropriate Physical Contact in Class Policy</td>
<td>53</td>
</tr>
</tbody>
</table>
Student Attendance Requirement ............................................................................................................. 53
Inclement Weather Policy ....................................................................................................................... 54
Emergency Situations-General Guidance................................................................................................... 54
Methods of Instruction .............................................................................................................................. 55
Extra Credit ............................................................................................................................................ 55
Workload expectations .......................................................................................................................... 55
Communication Expectations .................................................................................................................... 55
Program Electronics Requirements .......................................................................................................... 55
Electronic Course Format ....................................................................................................................... 56
Program Electronic Portfolio Requirement ................................................................................................ 56
Classroom Dress Code ............................................................................................................................... 56
Textbook Requirement Policy .................................................................................................................... 57
Program Simulation Policy ........................................................................................................................ 57
Program Electronic Signature Policy .......................................................................................................... 57
Program Advising & Registration Policy ................................................................................................... 57
Program Commencement Policy ................................................................................................................ 57
National Athletic Trainers’ Association Student Membership Policy ....................................................... 57
Student Liability Insurance Policy ............................................................................................................. 58
Cultural Competence ................................................................................................................................ 58
Discrimination & Sexual Harassment Policy ............................................................................................. 59
Sexual Harassment .................................................................................................................................. 59
Course Grading Guidelines .......................................................................................................................... 59
Learning Environments ............................................................................................................................... 60
Learning Management System/Desire2Learn (D2L) .................................................................................. 60
Zoom ..................................................................................................................................................... 60
Inclusive Learning Environment .................................................................................................................. 61
Brave Learning Environment .................................................................................................................... 61
Time Commitment Notification .................................................................................................................. 61
Technical Standards for Admission ............................................................................................................ 61
Outside Employment & Engagements Policy .............................................................................................. 62
Tuition & Financial Aid ................................................................................................................................ 62
Program Awards ......................................................................................................................................... 63
Section III: Clinical Education ..................................................................................................................... 63
Definitions .................................................................................................................................................. 63
Goals ......................................................................................................................................................... 63
Traditional Coursework Vs. Clinical Education ......................................................................................... 64
Clinical Education Courses ..................................................................................................................... 64

Clinical Education Policies .......................................................................................................................... 64

Student Identification at Clinical Sites ......................................................................................................... 64
Emergency Cardiac Care and AED Training ................................................................................................... 65
Clinical Education Format ............................................................................................................................. 65
First-Year Clinical Education Guidelines .................................................................................................... 65
Second-Year Clinical Education Guidelines.................................................................................................. 65
Mandatory Day Off for MSAT Students ......................................................................................................... 65
University Closures, Holiday Breaks, Inclement Weather Closings ............................................................... 66
Master of Science in Athletic Training Program Clinical Education Student Professional Behavior Policy .......................................................................................................................... 66
Master of Science in Athletic Training Program Clinical Education Student Professional Appearance Policy ........................................................................................................................................... 66
Student Supervision ................................................................................................................................... 68
Student Orientation of Clinical Sites .............................................................................................................. 68
Immunizations ............................................................................................................................................. 68
OSHA & Bloodborne Pathogens Policy ......................................................................................................... 69
BBP Post-Exposure Control Plan ................................................................................................................... 69
Communicable & Infectious Disease Policy ................................................................................................... 69
Emergency Action Plans ............................................................................................................................... 70
Other Clinical Site Policies and Procedures ...................................................................................................... 70
Regulation Pertaining to Over the Counter and Prescription Medications ..................................................... 70
Clinical Site Documentation Policies & Procedures ........................................................................................... 70
Clinical Site Maintenance of Equipment ......................................................................................................... 71
Clinical Site Sanitation Precautions ............................................................................................................... 71
Clinical Site Patient Privacy & Confidentiality Protections ........................................................................... 71
Clinical Experience Travel Expectations Policy ............................................................................................. 71
Clinical Experience Hours Policy .................................................................................................................. 71
Clinical Experience Hours Documentation Requirement & Instructions ....................................................... 71
Clinical Experience and Clinical Preceptor Evaluations ................................................................................ 72

Clinical Experience Placement ..................................................................................................................... 72

Student Pursuits and Goals Post-Graduation Form ....................................................................................... 72
Clinical Experience CAATE Standard Requirements ..................................................................................... 72
Clinical Experience Course Alignment and Matriculation ............................................................................. 72
Clinical Experience Required Hours Policy .................................................................................................... 73
Equipment Intensive Experience Requirement .............................................................................................. 73
Immersive Clinical Experience Requirement .................................................................................................. 73
Supplemental Clinical Experiences ................................................................................................................ 73
<table>
<thead>
<tr>
<th>Section/Section Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client/Patient Ability to Differentiate Student vs. Practitioner</td>
<td>74</td>
</tr>
<tr>
<td>AT Milestones &amp; Skill Evaluation Guidelines</td>
<td>74</td>
</tr>
<tr>
<td>AT Milestones</td>
<td>74</td>
</tr>
<tr>
<td>Board of Certification Standards of Professional Practice V. 3.4</td>
<td>75</td>
</tr>
<tr>
<td>Practicing Under Physician Direction</td>
<td>75</td>
</tr>
<tr>
<td>Mandatory Reporter of Child Abuse and Neglect Obligations</td>
<td>75</td>
</tr>
<tr>
<td>Disciplinary Actions: Clinical Education</td>
<td>76</td>
</tr>
<tr>
<td>Disciplinary Guidelines for Clinical Experience Site</td>
<td>76</td>
</tr>
<tr>
<td>Section IV: Clinical Preceptors (<em>Currently being revised</em>)</td>
<td>77</td>
</tr>
<tr>
<td>CP training</td>
<td>77</td>
</tr>
<tr>
<td>Guidelines</td>
<td>77</td>
</tr>
<tr>
<td>Requirements</td>
<td>77</td>
</tr>
<tr>
<td>Contract</td>
<td>77</td>
</tr>
<tr>
<td>Appendices</td>
<td>78</td>
</tr>
<tr>
<td>Appendix A</td>
<td>79</td>
</tr>
<tr>
<td>Appendix B</td>
<td>81</td>
</tr>
<tr>
<td>Appendix C</td>
<td>83</td>
</tr>
<tr>
<td>Appendix D</td>
<td>86</td>
</tr>
<tr>
<td>Appendix E</td>
<td>88</td>
</tr>
<tr>
<td>Appendix F</td>
<td>90</td>
</tr>
<tr>
<td>Appendix G</td>
<td>93</td>
</tr>
<tr>
<td>Appendix H</td>
<td>95</td>
</tr>
<tr>
<td>Appendix I</td>
<td>97</td>
</tr>
<tr>
<td>Appendix J</td>
<td>101</td>
</tr>
<tr>
<td>Appendix K</td>
<td>104</td>
</tr>
<tr>
<td>Appendix L</td>
<td>106</td>
</tr>
<tr>
<td>Appendix M</td>
<td>110</td>
</tr>
<tr>
<td>Appendix N</td>
<td>112</td>
</tr>
<tr>
<td>Appendix O</td>
<td>114</td>
</tr>
<tr>
<td>Appendix P</td>
<td>117</td>
</tr>
<tr>
<td>Appendix Q</td>
<td>120</td>
</tr>
<tr>
<td>Probation</td>
<td>121</td>
</tr>
<tr>
<td>Conditional Suspension of Progress</td>
<td>121</td>
</tr>
<tr>
<td>MSAT Program Removal</td>
<td>122</td>
</tr>
<tr>
<td>Appendix R</td>
<td>126</td>
</tr>
<tr>
<td>Appendix S</td>
<td>128</td>
</tr>
</tbody>
</table>
Appendix T .............................................................................................................................................. 131
Appendix U .............................................................................................................................................. 134
Appendix V .............................................................................................................................................. 190
Appendix W ............................................................................................................................................. 195
Appendix X .............................................................................................................................................. 198
Appendix Y .............................................................................................................................................. 200
Appendix Z .............................................................................................................................................. 210
**NONDISCRIMINATION STATEMENT**

Radford University does not discriminate regarding race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation in the administration of its educational programs, activities, admission, or employment practices. Inquiries about this policy may be directed to the Director of Human Resources at 600 Tyler Avenue.

Telephone: voice (540) 831-5008; hearing impaired (540) 831-5128.
Student inquiries may be directed to the Office of the Dean of Students in Heth Hall (540) 831-5321.

The university has adopted policies to provide for prompt and equitable resolution of discrimination complaints. The Discrimination Complaint Procedure describes the grievance procedure for individuals who have experienced discrimination.

The Sexual Harassment Policy further defines sex discrimination by including examples of sexual harassment and a statement concerning consensual relationships between university employees and students.

The Accommodation Procedure for individuals with disabilities confirms the university's commitment to providing accessibility to its programs, services, and activities for individuals with disabilities who are otherwise qualified and entitled to a reasonable accommodation.

Only acts of discrimination committed by university employees in connection with their university employment may be reviewed through Human Resource policies and procedures. The term "employee" refers to any faculty, staff, or graduate student employee. Individuals who believe they may have experienced discrimination, but are uncertain as to whether a complaint is justified or whether they wish to initiate a formal complaint may discuss their concerns confidentially and informally with a staff member in Human Resources. All other cases, in which the alleged violation is committed by a student, are adjudicated by the university's student conduct system.

Students may also consult a staff member at the Counseling Center, the Multicultural & International Student Services Office, or the Office of the Dean of Students. Staff members will assist students by providing support and options for how they might resolve a concern.

Copies of the complete policy statements including procedures for resolving complaints are available in the Office of the Dean of Students and the Department of Human Resources.
STATEMENT ON ANTI-RACISM

Radford University Academic Programs stands with all who have experienced oppression, discrimination, and systemic disadvantage. The injustice of recent national events contradicts our Highlander values for inclusivity, community, and student empowerment and success. Our educational mission is at risk when our students, our faculty, our staff, and our community endure systemic racism.

As the faculty, staff, and administrators of Academic Programs, we are committed to the pursuit of diversity, equity, and inclusion in our professional and personal lives. As we partner with our campus community to combat systemic racism, we recommit ourselves, our actions, and our thoughts to understanding and improving our society. To this end, we pledge to:

- Engage in the self-exploration and critical conversations necessary to grow our knowledge and skills as change agents
- Interrogate our practices, policies, and procedures through a lens of equity and accountability
- Evaluate our performance data for markers of inequity and act on opportunities for inclusivity
- Partner with other campus constituents to share inclusion resources and strategies
- Create a place where all students can feel valued, safe, and respected
- Listen to the voices of all students and acknowledge multiple perspectives as part of our community
- Engage students in critical exploration of the intersection of oppressive systems and educational goals

Through these actions, we aim to empower each other, our campus community, and our students to dismantle systems of racism where they exist in our institutions and communities. Each of us in Radford University Academic Programs will continue to challenge ourselves, promote inclusive teaching and learning, and partner with our students to move our communities toward social justice.
The purpose of the Master of Science in Athletic Training (MSAT) Program Handbook and Policies is to provide MSAT students and faculty a thorough guide for navigating the program. The handbook is not intended to trick or surprise but to provide clarity and transparency, in addition to acting as a useful resource. Found in the handbook are MSAT Program admission requirements, progression requirements, policies, procedures, details, helpful information, faculty expectations of students, student expectations of faculty, along with consequences for not adhering to the content found within this document. The basis for developing the handbook was to offer a comprehensive resource of the MSAT Program, though there may be items or subjects not addressed, and as such topics become apparent the content will reflect them also. The handbook is a living document and will adjust to changes within the program, college, university, and beyond in real-time. If you are unable locate information concerning a specific topic, to answer questions, or you would like further explanation regarding a topic, please contact the Director or Coordinator of Clinical Education of the MSAT Program. The MSAT Program faculty’s goal is for all students enrolled in the program to successfully obtain a graduate degree in athletic training, to become contributing members of society and the athletic training profession. If there is any assistance the MSAT faculty can provide students in achieving this goal, please let us know. Acknowledgement and Understanding of the Master of Athletic Training Program Handbook and Policies is required of all students enrolled in the program (Appendix A).

Contact Information for MSAT Program Faculty

Director, Master of Science Athletic Training Program
Sarah B. Rabe, EdD, LAT, ATC
Office: (540) 831-7652
Personal (for urgent purposes only, where an email would not be appropriate due to time constraints): (540) 797-3352
Email: srabe@radford.edu

Coordinator of Clinical Education, Master of Science Athletic Training Program
Michael Moore, PhD, LAT, ATC
Office: (540) 831-6218
Email: mbmoore@radford.edu

Faculty, Master of Science Athletic Training Program
Angela Mickle, PhD, LAT, ATC
Office: (540) 831-5330
Email: ammickle@radford.edu
STUDENT EXPECTATIONS OF THE MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM HANDBOOK & POLICIES

Students are required to read the Master of Science in Athletic Training Program & Handbook Policies in its entirety to understand Program expectations and requirements. Failure of a student to read the program handbook or failure to remember policies and expectations will not constitute as a valid excuse for not following the handbook and policies. By enrolling in the MSAT Program students are automatically accepting the terms and conditions of the program handbook and policies and are expected to follow them. Failure of a student to follow the MSAT Program Handbook & Policies will result in program or course sanctions.
SECTION I: PROGRAMMATIC OVERVIEW

The Master of Science in Athletic Training Program is located on Radford University’s Main Campus in Peters Hall in the College of Education and Human Development. From inception as an undergraduate program, the MSAT Program strives to produce athletic trainers prepared to provide healthcare to diverse populations.

PROGRAM PHILOSOPHY

The Radford University Master of Science in Athletic Training Program believes

1. Athletic training education requires the active participation of students, certified preceptors, faculty, staff, and medical specialists involved in the MSAT Program.

2. Students must demonstrate commitment to both academic and clinical facets required to develop the necessary cognitive, psychomotor, and affective skills necessary to succeed as an allied healthcare professional in a variety of athletic training practice settings.

3. The MSAT Program is accountable for promotion of the athletic training profession throughout the University, the City of Radford, surrounding communities, and the Commonwealth of Virginia.

PROGRAM VISION

The Master of Science in Athletic Training Program at Radford University aspires to be a leader in providing an innovative, inclusive, and student-centered athletic training program in the Commonwealth of Virginia and beyond.

PROGRAM MISSION

The mission of the Master of Science in Athletic Training Program at Radford University is to provide an ethical, inclusive educational environment to develop diverse, effective agents of change prepared to become athletic trainers who engage in lifelong, professional, and continuing educational activities complying with the Board of Certification Practice Standards and Code of Professional Responsibility with intentions to facilitate the growth of the athletic training profession in Radford, the surrounding communities, and the Commonwealth of Virginia.

PROGRAM GOALS & OBJECTIVES

The Athletic Training Program Strives to

Program 1: Provide a rigorous and accessible athletic training program for a diverse student population in an ethical, inclusive educational environment.

Program Objective 1.1: Reduce barriers in obtaining an advanced degree.

Program Objective 1.2: Maintain a student population reflective of the diverse populations athletic trainers serve. (CAATE DEI Std. 1)

Program Objective 1.3: Obtain and maintain CAATE accreditation.
Program Goal 2: Foster competent and contributing entry level board certified athletic trainers who act in professionally responsible manners while providing athletic training services in a variety of settings.

**Program Objective 2.1:** Gain practical experience in providing athletic training services to diverse patient populations.

**Program Objective 2.1:** Provide athletic training services reflective of ethical and inclusive practices.

Program Goal 3: Facilitate the appreciation and the role of the athletic trainer in a healthcare team.

**Program Objective 3.1:** Provide educational activities and experiences to support student understanding

**Program Objective 3.2:** Provide student opportunities that advocate for the athletic training profession.

**Program Objective 3.3:** Demonstrate systemic diversity, equity, inclusion, and social justice efforts throughout the MSAT Program. (CAATE DEI Std. 1)

**STUDENT GOALS & OBJECTIVES**

Student Goal 1: Become effective agents of change by advocating for the health needs of patients through evidence-based practices.

**Student Objective 1.1:** Advocate for the health needs of clients, patients, communities, and populations. (CAATE Std. 56, 68)

**Student Objective 1.2:** Provide athletic training services in a manner that uses evidence to inform practice. (CAATE Std. 62)

Student Goal 2: Practice as clinical athletic trainers working collaboratively with other health care professionals and engage in lifelong learning.

**Student Objective 2.1:** Establish a working relationship with directing physician and demonstrate effective and appropriate communication with collaborating physicians and other health care professionals, patients, their family, coaches, administrators, consumers, payers, policy makers, and others. (CAATE Std. 59 and 90)

**Student Objective 2.2:** Demonstrate interprofessional collaboration. (CAATE Std. 61)

**Student Objective 2.3:** Evaluate patients through examination and appropriate diagnostic tests to formulate a diagnosis for patients with acute and chronic conditions (musculoskeletal, general medical, and behavioral health), manage and develop patient care plans, and interventions; including appropriate education of pharmacological and therapeutic agents and medications, and refer to appropriate health care providers as deemed necessary. (CAATE Std. 69, 70, 71, 72, 73, 74, 75, 76, 77)
Student Objective 2.4: Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. (CAATE Std. 88)

Student Goal 3: Practice cultural competency, foster cultural humility, and demonstrate respect in patient care, congruent with the ethical standards of the profession. (CAATE DEI Std. 2)

Student Objective 3.1: Analyze the impact of group identification, including the intersectionality of multiple identities, on health disparities, patient care, and patient outcomes.

Student Objective 3.2: Analyzing the impact of marginalization on health disparities, patient care, and patient outcomes.

Student Objective 3.3: Develop strategies that minimize the impact of clinician-based bias, prejudice, and privilege on patient interactions.

Student Objective 3.4: Devising patient-centered interventions to diverse populations that account for the healthcare delivery system.

Student Objective 3.5: Practice in a manner congruent with the ethical standards of the profession and in a manner compliant with all applicable laws and regulations. (CAATE Std. 65 and 66)

ADMISSIONS

The MSAT Program’s intention is to provide an athletic training education to students at the local, regional, state, and national level. Admissions to the MSAT Program is based on a variety of requirements centered on producing well-rounded athletic trainers.

ADMISSIONS POLICY & CRITERIA

Admissions into the MSAT Program is competitive and limited to 16 students per cohort. All students will be required to complete the following admission requirements:

1. Completion of bachelor’s degree before commencement of the program. Official transcripts of all institutions from which the applicant has earned a degree in Allied Health Science, Health and Exercise Science/Exercise Science, Kinesiology, Exercise Physiology, Physical Education, or any other related degree program including prerequisites courses or knowledge/content.

2. Students are required to submit official transcripts at the time of application submission and after degree conferral.
   
   a. A final official transcript must be sent within 15 days of the first semester of enrollment (Summer III/June 01). If the degree has not been conferred prior to the beginning of the term of admission to the College of Graduate Studies’ Master of Science in Athletic Training Program, admission will be rescinded.
3. Students from non-U.S. institutions will be required to demonstrate English proficiency by one of the following:
   a. TOFEL score of 550 or higher (paper-based); a TOFEL score of 213 or higher (computer-based); a TOFEL score of 79-80 (internet-based); or IELTS score of 6.5.
4. Minimum GPA of 2.75, preferred 3.0 out of 4.0 for undergraduate coursework.
5. Prerequisite courses*:
   a. Biology
   b. Chemistry
   c. Physics/Biomechanics
   d. Psychology
   e. Human Anatomy & Physiology
6. Prerequisite knowledge/content*:
   a. Statistics
   b. Exercise Physiology
   c. Kinesiology/Pathomechanics
   d. Nutrition

*The MSAT Program will determine the courses/criteria that meet the prerequisite requirements on an individual basis. Course names will vary from applicant to applicant. Course syllabi will be requested for any courses used for admissions criteria that do not traditionally represent prerequisite courses/criteria (i.e., Exercise Science for the prerequisite knowledge/content of Exercise Physiology).
7. At least 25 observation hours with a certified athletic trainer, 50 observation hours preferred; recorded on MSAT Observation Verification form (Appendix B).
8. Three letters of recommendation (all letters preferred from supervising health care professionals, professors, or employers; at least one letter must from a supervising certified athletic trainer)
9. Essay articulating the desire to become a certified athletic trainer
10. CPR certification (level of health care professional, certification must be above the level of basic CPR for the lay individual and must include CPR and AED training)
11. Current vaccinations for Measles, Mumps, Rubella, Meningitis, Diphtheria, and Tetanus (within 10 years). Radford University students can request health records from Student Health. Non-Radford University students must complete and submit the Health Record form located on the Student Health webpage.
12. Required yearly testing: Two-Step TB test (due before clinical experiences start, valid for 12 months).
13. Flu shot (due Oct. 1, valid until the following March), COVID-19 vaccinations, and boosters are highly recommended, clinical experience sites may require these vaccines for a student to utilize the clinical site. Students who do not have proof of Flu and/or COVID-19 vaccination may not be able to complete clinical education course requirements/program requirements without obtaining the necessary vaccinations. Clinical sites may not accept vaccine waivers. The Commission on Accreditation of Athletic Training Education (CAATE) requires students to be exposed to a variety of health care settings and patient
populations. The MSAT Program will make all attempts to place a student in clinical settings without vaccine requirements if needed, but the program cannot guarantee settings will be available, meeting the variety of clinical settings criteria CAATE requires. Interruption in clinical education matriculation will delay graduation.

14. Students are required to participate in an interview with the MSAT Admission Committee. The format/depth of the interview may vary depending on extenuating circumstances.

15. Students must complete two applications:
   
a. The first application through ATCAS, a central application system, with associated fees.
   
b. The second application is a Supplemental Application for Radford University's College of Graduate Studies, with associated fees.

**GRADUATE RECORD EXAMINATIONS (GRE)**

The MSAT Program does not require Graduate Record Examination (GRE) General Test or any other entry test for admissions at this time.

**ADMISSIONS TIMELINE**

**August 15th (est.)** ATCAS Application Cycle opens
   - Applicants can submit applications to Radford University’s MSAT Program through ATCAS until the application cycle closes (est. May 1).

**November 7th - 15th (a full week during this time)** Early Admissions Interviews
   - All applicants with completed applications to ATCAS and the College of Graduate Studies will be eligible to sign up for an interview with the MSAT Program Admissions Committee.
   - After the initial applicant interview week applicants will be interviewed on a rolling admission. Once all cohort seats have been offered and accepted admissions will continue for wait list purposes. The wait list will be used for any cohort seats that may become available before the program start date.

**December 1st**
   - About two weeks after the Early Admissions Interviews, the MSAT Program will contact each applicant interviewed and provide a decision letter. After the Early Admissions Period, students will be provided a decision letter within two weeks after their scheduled interview.

**April 15th- May 01st** MSAT Program Admissions Cycle closes
   1. This date will vary from year to year, though the admissions cycle will close no later than May 01st each year. It is recommended that all applicants apply by April 01st to ensure all paperwork, transcripts, financial aid is processed in time.

**June 01st** MSAT Program Orientation
   2. The MSAT Program begins in the Summer with three courses. The first summer course starts the first full week in June. The Wednesday, Thursday, and Friday before the first week of June will be the orientation days.
ADMISSIONS DECISIONS

The MSAT Program will follow up with applicants via email to provide an admissions decision. Attainment of admissions criteria does not guarantee admission to the MSAT Program. Only applicants offered the program interview stage of admissions will receive an admission decision.

MSAT PROGRAM RECOMMENDATION FOR ADMISSIONS

A MSAT Program Recommendation for Admissions (Appendix C) will be sent via email (listed in the ATCAS application) to applicants the MSAT Program Admissions Committee wishes to accept to the program, outlining acceptance terms and next steps. The MSAT Program Recommendation for Admissions will also include the MSAT Program Applicant Acceptance of Recommendation for Admissions and the MSAT Program Applicant Declination of Recommendation for Admissions. Applicants accepting admissions are required to complete and return the acceptance via email. Failure to return the MSAT Program Acceptance of Recommendation for Admission by the date stated in the letter may result in a withdrawal of the MSAT Program Recommendation for Admissions and the applicant may no longer be considered for admissions.

MSAT PROGRAM RECOMMENDATION FOR ADMISSIONS WAITLIST

If the MSAT Program has filled all cohort seats and there are applicants who are deemed acceptable applicants and would be offered admissions if there was an available seat, the applicants will be offered to be added to the MSAT Program Recommendation for Admission Waitlist (Appendix D). If a cohort seat becomes available before the start of the program, the program will reach out to the first applicant on the waitlist and offer the applicant a recommendation for admissions. Applicants will be selected from the waitlist to be offered admissions in the order applicants were placed on the waitlist.

MSAT PROGRAM DECLINATION OF RECOMMENDATION FOR ADMISSIONS

Applicants who interview for admissions to the MSAT Program, and the MSAT Program Admissions Committee decides to not offer a recommendation for admissions, will be sent a MSAT Program Declination of Recommendation for Admissions (Appendix E). Declination of admissions may not include reasons for declination. Applicants sent a declination of admissions will not be eligible for admission for the rest of admissions cycle but may apply for future admissions cycles if they wish.

MSAT PROGRAM APPLICANT ACCEPTANCE OF RECOMMENDATION FOR ADMISSIONS

Applicants offered a MSAT Program Recommendation for Admissions wishes to accept the offer, are required to return the MSAT Program Applicant Acceptance of Recommendation for Admissions (Appendix F). Acceptance must be returned to the program by the post-marked due date, or the acceptance will be considered void. A new MSAT Program Acceptance of Recommendation for Admissions may not be granted.

MSAT PROGRAM APPLICANT DECLINATION OF RECOMMENDATION OF ADMISSIONS OFFER

If an applicant is offered a MSAT Program Recommendation of Admissions and does not wish to accept, the applicant is asked to return the MSAT Program Declination of Recommendation of Admissions Offer (Appendix G) to document the declination.

TRANSFER INFORMATION
Applicants are not permitted to transfer into Radford University’s MSAT Program. The MSAT Program follows a specific course sequence and standard alignment to meet CAATE accreditation standards and this sequence is not modifiable. Students wishing to gain admissions to the MSAT Program must follow the Admissions Policy and Criteria. There is no guarantee of acceptance to the program.

**EXPECTED PROGRAM COSTS**

Radford University identifies the costs of tuition and fees on an annual basis. In addition to the normal tuition, students can anticipate costs associated with the MSAT Program may be higher than other graduate programs. In addition to the traditional costs for classroom supplies, students can anticipate the additional approximate cost requirements. Students must complete the Acknowledgement of Expected Program Costs *(Appendix H)*. The MSAT Program attempts to list all expected costs but there may be unexpected costs not listed. When possible, the program attempts to alleviate the amount of fees students are required to pay upfront, therefore, fees may be covered by the program or embedded as course fees.

1. Graduate application fee $50
2. AT Tracking System [TK20 currently], Liability Insurance $150
3. Parking permit for on campus parking (per academic year) $150
4. Portable video recording device/personal mobile phone $100
5. Expendable and non-expendable educational supplies such as athletic tape, stethoscopes, and other tools used in injury evaluation and treatment $150
6. Textbooks (The MSAT Program text rental program attempts to cover all text costs) $1500
7. Clothing required for clinical experiences* $50-$200
8. Transportation cost (i.e., gas money for clinical assignments, this is highly dependent on clinical assignment, the MSAT Program makes all attempts to minimize student travel) $150
9. Criminal Background Checks and Drug Testing (may incur cost per clinical experience assignment) $75
10. CPR & First Aid recertification cost at beginning of program and upon exit $10
11. Professional Fees (membership to NATA, VATA, etc. yearly) $100-$200
12. Travel and accommodations to professional conferences $200
13. Clinical experience immunization requirements varies
14. Post Exposure Medical Costs (dependent upon insurance) varies
15. Board of Certification (BOC) Review Test Fees $35-$60
16. Board of Certification (BOC) Exam Costs $450
17. Graduation Regalia (dependent on preference and purchase or rental options) varies
18. Housing, students are responsible for on-campus or local housing (suggested to be no more than 30 minutes away), food, and any other living or personal needs.

*Program clothing requirements found under Clinical Experience Policies*>

**GETTING STARTED AT RU**

**STUDENT ID AND PARKING**

Your student picture ID and parking permit can be obtained from Parking Services located in Heth Hall 152 during regular business hours, Monday-Friday 8:00 am-4:30 pm. You will need an ID to check out books from
McConnell Library or the Teaching Resource Center in Peters Hall, and for other uses. You can purchase a parking pass online, calling (540) 831-6361 or (540) 831-6330 or by emailing Parking Services.

**ACTIVATING YOUR RU ACCOUNT**

All Radford University students, faculty, and staff are provided a OneCampus account. This account will provide you with access to a variety of campus resources. Before you can begin using your account, you may have to Claim/Activate it. In addition, OneCampus allows you to access all your student information. You can do everything from checking your grades to financial aid information, and much more. Feel free to check out all that is available to you as a student!

**SECTION II: PROGRAM ACADEMIC POLICIES**

Students are required to always adhere to the Program Academic Policies throughout the duration of the program. Failure or refusal to do so will result in disciplinary actions including but not limited to probation, suspension, or program removal policies.

**ACADEMIC EXPECTATIONS**

Pursuing a master’s degree is different from pursuing an undergraduate degree. There is a difference in the level, quality, and amount of academic work expected by the faculty. Students are expected to assume a great deal of responsibility and self-direction in the graduate program. Students must read widely and stay informed of important issues.

Some of the specific Radford University Master of Science in Athletic Training Program graduate student expectations are as follows:

- Exhibit a higher level of critical thinking skills than those required in undergraduate school. These skills include: analysis, integration of knowledge from different sources, integration of knowledge with practice, synthesis of knowledge, and the ability to critique and support those criticisms. Papers that contain no synthesis or analysis are not acceptable;
- Produce high quality written and oral work; i.e., professional-level presentations in class and papers relatively free of spelling errors, grammatical errors, punctuation errors, and syntax problems. Students adhere to the Publication Manual of the American Psychological Association (APA). The faculty expect the student’s best work on every assignment;
- Submit papers and other course related coursework on time. It is the student’s responsibility to set a schedule that will meet the demands of course work, graduate assistantship, and other professional and personal responsibilities;
- Attend classes. In many classes, the discussion and interchange between the students and professor or among the students is as valuable as formal presentations by the professor. It is inappropriate to leave classes early. The faculty expects every student to attend every class; and
- Exhibit a high level of professional behavior; i.e., behavior that reflects the student’s responsibility to self and others. When involved in group projects, students must demonstrate responsibility by participating fully and in a timely and professional fashion.
MSAT PROGRAM CALENDAR

The MSAT Program calendar provides information on important dates throughout the course of the program for students’ information. This calendar is not exhaustive and is updated as any new information becomes available. Students are provided the calendar and added to a Microsoft Outlook calendar upon admissions.

MSAT STUDENT ORIENTATION REQUIREMENTS

All incoming cohorts must attend the MSAT Student Orientation, scheduled three working days before the first full week of June (date varies, the Wednesday, Thursday, and Friday before the start of Summer I, Summer III session courses in June but will vary year to year). Exact dates and times will be provided in the MSAT Program Applicant Acceptance of Recommendation for Admissions. Students will receive the MSAT Student Orientation Agenda (Appendix I) the Monday before the first full week in June (this may change from year to year, students will receive an agenda two business days before the start of orientation).

During orientation students will:

1. Review the MSAT Program Student Handbook
2. Sign all MSAT Program Student Handbook acknowledgements and understanding of policies. Including but not limited to:
   a. MSAT Program Student Handbook Acknowledgement & Understanding (Appendix A)
      i. Radford University’s Discrimination & Harassment Policy
      ii. MSAT Program OSHA, Blood-Borne Pathogen, Communicable Disease Policies Acknowledgement & Understanding
   b. MSAT Program Expected Program Costs (Appendix H)
   c. MSAT Program Requirements for Matriculation & to Maintain Good Academic Standing (Appendix K)
   d. Radford University’s Academic Honor Pledge & Understanding of Standards of Student Conduct (Appendix M)
   e. MSAT Program Student Behavior Expectations Policy Acknowledgement & Understanding (Appendix N)
   f. MSAT Program Social Media Policy Acknowledgement & Understanding (Appendix O)
   g. MSAT Program Confidentiality, FERPA, & HIPAA Policies Acknowledgement & Understanding (Appendix P)
   h. MSAT Program Student Disciplinary Action Policies Acknowledgement & Understanding (Appendix Q)
   i. MSAT Program Student Liability Insurance Policy Acknowledgement & Understanding (Appendix R)
   j. MSAT Program Technical Standards Policy Acknowledgement & Understanding (Appendix S)
   k. MSAT Program Outside Employment Policy (Appendix T)
   l. Board of Certification Standards of Professional Practice v. 3.4 (Appendix V)
   m. Board of Certification Professional Responsibility (Appendix W)
3. Complete all assessments and surveys
4. Be provided and review the MSAT Program Clinical Experience binder (used for the duration of the program)
5. Be introduced to various stakeholders such as program faculty, department chair, college dean, clinical preceptors, director of Teaching Resource Center (TRC), and IT support staff, department administrative assistant, and any other stakeholders students will interact with during the program.
6. Tour on-campus facilities such as Peters Hall, Parking, Police Station, Dining Hall, Bookstore, Graduate School, Financial Aid, Registrar’s, Student Accounts, Library, the Bonnie, student gym, and on-campus Clinical Education facilities.
7. Question and answer session
8. Evidence-Based Practice (EBP) Review

**MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM CURRICULUM**

The MSAT Program follows a specific course sequence, therefore, disruption to a student’s progression (i.e., course grade, course failure or incompletion, student behavior, violations of the Standards of Student Conduct, etc.) will result in disruption of the student’s progression.

**COURSE SEQUENCE**

**EXAMPLE**

**YEAR I: SUMMER I (START OF MSAT PROGRAM)**

**YEAR I: FALL I**

**YEAR I: WINTER I**

**YEAR I: SPRING I**
CURRICULUM PLAN

Summer I  
ATTR 601  Foundational Concepts in Athletic Training  3
ATTR 602  Emergency Care and Planning  3
ATTR 603  Pathophysiology  3

Fall I  
ATTR 605  Assessment I: Lower Extremity Evaluation  3
ATTR 606  Therapeutic Interventions I  3
ATTR 615  Assessment I: Upper Extremity Evaluation  3
ATTR 610  Practicum I  3

Winter I  
ATTR 614  Competency-Based Assessment  3

Spring I  
ATTR 616  Therapeutic Interventions II  3
ATTR 625  Assessment and Therapeutic Intervention III: Head, Neck, Spine  3
ATTR 617  General Medical Assessment  3
ATTR 620  Practicum II  3

Summer II  
ATTR 624  Competency-Based Assessment  3
Course Descriptions

Course syllabi, evaluation rubrics, and forms can be provided upon request and are found in each course’s D2L course shell.

Didactic Courses

ATTR 601
Students will receive introduction to the athletic training profession, the role, and scope of the athletic trainer as a healthcare provider. Students will receive both didactic and psychomotor skill instruction of medical documentation; the comprehensive pre-participation examination process; selection, fabrication, and/or customization of prophylactic, assistive, and restrictive devices; and the selection, fit, and removal of protective equipment to minimize the risk of injury or reinjury. Lecture 2 hours/Lab 4 hours. Lab supplies may be required at the expense of the student. This is a hybrid course.

ATTR 602
Students will be instructed on the development, implementation, and revision of policies and procedures that pertain to the prevention, preparedness, and response to medical emergencies and other critical incidents commonly encountered by athletic trainers in various settings. Students will be instructed on monitoring and evaluating environmental conditions to make appropriate recommendations to start, stop, or modify activity to prevent environmental illness or injury. Lecture 2 hours/Lab 2 hours. Lab supplies may be required at the expense of the student. This is a hybrid course.

ATTR 603
Students will be instructed on the human anatomic structure and function necessary for athletic trainers to prevent, treat, and care for injuries. Students will be instructed on the pathophysiology and pathomechanics of common injuries encountered by athletic trainers and healing timeframes of anatomic structures. Students will develop appropriate communication methods for various stakeholders. Students will demonstrate use of various models of function and disability. Lecture 3 hours/Lab 2 hours. Lab supplies may be required at the expense of the student. This is a hybrid course.

ATTR 605
Students will receive both didactic and psychomotor instruction in the evaluation process including anatomy, injury recognition, muscle and range of motion testing, special tests, and diagnostic testing to perform a complete and thorough assessment on injuries commonly treated by athletic trainers. Students will practice evaluation skills and techniques through laboratory activities and participate in peer evaluation. Students will receive instruction on establishing working relationships with other healthcare providers including directing or collaborating physicians. This course will focus on the lower extremity. Lecture 2

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Research Methods</td>
<td>3</td>
</tr>
<tr>
<td>Organization and Administration</td>
<td>3</td>
</tr>
<tr>
<td>Practicum III</td>
<td>3</td>
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<tr>
<td>Seminar in Athletic Training</td>
<td>3</td>
</tr>
<tr>
<td>Graduate Project</td>
<td>3</td>
</tr>
<tr>
<td>Practicum IV</td>
<td>6</td>
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</tbody>
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60CH
hours/Lab 3 hours. Lab supplies may be required at the expense of the student. Traditional course with the potential of some online components to accommodate clinical experience and student travel.

ATTR 615

Students will receive both didactic and psychomotor instruction in the evaluation process including anatomy, injury recognition, muscle and range of motion testing, special tests, and diagnostic testing to perform a complete and thorough assessment on injuries commonly treated by athletic trainers. Students will practice evaluation skills and techniques through laboratory activities and participate in peer-evaluation. Students will receive instruction on establishing working relationships with other healthcare providers including directing or collaborating physicians. This course will focus on the upper extremity. Lecture 2 hours/Lab 3 hours. Lab supplies may be required at the expense of the student. Traditional course with the potential of some online components to accommodate clinical experience requirements and student travel.

ATTR 625

Students will receive both didactic and psychomotor instruction in the evaluation process including anatomy, injury recognition, muscle and range of motion testing, special tests, and diagnostic testing to perform a complete and thorough assessment on injuries commonly treated by athletic trainers. Students will practice evaluation skills and techniques through laboratory activities and participate in peer-evaluation. Students will receive instruction on establishing working relationships with other healthcare providers including directing or collaborating physicians. Students will learn to how to advocate and incorporate patient education for the health needs of clients, patients, communities, and populations commonly involved with the interactions of athletic trainers. Students will receive both didactic and psychomotor instruction on developing care plans for various therapeutic interventions, preventative measures, concepts, and protocols. Students will learn how to use systems of quality assurance and improvement to enhance client/patient care. This course will focus on the head, neck, and spine. Lecture 2 hours/Lab 3 hours. Lab supplies may be required at the expense of the student. Traditional course with the potential of some online components to accommodate clinical experience requirements and student travel.

ATTR 606

Students will learn to how to advocate and incorporate patient education for the health needs of clients, patients, communities, and populations commonly involved with the interactions of athletic trainers. Students will receive both didactic and psychomotor instruction on developing care plans for various therapeutic interventions, preventative measures, concepts, and protocols. Students will learn how to use systems of quality assurance and improvement to enhance client/patient care. This course will focus on the lower extremity. Lecture 2 hours/Lab 3 hours. Lab supplies may be required at the expense of the student. Traditional course with the potential of some online components to accommodate clinical experience requirements and student travel.

ATTR 616

Students will learn to how to advocate and incorporate patient education for the health needs of clients, patients, communities, and populations commonly involved with the interactions of athletic trainers. Students will receive both didactic and psychomotor instruction on developing care plans for various therapeutic interventions, preventative measures, concepts, and protocols. Students will learn how to use systems of quality assurance and improvement to enhance client/patient care. This course will focus on the upper extremity. Lecture 2 hours/Lab 3 hours. Lab supplies may be required at the expense of the student. Traditional course with the potential of some online components to accommodate clinical experience requirements and student travel.
ATTR 607
Students will receive instruction on the administrative concepts and organizational skills and abilities that are required of athletic trainers in a variety of healthcare settings. Students will be instructed on how to identify health care delivery strategies that account for health literacy. Students will be instructed on how to practice health care in a manner that is compliant with the Board of Certification Standards of Professional Practice and other governing bodies. Students will be instructed on administrative management duties and the use of comprehensive patient-file management systems. Students will be instructed on development and management of policies and procedures to guide operation of athletic training services. Lecture 3 hours. This is a hybrid asynchronous online course.

ATTR 645
Students will receive preparation for the Board of Certification Exam and be instructed on the requirements and expectations of newly certified athletic trainers into the profession for graduating students. Students will receive preparation for entering the athletic training workforce and practicing in a manner that is congruent with the ethical standards of the profession. Student will be introduced and instructed on self-assessing professional competence and create professional development plans according to personal and professional goals and requirements. Students will be introduced and instructed on advocating for the profession. Lecture 3 hours. This is a hybrid asynchronous course.

ESHE 650
Students will receive introduction to various types of research and method processes. Students will explore different areas of research and requirements to assist them in building their own research in future courses. Students will learn how to use evidence-based practices to guide them in their research. By the end of the course students will have completed constructing the methodology portion their research study. Lecture 3 hours. This is a hybrid asynchronous online course.

ESHE 698
Students will receive supervision in the development of a one-semester scholarly, entrepreneurial, or administrative project that synthesizes the student's educational and clinical experiences. Topics for projects are chosen collaboratively by the student and a program faculty member. Final project will be presented in a student forum and submission to a scholarly publication is required. Lecture 3 hours. This is a hybrid asynchronous online course.

ATTR 617
Students will demonstrate skill in collaborating and establishing a working relationship with a directing physician and other health care and wellness professionals. Students will be introduced and instructed on performing an examination (and evaluation techniques) to formulate a diagnosis and plan of care for patients with general medical health conditions commonly seen in the athletic training practice. Students will be introduced and instructed on performing or obtaining the necessary and appropriate diagnostic or laboratory tests. Students will be introduced and instructed on developing and implementing strategies to mitigate the risk for long-term health conditions across the lifespan. Students will develop, implement, and revise policies and procedures to guide the daily operation of athletic training services. Lecture 2 hours/Lab 2 hours. Lab supplies may be required at the expense of the student. Traditional course with the potential of some online components to accommodate clinical experience requirements and student travel.
**ATTR 614**

Students will research various position and consensus statements of the National Athletic Trainers’ Association and evidence-based practices regarding how to provide athletic training services in a manner that informs practices including but not limited to nutritional concepts and general health and wellness for populations in which athletic trainers serve. This course is asynchronous online.

**ATTR 624**

Students will research clinical outcomes assessment, anatomical and physiologic changes across the lifespan, care of behavioral health conditions, psychosocial issues related to health care, supplemental and performance enhancement drugs, and basic pharmacology as they pertain to athletic training. This course is asynchronous online.

**Clinical Education Courses**

**ATTR 610**

This course is the first of four clinical experience courses of the MSAT Program’s Clinical Education program. The Coordinator of Clinical Education (CCE) assigns students to the program’s approved Clinical Preceptors in clinical settings where certified athletic trainers and/or medical doctors are employed. Clinical Preceptor(s) will work with students at assigned clinical experience sites(s) to provide students with opportunities to practice and apply athletic training knowledge and skills to various populations. Students will act under the direct supervision of qualified Clinical Preceptors (i.e., Certified Athletic Trainer [ATC] or M.D./D.O. credentialed health care professional; supplemental clinical experience opportunities involve other health care providers as preceptors, but these opportunities would not fulfill clinical experience requirements as defined in Standards 56 through 94 [CAATE 2020 std. 31, p. 27]).

Students will work with Clinical Preceptors to achieve competency in the “six general competencies adopted from the Accreditation Council for Graduate Medical Education (ACGME), and eight specialty competencies representing the specialty areas identified by the Council of Accreditation on Athletic Training Education (CAATE)” (The Athletic Training Milestones, 2019, p. 3). Students are required to act in accordance with the Board of Certification (BOC) Standards of Professional Practice, consisting of the I. Practice Standards and II. Code of Professional Responsibility; these criteria for professional practice are required for competent performance as a certified entry-level athletic trainer. Students must obtain Level 3 for concepts and skills of the milestones in both the didactic and psychomotor aspects of the program as a graduation requirement.

The clinical courses progress throughout the program as the students matriculate through supporting courses each semester. Clinical Practicum I will reflect the knowledge and skills gained during prerequisite courses ATTR 601, ATTR 602, ATTR 603; and through co-requisite courses ATTR 605, ATTR 615, ATTR 606, ATTR 616.

Due to the nature of different employment settings and responsibilities, travel is expected and determined by clinical experience placement. This is a hybrid asynchronous course. This course requires a minimum of 140 hours of clinical experience education under the supervision of a clinical preceptor.

**ATTR 620**

This course is the second of four clinical experience courses of the MSAT Program’s Clinical Education program. The Coordinator of Clinical Education (CCE) assigns students to the program’s approved Clinical Preceptors in clinical settings where certified athletic trainers and/or medical doctors are employed. Clinical Preceptor(s) will work with students at assigned clinical experience sites(s) to provide students with opportunities to practice and apply athletic training knowledge and skills to various populations. Students will act under the direct supervision of qualified Clinical Preceptors (i.e., Certified Athletic Trainer [ATC] or
M.D./D.O. credentialed health care professional; supplemental clinical experience opportunities involve other health care providers as preceptors, but these opportunities would not fulfill clinical experience requirements as defined in Standards 56 through 94 (CAATE 2020 std. 31, p. 27).

Students will work with Clinical Preceptors to achieve competency in the “six general competencies adopted from the Accreditation Council for Graduate Medical Education (ACGME), and eight specialty competencies representing the specialty areas identified by the Council of Accreditation on Athletic Training Education (CAATE)” (The Athletic Training Milestones, 2019, p. 3). Students are required to act in accordance with the Board of Certification (BOC) Standards of Professional Practice, consisting of the I. Practice Standards and II. Code of Professional Responsibility; these criteria for professional practice are required for competent performance as a certified entry-level athletic trainer. Students must obtain Level 3 for concepts and skills of the milestones in both the didactic and psychomotor aspects of the program as a graduation requirement.

The clinical courses progress throughout the program as the students matriculate through supporting courses each semester. Clinical Practicum II will reflect the knowledge and skills gained during prerequisite courses ATTR 615, ATTR 616, ATTR 610, ATTR 614 and co-requisite courses ATTR 617, ATTR 625.

Due to the nature of different employment settings and responsibilities, travel is expected and determined by clinical experience placement. This is a hybrid asynchronous course. This course requires a minimum of 180 hours of clinical experience education under the supervision of a clinical preceptor.

ATTR 630

This course is the third of four clinical experience courses of the MSAT Program’s Clinical Education program. The Coordinator of Clinical Education (CCE) assigns students to the program’s approved Clinical Preceptors in clinical settings where certified athletic trainers and/or medical doctors are employed. Clinical Preceptor(s) will work with students at assigned clinical experience sites(s) to provide students with opportunities to practice and apply athletic training knowledge and skills to various populations. Students will act under the direct supervision of qualified Clinical Preceptors (i.e., Certified Athletic Trainer [ATC] or M.D./D.O. credentialed health care professional; supplemental clinical experience opportunities involve other health care providers as preceptors, but these opportunities would not fulfill clinical experience requirements as defined in Standards 56 through 94 (CAATE 2020 std. 31, p. 27)).

Students will work with Clinical Preceptors to achieve competency in the “six general competencies adopted from the Accreditation Council for Graduate Medical Education (ACGME), and eight specialty competencies representing the specialty areas identified by the Council of Accreditation on Athletic Training Education (CAATE)” (The Athletic Training Milestones, 2019, p. 3). Students are required to act in accordance with the Board of Certification (BOC) Standards of Professional Practice, consisting of the I. Practice Standards and II. Code of Professional Responsibility; these criteria for professional practice are required for competent performance as a certified entry-level athletic trainer. Students must obtain Level 3 for concepts and skills of the milestones in both the didactic and psychomotor aspects of the program as a graduation requirement.

The clinical courses progress throughout the program as the students matriculate through supporting courses each semester. Clinical Practicum III will reflect the knowledge and skills gained during prerequisite courses ATTR 625, ATTR 617, ATTR 620, ATTR 624 and co-requisite courses ATTR 650, ATTR 607.

Due to the nature of different employment settings and responsibilities, travel is expected and determined by clinical experience placement. This is a hybrid asynchronous course. This course requires a minimum of 180 hours of clinical experience education under the supervision of a clinical preceptor.

ATTR 640

This course is the last of four clinical experience courses of the MSAT Program’s Clinical Education program. The Coordinator of Clinical Education (CCE) assigns students to the program’s approved Clinical
Preceptors in clinical settings where certified athletic trainers and/or medical doctors are employed. Clinical Preceptor(s) will work with students at assigned clinical experience sites(s) to provide students with opportunities to practice and apply athletic training knowledge and skills to various populations. Students will act under the direct supervision of qualified Clinical Preceptors (i.e., Certified Athletic Trainer [ATC] or M.D./D.O. credentialed health care professional; supplemental clinical experience opportunities involve other health care providers as preceptors, but these opportunities would not fulfill clinical experience requirements as defined in Standards 56 through 94 [CAATE 2020 std. 31, p. 27]).

Students will work with Clinical Preceptors to achieve competency in the “six general competencies adopted from the Accreditation Council for Graduate Medical Education (ACGME), and eight specialty competencies representing the specialty areas identified by the Council of Accreditation on Athletic Training Education (CAATE)” (The Athletic Training Milestones, 2019, p. 3). Students are required to act in accordance with the Board of Certification (BOC) Standards of Professional Practice, consisting of the I. Practice Standards and II. Code of Professional Responsibility; these criteria for professional practice are required for competent performance as a certified entry-level athletic trainer. Students must obtain Level 3 for concepts and skills of the milestones in both the didactic and psychomotor aspects of the program as a graduation requirement.

“The clinical education component [of this course] includes at least one athletic training immersive clinical experience. An athletic training immersive clinical experience is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students must participate in the day-to-day and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-week period)” CAATE 2020 std. 16, p. 20.

The clinical courses progress throughout the program as the students matriculate through supporting courses each semester. Clinical Practicum IV will reflect the knowledge and skills gained during prerequisite courses ATTR 650, ATTR 607, ATTR 630 and co-requisite courses ATTR 645, ATTR 698.

Due to the nature of different employment settings and responsibilities, travel is expected and determined by clinical experience placement. This is a hybrid asynchronous course. This course requires a minimum of 400 hours of clinical experience education under the supervision of a clinical preceptor.

Summer Break Reminder Form

During Spring I, all students will receive a Summer Break Reminder Form (Appendix J). This communication will provide reminders for students to complete or work on during Summer II while they are enrolled in Summer III session for ATTR 624. Students will participate in completing this form and constructing personal goals over the summer break.

PROGRAM MATRICULATION

Students of the MSAT Program are expected to make satisfactory academic and clinical education progress. Students must possess the required academic ability, technical expertise, character, and professional demeanor for success in the athletic training profession. Failure to meet programmatic requirements and maintain good standing will result in Conditional Suspension of Progression or removal from the MSAT Program.

Criteria for Program Matriculation / Requirements to Maintain Good Standing

Students must meet the following requirements to matriculate through the program (Appendix K):

1. Maintain a cumulative GPA of a 3.0 out of 4.0 or better throughout the duration of the MSAT Program.
Earn a grade of “B” (80-89%) or above in all courses. Students are allowed two course immuni of a “C” (70-79%) throughout the duration of the program. Due to the increased credit awarded, a student cannot earn below a “B” (80-89%) in ATTR 640 Clinical Practicum IV during the Spring II semester.

2. Earn “2” or above on AT Milestones, Interpersonal & Communication Skills and Professionalism (Appendix U), evaluated at clinical experience sites; and/or earn “3” on all AT Milestones, Interpersonal & Communication Skills and Professionalism by the end of the Program. *Students are expected to work to earn “3”s during the semester on all milestones assessed. Students must earn a “3” on all AT Milestones as a requirement for graduation.

3. Successful completion of assigned clinical education site requirements and associated paperwork.

4. Earn a C or above on programmatic formative and summative evaluations

5. Successful completion of all remediation plans (if applicable)

6. Maintain current CPR certification through the American Red Cross or the American Heart Association or equivalent agency.

7. Maintain National Athletic Trainers’ Association (NATA) student membership.

8. MSAT Program Student Handbook Acknowledgement & Understanding (Appendix A) (yearly)
   a. Radford University’s Discrimination & Harassment Policy (yearly)
   b. MSAT Program OSHA, Blood-Borne Pathogen, Communicable Disease Policies Acknowledgement & Understanding (yearly)

9. MSAT Program Expected Program Costs (Appendix H) (yearly)

10. MSAT Program Requirements for Matriculation & to Maintain Good Academic Standing (Appendix K) (yearly)

11. Radford University’s Academic Honor Pledge & Understanding of Standards of Student Conduct (Appendix M) (yearly)

12. MSAT Program Student Behavior Expectations Policy Acknowledgement & Understanding (Appendix N) (yearly)

13. MSAT Program Social Media Policy Acknowledgement & Understanding (Appendix O) (yearly)

14. MSAT Program Confidentiality, FERPA, & HIPAA Policies Acknowledgement & Understanding (Appendix P) (yearly)

15. MSAT Program Student Disciplinary Action Policies Acknowledgement & Understanding (Appendix Q) (yearly)

16. MSAT Program Student Liability Insurance Policy Acknowledgement & Understanding (Appendix R) (yearly)

17. MSAT Program Technical Standards Policy Acknowledgement & Understanding (Appendix S) (yearly)

18. MSAT Program Outside Employment Policy (Appendix T) (yearly)

19. Board of Certification Standards of Professional Practice v. 3.4 (Appendix V) (yearly)

20. Board of Certification Professional Responsibility (Appendix W) (yearly)

Repercussions for Failure to Meet Criteria for Program Matriculation

1. Course GPA & Grade Requirements
   Students are required to maintain a cumulative GPA of 3.0 out of 4.0 throughout the program. AND to maintain a 3.0 cumulative GPA, students must earn a “B” (80-89%) or better in all courses. Students are not allowed more than two course grades below a “B” (80-89%) but not lower than a “C” (70-79%). Due to the increased credit awarded, a student cannot earn below a “B” (80-89%) in ATTR 640 Clinical Practicum IV.

   A. Failure to Maintain GPA & Grade Requirements
      Probation
i. If a student’s GPA drops below a 3.0 due to two course grades below a “B” (80-89%) but not lower than a “C” (70-79%), the student may be placed on probation for the following Fall or Spring semester.
   - Failure to maintain grades of “B” (80-89%) or better in all courses during the final, Spring II semester, may result in the student not being allowed to graduate. If granted a Conditional Suspension of Progress, in the student being removed from the program for the duration of a full calendar year and being readmitted at the beginning of the subsequent Spring II semester.
   - If a student is not offered a Conditional Suspension of Progress the student will be removed from the program and will not graduate from the MSAT Program and therefore, unable to act as a certified athletic trainer regardless of successful completion of the BOC Exam previously in the Spring II semester.
   - The BOC will be notified if either of the above situations occur, where a student has already sat and successfully completed the BOC Exam and then fails to pass any course in the Spring II semester. Whether or not the student has to re-take the BOC Exam, if granted a Conditional Suspension of Progress, is the decision of the BOC and not the MSAT Program.
   - If a nontraditional/intersession semester (i.e., Winter/Summer) is between the student’s current semester (semester of grade/GPA infraction) and the subsequent semester of probation (Fall/Spring), the student must earn a grade of “B” (80-89%) or higher during the nontraditional/intersession semester before the semester of probation.
   - If a student fails to earn a passing grade of “B” (80-89%) or higher during the nontraditional/intersession semester the student will be removed from the program.

ii. If placed on probation, the student must increase the GPA back to a 3.0 during the probation period while completing a mandatory remediation plan. This means a student must earn at least one “A” (90%+) and the rest “B”s” (80-89%) during the probation period to pull their GPA back up to 3.0. A student cannot earn below a “B” (80-89%) in ATTR 640 Clinical Practicum IV.
   - The offer of probation can be granted twice, if at all, throughout the duration of the program, per student, for any infraction.
   - The offer of probation may not be granted to every student and will be handled on a case-by-case basis. If the offer of probation is not granted, the student will be removed from the program, readmittance to the program will not be offered.

B. Failure to Increase GPA to 3.0 during one semester of probation

Conditional Suspension of Progress

A. If a student is placed on probation for a semester and is unable to increase the GPA to 3.0 during the semester of probation by not earning at least one course grade of an “A” (90%+) and the rest “B”s” (80-89%) during the semester of probation to pull their GPA back up to 3.0. A student cannot earn below a “B” (80-89%) and/or the student fails to successfully complete the remediation plan assigned to them during the semester of probation; the student may be offered a Conditional Suspension of Progress.

B. OR If a student is placed on probation for a semester and is unable to increase the GPA to 3.0 during the semester of probation by earning one course grade below a “B” (80-89%), and/or
the student fails to successfully complete the remediation plan assigned to them during the semester of probation; the student may be offered a Conditional Suspension of Progress.

- The offer of Conditional Suspension of Progress is only granted once, if at all, throughout the duration of the program, per student, for any infraction.
- If offered Conditional Suspension of Progress and the terms are not completed by re-entry into the program, the student will be removed from the program permanently. Upon return from the Conditional Suspension of Progress the student will have to maintain the necessary grades to maintain a GPA of 3.0 for the duration of the program.
- The offer of Conditional Suspension of Progress may not be granted to every student and will be handled on a case-by-case basis. If the offer of Conditional Suspension of Progress is not granted, the student will be removed from the program, readmittance to the program will not be offered.

C. Failure to Maintain GPA & Grade Requirements OR Failure to Increase GPA to 3.0 during one semester of probation

Removal from the MSAT Program

i. If a student earned more than one “C” (70-79%) during a semester, OR a student earned a “C” (70-79%) during the semester of probation, OR a student earns another “C” (70-79%) after successfully returning from probation

ii. If a student is removed from the program, readmittance to the program will not be offered.

2. Failure to earn “2” or above on AT Milestones Interpersonal & Communication Skills (ICS) and Professionalism (PROF), (Appendix U), evaluated at clinical experience sites, will result in one of the following options:

*Students are expected to work to earn “3”s during the semester on all milestones assessed. Students must earn a “3” on all AT Milestones as a requirement for graduation.

A. Failure to Maintain Earn “2” or above on AT Milestones ICS and/or PROF

i. If offered, the student will be placed on probation for the following semester and must earn scores of “3” on all assessed AT Milestones Interpersonal & Communication Skills (ICS) and Professionalism (PROF) during the semester of probation with the same Clinical Preceptor

ii. If offered, the student will be placed on Conditional Suspension of Progress, upon return the student must earn average scores of “3” on all assessed AT Milestones Interpersonal & Communication Skills (ICS) and Professionalism (PROF) during the semester of return with the same Clinical Preceptor and throughout the duration of the program

iii. if this is a repeat violation, the student will be permanently removed from the program

- If the student is removed from the program for any reason, readmittance will not be offered.

**UNIVERSITY ACADEMIC POLICIES FROM REGISTRAR’S OFFICE**

The Registrar’s Office is responsible for maintaining transcripts, grades, enrollment verifications, commencement, the course catalog, scheduling classes, and student registration.

**REGISTRATION**

The **Registrar’s Office** is located in Heth Hall, room 105 on main campus. “All graduate students will begin registering the first day of registration and can register through the census date of the given term”
MSAT Students are automatically registered for each term (See Program Advising & Registration Policy). If a student has any questions about registration, the Registrar’s Office provides a General Registration Information FAQs page. If the FAQs do not provide the student with the information they need, they are encouraged to speak with the Director of the MSAT Program. If answers cannot be sufficiently answered by the program director, the information will be found for the student and then communicated back to the student in a timely manner, or the student will be referred to contact the Registrar’s Office via email or phone at 540-831-5271.

Withdrawal, Readmission, and Academic Leave

The MSAT Program follows policies concerning withdrawal from all courses for graduate students, though all MSAT students are encouraged to discuss withdrawing from all courses with the Director of the MSAT Program before initiating the action as the MSAT Program does not allow for readmission into the program. Students are not permitted to withdraw from one or more classes but not all classes. If a student wishes to take academic leave from the MSAT Program, this must be discussed with and approved by the Director of the MSAT Program before initiating the action as the MSAT Program only allows academic leave if it is approved prior. Academic leave is only granted to students who the Director of the MSAT Program determines will benefit from said leave due to circumstances outside of the student’s control.

Transcripts & Enrollment Verification

Transcript Requests can be initiated by students wanting an official copy of their transcripts, for themselves or to be sent to someone else, through OneCampus. There are fees for requesting transcripts found on the Registrar’s webpage for transcript requests. Online payments can only be made using a major credit/debit card. If a student has questions about their transcripts, they can email a Transcript Specialist or contact them via phone at 540-831-5271. Enrollment verifications can be requested through OneCampus also. If a student does not need official transcripts, unofficial transcripts can be printed from running a degree audit in OneCampus with no associated cost.

Graduate Catalog

Every cohort will have their own University Graduate Catalog corresponding to their entry academic year. The most current, 2021-2022 Graduate Catalog is now available.

Name Change

A student needing to change their name can submit a Name Change form, this is conducted through the Registrar’s Office.

Resources for Veterans

The Registrar’s Office provides Resources and Information for Veterans.

Program Formative & Summative Assessment Policy & Guidelines

The MSAT Program is invested in each student’s academic performance and success. Student’s academic performance is tracked, through various measures, during the program. When a student’s academic performance drops below MSAT expectations, that student is provided assistance to remedy the
reason for the dip in academic performance. One way we track student performance is through Formative and Summative Assessments. Program assessments replicate the format of the BOC Certification Exam to familiarize students to the unique format of the exam. A schedule of current formative and summative assessments is provided on the MSAT Program Calendar. The MSAT Program faculty do their best to prepare students to successfully complete all assessments.

**Formative Assessments**

Formative Assessments are assessments used to inform the program on where a student’s performance is currently in understanding and applying content throughout the program through objective data. Formative assessments are assessments where students are expected to perform their best, but the resulting score is used only as a measurement of a student’s level of understanding and application of content and is not recorded as a graded assessment in the program. Data provided by these assessments assist the program in providing support through various forms focused on improving understanding and application of specific content area(s). One avenue utilized to provide support is through the use of individualized Remediation Plans. Formative assessments are program requirements and not associated with a course grade. Students are required to complete all Formative Assessments and refusal to complete an assessment will result in the student’s removal from the program.

**Summative Assessments**

Summative assessment assess students’ level of understanding and application of previously learned content in the program as a whole and may not be connected to a certain course, similar to the Formative Assessments. Summative Assessments, also a program requirement, are assessments students must successfully complete with a score of 70% or higher to continue to matriculation in the program. A student must successfully complete all Summative Assessments to maintain standing in the program. If a student does not complete a Summative Assessment with a score of 70% or higher, they are not able to continue to the next semester and are removed from the program.

The program employs summative assessments as an avenue to remove a student from the program who is not academically prepared to continue in the program at that time. The cumulating exam of an Athletic Trainer is the BOC Exam. As a program philosophy, it is not a morally sound practice to allow a student to continue in the MSAT Program when the student is not able to demonstrate understanding and application of program content. The MSAT Faculty would rather remove a student early in the program to allow the student time to step away and reassess their goals; rather than allow a student to continue with little prospect of meeting academic performance standards. Without the ability to successfully complete the BOC Exam, a student is unable to use the MSAT degree to become employed as a certified athletic trainer and this barrier could be found as a waste of financial resources. More than ever the cost of higher education is exorbitant, and the program faculty are stewards of ensuring the MSAT degree is as affordable as possible, and not waste monetary resources of students unable to meet program benchmarks by permitting these students to continue to matriculate in the program.

**Remediation Plans**

Students’ academic performance is monitored upon completion of every course, and at the end of every semester to ensure sufficient preparation for successful completion of the BOC Exam. A remediation plan (Appendix L) will be developed for any student who displays the need for improvement in a content area. The terms and requirements of remediation plans are individualized to each student and situation.
REMEDIATION PLAN STEPS

1. Placement
   Students who are having difficulty with content areas throughout the program will be place into a remediation plan. Students can be identified as requiring remediation through performance on program formative assessments, course assessments, or other areas of performance not meeting program standards. Remediation plans are provided to students with a purpose and intent of improving a student’s understanding and application of content areas of the program.

2. Timeframe
   a. Students will continue in a remediation plan until the student’s performance meets program standards for matriculation, for a period of at least four-weeks. Remediation plans can continue into subsequent semesters as needed, including winter and summer breaks. At the end of the minimum four-week remediation period, if the students is deemed ready to attempt the assessment again, the assessment will be scheduled.
   b. If at the end of the initial four-week period, a student is not deemed ready to repeat the assessment, the remediation plan will continue for a minimum of two additional weeks. Two weeks is the minimum time to continue a remediation plan and can exceed this minimum if deemed necessary by the faculty member and/or director of the MSAT Program.

3. Completion
   a. Successful completion of the remediation plan is a program requirement. A student who refuses to complete an assigned remediation plan will be removed from the program.
   b. If a student is unable to successfully complete a remediation plan and/or the repeat assessment successfully after an eight-week time period the student will be required to meet with program faculty to determine a course forward, including, but not limited to extending the plan or temporary/permanent removal from the program.

PROGRAM COMPLETION & GRADUATION

Students who successfully matriculate through the MSAT Program by successful completion of all courses and program requirements will reach program completion and graduation at the end of two consecutive years, upon conclusion of the Spring II semester. To graduate, student must complete an application for graduation and meet all requirements set forth by the MSAT Program, the College of Graduate Studies, and Radford University. The MSAT Program Faculty only control the program’s graduation requirements. It is the responsibility of the student to ensure completion of all other requirements for graduation. The Registrar’s office offers Graduation FAQs for students. Students can email the Registrar’s Office or the College of Graduate Studies with questions concerning graduation.

CRITERIA FOR PROGRAM COMPLETION & GRADUATION

1. Cumulative GPA of 3.0 or better
2. Students must pass all MSAT courses with at least a “B” (80-89%) or better, with the exception of two course grades no lower than a “C” (70-79%), maintaining a 3.0 GPA or above
3. Earn a “3” on AT Milestones Interpersonal & Communication Skills (ICS) and Professionalism (PROF), evaluated at the clinical education site (Appendix U). *Students are expected to work to earn “3”s during the semester on all milestones assessed. Students must earn a “3” on all AT Milestones as a requirement for graduation.
4. Successful completion of all assigned clinical experiences and associated paperwork.
5. Earn a "C" (70-79%) or above on programmatic formative and summative evaluations
6. Successful completion of remediation plans (if applicable)
7. Maintain current CPR certification through the American Red Cross or the American Heart Association or equivalent agency.
8. Completion/Submission of Student Led Research Project (this project is student specific, all students must complete the project and some students may be required to submit to a journal or other publication, not publish their work)
9. Electronic Portfolio Completion
10. Acknowledgment and continued demonstration of the BOC Standards of Professional Practice v. 3.4 (Appendix V & Appendix W)
11. Acknowledgment and continued demonstration of the MSAT Program Technical Standards Policy (Appendix S)
12. Successful completion of the required 60 credit hours of graduate coursework outlined in the curriculum plan.
13. Completion of any College of Graduate Studies, Registrar’s Office, or other university entity’s requirements for graduation
14. Completion and submission of Graduate Studies’ application for graduation and any associated fees

**Appeal of Academic Grade and/or Decision**

**Master of Science in Athletic Training Program Decision Appeal Process/File of Formal Grievance**

All decision appeals, outside of a grade appeal, will fall into this appeal category. Students have the right to appeal program decisions made by the Director of the MSAT Program. As with the Grade Appeal Process, an appeal cannot be due to disagreement of a policy or procedure. “The…appeals procedure is designed to give the student the opportunity to correct an injustice. It should be utilized only when the student contends that the [decision] is arbitrary or capricious. It is not to be used to challenge [a policy or procedure]”. "Arbitrary or capricious" implies that:

a. A decision made concerning a violation of a policy or procedure has been made on the basis of something other than a student’s performance, behaviors, or actions in the program; or
b. Policies and procedures utilized in the determination of the student’s performance, behaviors, or actions in the program are more exacting or demanding than those applied to other students in the program; or
c. The decision is based upon standards that are significant, unannounced, and unreasonable departures from those articulated in the Master of Science in Athletic Training Program’s Student Handbook, distributed at the beginning of the program.

-Adapted from the Office of Registrar Grade Appeal Procedures, April 2020

If a student wishes to appeal to a decision of the MSAT Program, the following steps must be followed:

1. Review and understand the Graduate College Grievance Procedures, the student will need to decide to move forward with the informal or formal procedures. It is encouraged the student attempt to resolve the matter through the informal procedures when appropriate.
2. Complete the Graduate College Notice of Intent to File a Formal Grievance and submit the grievance via email within 72 hours of the decision that was made, in which the student wishes to file a formal grievance
to the Director of the MSAT Program; and request a meeting to be schedule between 2-10 days after email submission.

3. At the scheduled meeting, the student, and the Director of the MSAT Program will discuss and attempt to resolve the grievance. At the end of the meeting...
   a. If the grievance was resolved during the meeting, both the student and Director of the MSAT Program must electronically sign the Graduate College Notice of Intent to File a Grievance cover letter resolution option and forward it to the Chair of the Department of Health & Human Performance. The grievance is now settled and will be filed in the student’s academic record electronically.
   b. If the meeting was unable to produce a resolution, both the student and Director of the MSAT Program must electronically sign the Graduate College Notice of Intent to File a Grievance cover letter unresolved option. The grievance will now follow the procedures of the Graduate College Notice of Intent to File a Formal Grievance.

GRADE APPEAL PROCESS

“The grade appeals procedure is designed to give the student the opportunity to correct an injustice. It should be utilized only when the student contends that the final course grade assigned by the instructor is arbitrary or capricious. It is not to be used to challenge grades on individual assignments. "Arbitrary or capricious" implies that:

a. The student has been assigned a grade on the basis of something other than his or her performance in the course; or
b. Standards utilized in the determination of the student’s grade are more exacting or demanding than those applied to other students in the course; or

c. The grade is based upon standards that are significant, unannounced and unreasonable departures from those articulated in the course description distributed at the beginning of the course.”

-Office of Registrar Grade Appeal Procedures, April 2020

1. If a student wishes to appeal the final course grade in the MSAT Program the student must request a meeting with the course instructor to discuss the warrant for appeal. The Informal Appeal Process may be initiated no later the 15 class days of the following semester, including intersessions. Students should understand, “a grade appeal is not appropriate when a student simply disagrees with the faculty member’s judgement about the quality of the student’s work” (Office of Registrar Grade Appeal Procedures, April 2020). If the course instructor does not approve the grade appeal, and the student still believes the grade is of an appealable nature, the student may then request a meeting with the Director of the MSAT Program. At this time the course instructor will provide a written response to the grade appeal and forward it to the Director of the MSAT Program within five days and the student will complete the Notice of Intent to Formally Appeal a Grade online.

2. Upon meeting with the Director of the MSAT Program, the student can then plead their reasoning that the grade is of appealable nature and not a disagreement on the quality of work of the student. If after the meeting with the program director, the student still believes the grade is of an appealable nature, the appeal will then follow the Office of Registrar Grade Appeal Procedures.

STUDENT CONDUCT

“The Office of Student Standards and Conduct strives to protect the rights of all students; both students going through our conduct process, and those impacted by the actions of other students. We focus
on holding students accountable, and helping students advocate for their own future success.” (Office of Student Standards and Conduct, April 2022)

Exclusions to the Standards of Student Conduct include, “Decisions of the Faculty: The Standards do not cover decisions made by the faculty in any academic program, department, or professional school as to the character or professional disposition required of a student for the purposes of awarding a degree or certificate, for continuation as a candidate for such degree or certificate, for eligibility to maintain an assistantship, or any other activity typically within the purview of the faculty. Therefore, such decisions are not subject to review within the procedures established in the Standards unless specifically stated within the Standards.” (Standards of Student Conduct, 6. Exclusions, p.21, April 2022)

Students are expected to read and understand the Standards. Students will be held to and expected to comply with the Radford University Standards of Student Conduct.

Excerpt from: The Standards of Student Conduct Policy

1. Purpose
A. Basis and Rationale for the Standards of Student Conduct

Radford University (University) is committed to fostering an environment that is; safe and secure; inclusive; and conducive to academic inquiry, free expression, student engagement, and student success. An academic community exists on the basis of shared values and principles. At the University, student members of the community are expected to uphold and abide by these values and principles that form the basis of the Standards of Student Conduct (Standards). These Standards are embodied within a set of core values that include integrity, fairness, respect, trust, freedom, community, and responsibility. When student members of the community fail to exemplify these values, student conduct proceedings are used to assert and uphold the Standards. All students are expected to assume responsibility for their conduct. The student conduct process exists to protect the interests of the University community, and to educate and respond to those students whose behavior is not in accordance with the Standards.

B. Honor Pledge

Students are required to read and agree with the Student Honor Pledge at the beginning of each year of the MSAT Program by signing the Acknowledgement & Understanding of the Honor Pledge (Appendix M). The Honor Pledge states:

"The University Honor Pledge provides the foundation for a university community in which freedom, trust, and respect can prevail. In accepting admission to the University, each student makes a commitment to support and uphold the Honor Pledge without compromise or exception.

I shall uphold the values and ideals of Radford University by engaging in responsible behavior and striving always to be accountable for my actions while holding myself and others to the highest moral and ethical standards of academic integrity and good citizenship as defined in the Standards.” (Standards of Student Conduct, 1. Purpose, B. Honor Pledge, p.1, April 2022)

Excerpt from the Standard of Student Conduct Policy 4. Policy

A. Standards of Classroom Behavior
The primary responsibility for managing the classroom environment rests with the faculty member. Students who engage in any prohibited acts that result in disruption of a class may be directed by the faculty member to leave the class for the remainder of the class period. Longer separations from a class must be preceded by a conduct conference or hearing as outlined in Section 5.C. Faculty members who encounter disruptive classroom behavior are encouraged to contact the Office of Student Standards and Conduct for guidance. A student dismissed from class may be required to meet with a College Dean, Department Chair, Program Director, the faculty member, or the Director, or designee, before the student is permitted to return to the class from which the student was directed to leave. Repeated or severe conduct may also be actionable under the Standards.

C. General Provisions Excerpt

1. **Attempted Violations:** The University will treat attempts to commit any of the violations listed in the Standards as if those attempts had been completed.

2. **Online Misconduct:** Students are cautioned that they can be subject to the student conduct system for behavior occurring online, such as harassment delivered by email, or acts of bullying or discrimination posted in video form or on gossip sites accessed through University computing resources. Students must also be aware that information posted to blogs, webpages, social networking sites, such as Twitter and Facebook, or other online postings are in the public sphere and are not private. These postings can subject a student to allegations of Standards violations, if information supporting the existence of a Standards violation is posted online. Posting of indecent behavior (defined at Section 4.D.27.) on social media or using social media to bully another person is online misconduct. Transmitting images of indecent behavior or bullying via electronic media (e.g., email, text) is also online misconduct.

D. Prohibited Conduct

1. **Falsification:** Knowingly furnishing, or causing to be furnished, false information to the University or to a University Official.

2. **Fabrication:** Inventing, altering, or falsifying any data, citation, or information or statements. Examples of fabrication include, but are not limited to, the following: citation of a primary source, which the student actually obtained from a secondary source; or invention or alteration of experimental data without appropriate documentation (such as statistical outliers). Fabrication relates to any academic exercise.

3. **Cheating:** Using unauthorized assistance, materials, study aids, or other information in any academic exercise. Examples of cheating include, but are not limited to, the following: using unapproved resources or assistance to complete an assignment, paper, project, quiz, or exam; collaborating without express faculty permission; and submitting the same, or substantially the same, paper to more than one course for academic credit without first obtaining the approval of faculty.

4. **Forgery:** Making, possessing, or using any forged, altered, or falsified document, record, or identification.

5. **Classroom disruption:** Any behavior that substantially interferes with the conduct of a class. Examples may include, but are not limited to, the following: persistent late arrivals or leaving early in a manner that disrupts the regular flow of the class; talking while the instructor is talking; speaking in class without first obtaining recognition and permission to speak; use of electronic equipment such as cell phones, computers, MP3 players, etc., in a manner that disrupts the class; or becoming belligerent or verbally abusive when confronted as a result of his/her inappropriate behavior.
6. **Possessing Unauthorized Materials/Stealing:** The unauthorized appropriation, possession, concealment, or use of University property or personal property of another without permission (including the possession of stolen property). Excessive use or abusive taking of complimentary materials or supplies provided for the benefit or consumption of the University community.

7. **Facilitation:** Helping another student commit, or attempt to commit, any academic integrity violation. An example of facilitation may include circulating course materials when the faculty member has not explicitly authorized their use.

8. **Plagiarism:** Using someone else’s language, ideas, or other original material without acknowledging its source in any academic exercise. Examples of plagiarism include, but are not limited to, the following: using a source’s work verbatim without using quotation marks, submitting a research paper obtained from a commercial research service, the Internet, or from another student as one’s own original work; or making simple changes to borrowed materials while leaving the organization, content, or phraseology intact. Plagiarism also occurs in a group project if one or more of the members of the group does none of the group’s work and participates in none of the group’s activities but attempts to take credit for the work of the group.

9. **Aiding and Abetting:** Helping any student violate, or attempt to violate, the Standards.

**THIS IS NOT AN ALL-ENCOMPASSING LIST OF STANDARDS, STUDENTS ARE EXPECTED TO KNOW AND UNDERSTAND ALL ASPECTS OF THE STUDENT CODE OF CONDUCT AND HONOR PLEDGE**

**STUDENT COLLABORATION**

Students are not permitted to collaborate with other students on any assignments, assessments, projects, etc. in any aspect of the MSAT Program without specific approval. If student collaboration is allowed, students will be given explicit permission and such permission will also be stated on the assignment description, assessment, projects, etc. involved. Students should not assume group work is allowed because collaborative work has been allowed or encouraged in other courses. Each individual course includes specific course related information and policies independent of other courses.

**VIOLATION OF THE STUDENT CODE OF CONDUCT**

A student suspected of violating the Standards will initiate the procedures to be followed, including A. Reporting Suspected Violations (p.13), B. Notification (p.14), C. Resolution Options (p.14), D. Academic Integrity Procedures (p.15), E. Hearing Procedures (p.17), and F. Appeal Procedures (p.20). **All violations of the Standards will be handled through the appropriate official procedures.** (Standards of Student Conduct, 5. Procedures, p.13, April 2022)

**TURNITIN**

The MSAT Program uses TurnItIn, an electronic resource that compares students written assignments to internet sources and a comprehensive database of other papers. It creates an originality report identifying parts of a student’s assignment that match any one of TurnItIn’s sources (student paper repository, current and archived web site content, periodicals, journals, and publications). TurnItIn will be used as both a teaching tool for learning to write with external sources and as a tool to deter plagiarism and hold students
accountable for their work. As a graduate program, students are expected to know and understand plagiarism and how to avoid it. Students are provided tools and informational resources to support the development and creation of authentic academic work, writing, and research.

- About Plagiarism - Avoiding Plagiarism - LibGuides at Radford University

APA 7TH EDITION STYLE GUIDE

The MSAT Program and the Department of Health and Human Performance use the APA 7 style guide for all academic work. Students are expected to know and use the APA 7 style guide throughout the program and will not be reminded every time an assignment is due.

- Start Here - APA 7th Edition - LibGuides at Radford University

MASTER OF SCIENCE IN ATHLETIC TRAINING STUDENT BEHAVIOR EXPECTATIONS POLICY

Students accepted to the MSAT Program are held to high standard and must adhere to the MSAT Student Behavior Expectations Policy (Appendix N), which may be higher than other graduate students. MSAT Program Students are a direct reflection of the MSAT Program whether in class on campus, or off campus. Student behavior during the MSAT Program is expected, and required, to be professional. Unprofessional behavior witnessed by or reported to the MSAT Program will not be tolerated. Unprofessional behavior will be immediately addressed, and the student(s) involved will be sanctioned accordingly. The following are examples of unprofessional behavior and misconduct:

- Using offensive or abusive language (i.e., racial slurs, racists comments/ "jokes" *, degrading names, etc.)
- Intimidation or bullying in any form
- Abusive speech
- Harassment of any kind (i.e., sexual, menacing, etc.)
- Inappropriate, unprofessional, rude comments, or "jokes" *
- Inappropriate behavior/conduct
- Persistent lateness without valid or reasonable cause
- Violent threats/acts of violence, fighting
- Physical touching without permission/abuse
- Refusal to follow directions/rules, insubordination
- Aggressive behavior or language
- Distracting behavior
- Unethical behavior or manners
- Theft/misusing resources
- Lying/falsification
- Violating policies
- Breaching health and safety protocols
- Drug/alcohol use or abuse
- Criminal behavior
- Endangering the health and safety of others
- Gross negligence
- Willful and deliberate misbehavior

*A joke is something said or done to provoke laughter or cause amusement, a prankish act; something that is amusing or ridiculous, especially because of being ludicrously inadequate or a sham.

Students involved in unprofessional behavior or misconduct may be granted a warning before sanctions are applied. Gross unprofessional behavior and misconduct will not be granted a warning and sanctions will be applied immediately including permanent removal from the MSAT Program. Repeated unprofessional behavior will result in permanent removal from the MSAT Program. Sanctions will be applied to each report of unprofessional behavior or misconduct on an individual basis. The MSAT Program will follow a formal process for applying sanctions. This may include using the Standards of Student Conduct when appropriate and applicable.
SOCIAL MEDIA POLICY

Social media can be a fun and rewarding way to share your life and opinions with family, and friends around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media. This policy applies to all students enrolled in the Master of Science in Athletic Training Program (Appendix O).

Guidelines: In the rapidly expanding world of electronic communication, social media can mean many things. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether associated or affiliated with Radford University, The College of Education & Human Development, Professors, Clinical Preceptors and their respective employers, fellow students, or student-athletes at any clinical education site or not, as well as any other form of electronic communication.

Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your reputation, the reputation of Radford University, The College of Education & Human Development, Professors, Clinical Preceptors and their respective employers, fellow students, or student-athletes at any clinical education site may result in disciplinary action up to and including removal from the program or university.

Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including removal from the program or university.

Be respectful: Always be fair and courteous, keep in mind that you are more likely to resolve complaints or disagreements by speaking directly with the individual than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video, or audio that reasonably could be viewed as malicious, obscene, threatening, or intimidating, that disparage Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile environment on the basis of race, sex, disability, religion, or any other status protected by law or university policy.

Be honest and accurate: Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false.

Post only appropriate and respectful content: Maintain the confidentiality of others, do not post confidential communications including any communications that occur during academic activities of any kind. Express only your personal opinions. Never represent yourself as a spokesperson for Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities. If Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University...
Athletics or any associated individuals or entities are a subject of the content you are creating, be clear and open about the fact that you are a student and make it clear that your views do not represent those of Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities. If you do publish on social media related to your education, make it clear that you are not speaking on behalf of Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities. It is best to include a disclaimer such as "The postings on this site are my own and do not reflect the views of any other person or entity."

Using social media: Do not use social media while engaged in any academic activity related to Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities.

Retaliation is prohibited: Do not use any form of social media or online communication to retaliate against Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities. Any student who retaliates against another student or individual for reporting a possible deviation from this policy or for cooperating in an inquiry will be subject to disciplinary action, up to and including removal from the program or university.

Communications: Students should not speak to the media about Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities’ behalf. All media inquiries should be directed to Radford University’s (or any associated individuals or entities) Media Relations.

CONFIDENTIALITY, FERPA, AND HIPPA POLICIES

CONFIDENTIALITY

Radford University Master of Science in Athletic Training (MSAT) Program students work with program clinical preceptors to provide essential and valuable services to student-athletes and patients. While engaging in these functions, MSAT students collect or may have access to utilize personal and privileged information concerning patients and their healthcare. This requires a commitment of confidentiality to protect privacy. Unless there is a proper and appropriate request, including a request from the affected individual, unauthorized disclosure or access of this information could create legal liability and loss of public confidence in the University, Radford Athletics, and the MSAT Program and is strictly prohibited.

This includes, but is not limited to, the release of the following personal or privileged information concerning student-athletes and patients.

1. Any information obtained including information from student records, student health files or other types of files or documents. Under no circumstances shall identifying information such as a social security number be released.
2. The contents of discussions and conversations by Departmental personnel concerning privileged, personal, or confidential information.
3. Any personal information stored in Athletic Training Departmental computers, including passwords, injury tracking and recording software, and cognitive testing software.

-Adapted from Radford University’s Human Resource’s Confidentiality Agreement
**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) FOR STUDENT INFORMATION**

While engaging in clinical experience activities, I may have access to student education records and/or to personally identifiable information about students, the disclosure of which is governed and restricted both by the Family Educational Rights and Privacy Act of 1974 (FERPA) and Virginia law. “It prohibits educational institutions from disclosing ‘personally identifiable information in education records’ without the written consent of an eligible student, or if the student is a minor, the student’s parents (20 U.S.C.S. § 1232g(b)). I am aware that I must manage the data, materials, and/or records to which I may have access in a professional and confidential manner.

-Excerpt from CDC.gov

**HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPPA)**

“The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient’s consent or knowledge. The US Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule to implement the requirements of HIPAA. The HIPAA Security Rule protects a subset of information covered by the Privacy Rule.

The Privacy Rule standards address the use and disclosure of individuals’ health information (known as protected health information or PHI) by entities subject to the Privacy Rule. These individuals and organizations are called “covered entities.”

The Privacy Rule also contains standards for individuals’ rights to understand and control how their health information is used. A major goal of the Privacy Rule is to make sure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high-quality healthcare, and to protect the public’s health and well-being. The Privacy Rule permits important uses of information while protecting the privacy of people who seek care and healing.”

-Excerpt from CDC.gov

MSAT Program students are required to agree and adhere to the Confidentiality, FERPA, and HIPPA Policies (Appendix P) as stated. **These policies are in accordance with CAATE Standard 26G.**

**OPEN COMMUNICATIONS**

Radford University’s MSAT Program wants to provide multiple avenues of communication, between our student, associates, faculty, Staff, and the community. We have provided anonymous question and answer portals of communication for individuals to communicate with the program! We always welcome emails to MSAT@radford.edu or we have three options for anonymous communication. The program would never use any identifying information unless consent is obtained prior to disclosing identifying information, though we understand individuals may feel more comfortable and more willing to communicate anonymously. Please use one of the following links:

**“Questions for the MSAT Program”**: For any questions you have about the MSAT Program, our curriculum, our students, our clinical sites and opportunities, or anything else. These questions and answers will be posted on the MSAT website under the “Questions for the MSAT Program”

**“Students Asking Students”**: For questions student may want to get a student perspective on! Our students will answer any of these questions from their point of view. These questions and answers will be posted on the MSAT website under the “Questions for the MSAT Program”

**“MSAT Program Anonymous Communication”**: Would you like to share, comment, brag on any of our students, express any concerns, anything else? This is our open line of communication with the program. Only information that someone would like to share with the program will be posted on our website.
If you would like to meet with the Director of the MSAT Program in person, please use **MSAT@radford.edu** to arrange a meeting.

## DISCIPLINARY ACTIONS

### Probation

A student can be placed on Probation ([Appendix Q](#)) for various reasons. If a student is granted probation for academic performance, the student will be enrolled in a remediation plan concerning the reason for probation. The offer of probation lasts for the duration of a semester (Fall or Spring) and can only be offered/granted twice, if at all, throughout the duration of the program, per student. The offer of probation may not be granted to every student and will be handled on a case-by-case basis. If the student is not offered probation, the student may be offered Conditional Suspension of Progress. If the student is not offered Probation or Conditional Suspension of Progress the student will be removed from the program, readmittance to the program will not be offered.

### Conditional Suspension of Progress

Upon disruption in matriculation, a student may be offered a Conditional Suspension of Progress from the Program ([Appendix Q](#)) which will allow re-entry into the Program upon successful completion of the terms of suspension. The terms of a Conditional Suspension of Progress can be different depending on the situation. The suspension will last the duration of an academic year placing the student at the beginning of the semester (the following year) in which the student’s progress was discontinued.

This disruption will result in delay of intended graduation by a year. The opportunity to repeat a course is not automatically granted and is considered on a per student basis. Course failure or disruption of progression in the Program of more than one course will result in removal, readmittance will not be offered.

Failure to meet the condition(s) of the suspension stated in the Conditional Suspension of Progress form by the terms and deadlines set will nullify the offer and result in removal from the MSAT Program. Not all students will be offered a Conditional Suspension of Progress, this option is offered case-by-case.

### MSAT Program Removal

In cases of repeated or gross misconduct, poor academic performance and/or the inability to maintain the standards for course progression/matriculation, failure to meet the terms of probation or conditional suspension, or insubordination the student will be removed from the program and reentry will not be allowed. The above list is not an all-inclusive list and other circumstances may result in a student’s removal from the program.

### MSAT Program Faculty Support

The MSAT Program faculty wants to see all students succeed and will do as much as possible to assist students. For the Program to offer assistance, students must be an active participant in the process (not just be told what to do).

Program faculty are always here for students if there are any needs, questions, advice, help, or just someone that will listen. If students have any questions or need help about something going on whether
educationally related or personal, please reach out. Program faculty are happy to provide support for students when help is needed or to listen to student concerns. Radford University offers many resources for students to use, please take advantage of them. We are happy to help students navigate through this adventure. Being a graduate student is hard and it’s ok to need help.

There are faculty members that are first-generation college students and understand it can be difficult and lonely to navigate university systems. Please reach out for help. Email, stop by, leave a note; whatever is most comfortable.

**STUDENT SERVICES & RESOURCES**

**INFORMATION TECHNOLOGY SERVICES**

Radford University’s [Information Technology Services](#) provides a wide range of resources and services. Students can visit [iTOneStop](#) for online technology help, or walk-in support in the Technology Assistance Center (TAC) located in Walker 153.

The Technology Assistance Center provides several options for students to find answers to common questions and request assistance.

- Find common answers or submit an online support request: [iTOneStop](#)
- Phone Support: (540) 831-7500; Monday - Thursday 8AM – Midnight, Friday 8AM. – 5PM
- Walk-in Support (Appointment Recommended); Walker Hall 1st floor lobby; Monday through Friday 8AM – 4:45PM

**UNIVERSITY IT OFFERED RESOURCES**

Through iTOneStop students can sign up for free [Office 365](#) and setup [DOU Mobile](#), which all students are encouraged to do as soon as possible.

**HIGHLANDER SUCCESS CENTER**

As a part of the [Highlander Success Center](#), the Radford University [Academic Success Center](#) (ASC) believes your academic achievement, engagement, and belonging as a member of the Highlander family are our priorities. The ASC faculty and staff strives to empower students to thrive through a variety of quality academic support services intended to maximize their personal and academic goals and to empower them to persist, achieve, and succeed.

At the ASC, we provide students with a welcoming environment to:

- work with [academic advisors](#)
- engage and connect with peers
- meet with faculty and graduate student success mentors
- gather together for educational and social programming

Through meaningful interactions with faculty, staff, peer mentors, and resources throughout our campus community, students will be provided with every opportunity to determine and follow their unique pathway to success.
The ASC is located on the 3rd and 4th floors of Young Hall; we are open from 8 a.m. – 5 p.m. Monday through Friday. We look forward to supporting you throughout your journey at Radford University!

**TEACHING RESOURCE CENTER (TRC)**

When entering Peters Hall from the main entrance (facing Dalton/Post Office) you will see a large, glassed room to your left. This is the Teaching Resource Center. This center offers all students (not just education majors) many helpful resources such as computers to use, space to study or work quietly, meet with groups, etc. Please use this resource as much as you need, it is encouraged! If you have any questions or need any help while using the space, please ask for assistance at the front desk area/offices. Usual open hours are 8AM-8PM, M-F, but hours may be limited at times to 8AM-5PM. The staff are very kind and helpful so please be courteous and respectful during your time there.

**COMPUTER LAB SOFTWARE ACCESS**

Although campus computer labs will be available during the semester, the number of seats and availability in each lab may vary. Students may use a web browser (Chrome recommended) to access the Virtual Computer Lab (www.radford.edu/remote-software) which provides remote access to most software packages found in campus computer labs. This environment is based on Amazon Web Service (AWS) AppStream 2.0 and scales up and down based on student demand. There is a 2-minute wait time when connecting. Students will need to establish a connection to their Office 365 OneDrive space during their first connection to the virtual lab and be sure files are saved to their OneDrive space when using the virtual lab.

**McCONNELL LIBRARY**

McConnell Library provides many resources for the MSAT Program and students. McConnell Library’s staff of helpful librarians support student and faculty research, scholarship, and the free and open exploration of ideas. Specific services include library instruction, research help, interlibrary loan, and adaptive technology. The library has a large collection of books, DVDs, journals, archival materials, and multimedia equipment for academic and recreational use. Thousands of electronic resources can be accessed from anywhere in the world. The diversity of spaces and furnishings allows for everything from individual quiet study spaces to group media rooms. Library services, collections, and spaces are designed to invite and inspire learning and intellectual and artistic creativity.

**CAMPUS SAFETY**

If on or off-campus, for emergency services students should call 911.

The Radford University Police Department is a full-service, sworn, accredited law enforcement agency devoted to the welfare of the University community. The department enforces state laws and Radford University policy on all property owned or controlled by the university as well as on adjacent streets and sidewalks. Members of the department are dedicated to maintain and improve the safety, security, and quality of life within our community.

University Police
Allen Building
East Main and University Drive
Phone: 540-831-5500
Email: police@radford.edu
RUPD Crimestoppers Anonymous Tip Line: 540-831-7867

If you are a victim or witness and wish to make a confidential report to our department visit: Confidential Reporting and Silent Witness.

Radford University’s Campus Security and Safety is committed to maintaining a safe and secure educational environment and continues to develop new programs and technologies to better protect the campus community.

The Radford Alert system allows students, faculty, and staff to receive emergency messages through telephone, email, and text messaging. Additionally, when a Radford Alert is generated additional campus alert technologies can be activated providing a multiple alert capability. Students, faculty, and staff are automatically enrolled into Radford Alert through their Banner profile. This allows students, faculty, and staff to receive Radford Alert messages via cell phone calls, SMS messaging, and personal email addresses.

Radford Safe is the official safety app of Radford University. It is the only app that integrates with Radford University’s safety and security systems. The app will send you important safety alerts and provide instant access to campus safety resources.

Women’s Resource Center is a non-profit, human service organization, providing programs and services to adult and child victims of sexual and domestic violence. Since 1977, we’ve been providing hope and help to those who need it in the New River Valley. Our center, the oldest in Virginia, has been and will continue to be the cornerstone of courage and inspiration for thousands of people in our community.

Student safety escort service

EMERGENCY ACTION PLAN FOR PETERS HALL B109 (ATHLETIC TRAINING LAB)

When coming out of the Lab there are two options for leaving Peters Hall. The closest exit is to take a right out of the lab and then about 25 feet down the hall on the left is the back exit facing Moffet Quad/University Hotel.

The second exit, in case the back exit is not accessible, student should take a left out of the lab, take the hallway to the left. At the end of the hallway (past the Dance Department Studios) to the right is an exit. Take the ramp down toward Waldron Hall.

A third exit, students take a right out of the lab, then on the right is the gym. If the outdoor exit to the left is not accessible students can go through the gym. The doors on the other side of the gym, are exit doors. Students can proceed through an exit door; turn right and proceed to the second exit. If the student turns left then can then proceed

STUDENT SUPPORT SERVICES

Radford University offers a plethora of Support Services for all students in to support your success in your educational pursuits if you are experiencing any disruptions in your ability to perform in your courses, please contact me and I will be happy to assist you in obtaining support needed.

COUNSELING CENTER

Student Counseling Services (SCS) provides free, confidential, mental health services for eligible students. SCS supports the academic mission by providing learning opportunities for students to grow as
individuals, to form deeper relationships with their peers and to develop as successful members of our community and society at large.

**Student Counseling Services** (SCS) and the **Substance Abuse and Violence Education Support (SAVES)** offices will be offering both individual and group in-person and tele-behavioral health services for our students through the semester after you have completed your initial consultation. You must be physically present and/or living in the state of Virginia to access tele-behavioral health services.

Please reach out to our offices to schedule your first appointment. We can be reached at

- **Student Counseling Services**: 540-831-5226
- **SAVES**: 540-831-5709

*You must present a valid photo ID (Radford ONE Card, Driver's License, etc.) at your first face-to-face or tele-behavioral health appointment.*

**MULTICULTURAL & INTERNATIONAL STUDENT SERVICES OFFICE**

**The Center for Diversity and Inclusion** is a resource to all students, staff and faculty through a variety of programs, activities and services. We provide a concentrated focus on the progress, success and concerns of underrepresented populations on Radford University’s campus, including African-American, Asian-American, LatinX and Native American students. Additionally, we offer programming and resources for faith and religion interests and the LGBTQIA+ community.

We envision Radford University as a multicultural institution that provides a forward-thinking and progressive approach to social justice and equality. Through our commitment to educating students, staff and faculty on issues of diversity, we hope to promote global citizenry that will encourage the fostering of inclusive communities both on campus and in the world.

**OFFICE OF THE DEAN OF STUDENTS**

**The Office of the Dean of Students** responds to the informational and personal concerns of students and oversees the protection of student rights. The office plays a major role in promoting and upholding the shared values and ideals of the Radford University community.

**DIVISION OF STUDENT AFFAIRS**

**The Division of Student Affairs** at Radford University is home to twelve departments and almost eighty professional team members dedicated to the student experience on campus. We are dedicated to your success in every way possible. If you want to get involved, stay well, find community, engage with faculty, learn how to live your values and truly embrace the Highlander experience then check out the department links below for more information!

**CENTER FOR ACCESSIBILITY SERVICES**

The **Center for Accessibility Services** (CAS) is committed to the ongoing goal of access and inclusion so that all individuals on campus can fully participate in the university experience. CAS serves and supports students, family members and visitors seeking reasonable accommodations under the Americans with Disabilities Act.

CAS is the department on campus that approves official disability related accommodations that have been determined as reasonable through a completed interactive process with a student and the CAS offices. This should be completed before the start of courses or as soon as possible once courses have started to avoid
any undue punishment of missed course work or participation. Communication with course instructors is encouraged to occur as soon as possible, even before the initial meeting with CAS is necessary to make the course instructor aware of pending accommodations.

If you encounter any problem during the semester, please contact your course instructor and/or the Director of the MSAT Program for help. The program is willing to do what is necessary to see students successful and is happy to assist students in obtaining the necessary support to do so.

**ACCOMMODATIONS PROCEDURE**

Students seeking academic accommodations under the Americans with Disabilities Act must apply for services with the Center for Accessibility Services (CAS) to determine eligibility. Students qualified for academic accommodations will receive access plans and should meet with each course professor during office hours, to review and discuss accommodations. For more information, call 540-831-6350 or email cas@radford.edu.

**STUDENT HEALTH SERVICES**

Radford University Student Health offers a wide range of services in order to meet the medical needs students who are enrolled on the main Radford Campus. The Student Health Clinic is staffed by Carilion Clinic and is certified through the Association for Ambulatory Health Care Inc. The clinic is located on the ground floor of Moffett Hall at 518 Jefferson St. Radford, VA 24142. Clinic hours are: Monday through Thursday 8:30 AM until 5:00 PM and FRIDAYS 9:00 AM until 5:00 PM. The clinic is closed on all school holidays and open in a limited capacity during inclement weather days. Appointments are required at this time and can be made by calling 540-831-5111.

**OFFICE OF STUDENT STANDARDS & CONDUCT (OSSC)**

The Office of Student Standards and Conduct strives to protect the rights of all students; both students going through our conduct process, and those impacted by the actions of other students. We focus on holding students accountable, and helping students advocate for their own future success.

**MSAT PROGRAM POLICIES & PROCEDURES**

The policies provided below must be followed at all times during enrollment in the MSAT Program. Refusal or unintentionally not following program policies and procedures will result in student sanctions. Failure to clarify or gain additional information concerning a policy or procedure does not constitute as a valid excuse for incorrectly following, or not following, a policy or procedure.

**COVID-19 GUIDELINES**

**COVID-19 University Planning & Updates**

In response to the COVID-19 global health pandemic, Radford University put measures in place to protect and promote the health, safety, and well-being of the campus and the community. As such, campus has looked and operated differently depending upon the semester. We have been successful in navigating the pandemic over the last two years, providing in-person instruction, opportunities for our students to engage and receive services on campus and maintaining a commitment to the health and safety of the Highlander
family. Although COVID-19 persists as an illness impacting many, through an endemic phase it will become managed similarly to the flu and/or other illnesses that can, at times, be prevalent.

Symptomatic students on main campus should contact Student Health at 540-831-5111. To schedule an appointment for testing or arrange an off-campus testing appointment as soon as possible to rule out a COVID-19 diagnosis. During the time before test results are received students should isolate and mask around others. Students seeking specific guidance should contact the Dean of Students Office at dos-web@radford.edu or 540-831-6297.

All MSAT Program Students should communicate with the Director of the MSAT Program and any course instructor for which they will miss class as soon as possible. Preferably after making an appointment for testing and then again after receiving testing results.

Face coverings may still be required at some clinical education sites. Students should confirm with the Clinical Preceptor.

UNDERSTANDINGS:

- If a student suspects or has been exposed to or contracted COVID-19 the Dean of Students must be contacted as soon as possible.
- Students should email the Director of the MSAT Program and all course instructors notifying them current steps taken, i.e., have contacted DOS office and are waiting for a response. Professors are much more understanding and accommodating the quicker the notification; allowing for accommodations to be arranged to make up/turn in assignments and/or participate via Zoom.
- There are varying levels of COVID-19 infections. Unless hospitalized or suffering from an extreme case students should try to maintain a presence in courses, such as turning in assignments on time and using Zoom to connect during the scheduled class period if possible.
- If a COVID-19 infection is suspected student should immediately take safety precautions (masking, isolating, etc.) and immediately get tested to confirm infection. This is the responsible action to take to ensure the safety of the university community.
- Be responsible in your actions and behaviors if you suspect you have been exposed to or contracted COVID-19.
- We am more than happy to work with students who need accommodations to avoid possibly exposing others to COVID-19.
- Unfortunately, there is a limit on the number of accommodations that the MSAT Faculty can offer students who have been repeatedly, exposed to and/or contracted COVID-19. If the MSAT Faculty determine absences from class will interfere with meeting the course objectives, submitting course work in a timely manner, and/or is toward the end of the semester when there is no longer enough time available to submit work or complete course requirements then students would need to discuss potential options with the Director of the MSAT Program and the involved faculty member.
- If at any point during quarantine a student is unable to meet requirements to submit work on time, the student should contact the instructor before the missed assignment or within 24 hours of the missed submission to discuss next steps. A student who fails to contact the instructor within 24 hours of the missed course work is not guaranteed course work will be accepted and/or earn full credit, if any, for completing the work.
- Upon return from quarantine the student should expect to immediately beginning completing and submitting course work as detail on the tentative course schedule.
COMMUNICABLE DISEASE POLICY

A communicable disease is defined by the Centers for Disease Control as “an infectious disease that is contagious and which can be transmitted from one source to another by infectious bacterial or viral organisms.” If a student has contracted a communicable disease, they should inform the Clinical Coordinator of the ATP and/or their preceptor immediately.

Any student who has a condition that is contagious in nature will be forbidden from working in the clinical setting, or participating in hands on classroom exercises, until the condition is no longer infectious (or has been appropriately isolated) and the student has been cleared by a medical provider. The nature of the disease, and whether it is contagious, will be determined on a case-by-case basis by the athletic training student’s personal physician, the team physician and/or the medical director of the ATP.

APPROPRIATE PHYSICAL CONTACT IN CLASS POLICY

ATHLETIC TRAINING INVOLVES APPROPRIATE PHYSICAL CONTACT BETWEEN STUDENTS, FACULTY, AND PATIENTS. COURSE INSTRUCTORS WILL USE THEIR HANDS, AND OCCASIONALLY OTHER BODY PARTS, TO ILLUSTRATE A CONCEPT OR TO ADJUST PARTS OF A STUDENT’S OR PATIENT’S BODY. DEPENDING ON THE CONTENT BEING COVERED, IT’S SOMETIMES NECESSARY TO TOUCH THE SHOULDER, BACK, TORSO, FEET, ARMS, AND INNER THIGH.

Before any contact is initiated, the course instructor, or student will ask permission and explain what contact will be made and why. The MSAT Program recognizes physical contact is a potentially complex area; and fully recognizes its responsibilities for safeguarding students, patients, and instructors and for protecting their welfare.

The following principles and procedures should be followed:

- Contact by the course instructor is made with awareness of the needs of the student, to assist the student in acquiring skills and techniques
- All course instructors will treat any physical contact with sensitivity and care.
- Contact will not involve force or inappropriate use of any instrument.
- Course Instructors will be mindful of location and avoid situations where they are isolated with a student.
- Course Instructors and learners should feel free to report any concerns to program faculty, Director of the MSAT Program, or Chair of the HHP Department. Whichever individual is most appropriate for the situation.

STUDENT ATTENDANCE REQUIREMENT

At the graduate level students are expected to attend all classes at all meeting times. Graduate education is not like undergraduate studies. The MSAT Program is small and close knit and students are required to be present and involved in every course meeting.

Attendance is arriving for class on time AND being ready to work both physically and mentally for the full duration of class. If there is a time during classes in which a student would need to a course meeting due to unexpected emergencies or planned important events, then the earliest notification possible is needed. Due to the unique format of the program, missing one course meeting can mean missing a large portion of material. Students are responsible for making up any missed work by the deadline set by the instructor. Not completing all assigned work is not an option.
It is imperative that students are present and on time for all classes and are prepared to participate fully in all in-class activities and discussions.

- Course instruction starts at 9:00AM, that means students are ready (computer out, set up, settled, ready, any other required supplied accessible).
- Attendance is very important. The format of the MSAT Program is very different than a usual program format. Courses last between 11 and 15 days, therefore missing one course meeting time is equivalent to missing an entire week of class. Students are expected and required to attend class at all time unless approved by the Director of the MSAT Program.
- Assignments are due by the start of the class period unless otherwise stated, via D2L.
- Absence on a date where assignments/assessments are due will not be awarded credit.
- Tardiness does not exist. Students will not be allowed into class one class starts. Students will not be allowed to disrupt another student's learning.
- Students are required to be in class the entire time period.
- Prior commitment absences: Arrangements must be made at least 2 weeks or 14 business days (M-F) prior to the date for missed material, assignments, or assessments to be awarded credit.
- Students absent because they are sick must contact the course instructor and Director of the MSAT Program via email within 24 hours of unintended absence or course assignments/quizzes/tests will not be awarded credit. It is the student's responsibility to meet with the course instructor to review missed content.
- Late assignment submissions will not be awarded credit unless otherwise discussed. Students may be required to submit completed late work as a course requirement regardless, failure to submit could result in course failure.
- Distractions during class will result in dismissal from class. If dismissed due to distraction all assignments due that day will not be awarded credit.
- If a student is having difficulty attending or participating in class or submitting assignments on time due to personal reasons, they need to immediately contact the course instructor and the director of the MSAT Program so we can discuss alternative arrangements.

*The instructor has the right to allow for extreme cases and each student will be handled on an individual basis.*

**INCLEMENT WEATHER POLICY**

- University closings: Electronic assignments are due as stated. All other situations will be communicated to students as necessary. If an assignment was due in class that day to turn in, it should be turned in on the next class meeting. Students are not to participate in any on campus activities during weather related university closings. Students are not to participate in any clinical education requirements on closings due to weather, no matter the actual amount of precipitation/storm event.
- No online course activity/meetings will take place due inclement weather closings.

**EMERGENCY SITUATIONS-GENERAL GUIDANCE**

In the event of a university-wide emergency, course requirements, classes, deadlines and grading policies and procedures are subject to change. Potential changes that could occur include alternative delivery methods, alternative methods of interaction with the instructor, a revised attendance policy, and a revised
semester calendar and/or grading schedule. In the case of a university-wide emergency, please refer to the Desire 2 Learn (D2L) course for the appropriate section.

In the event of an emergency where we need to exit the building, the nearest exit is out if the classroom, turn to your left and on the left are the main doors to exit. Exiting the building is not always the best or wisest decision, students should remain calm and follow the directions of the course instructor.

**METHODS OF INSTRUCTION**

- Course meetings will occur face-to-face, seated in class. Virtual course meetings may be necessary at times due to unforeseen circumstances.
- The student is expected to engage in class activities and/or discussions, come prepared with assignments/reading completed, ask questions, and interact appropriately.

**Seated: Traditional, physical presence in class**

- Lectures, lab, protocols, quizzes, exams, small/large group discussion, presentations, student presentations, and selected video or guest lecturer presentations

**Virtual: Web conferencing, videos, electronic communication via Zoom and D2L**

- Zoom meetings, virtual lectures (real-time and pre-recorded), discussion boards, written assignments, research, reading, labs, and other out of class assignments.

**EXTRA CREDIT**

Extra credit for individual students is not an option. The instructor reserves the right to make extra credit available to the entire class during the semester. Extra credit may be in the form of written assignments or attendance at events both on and off campus events. Inability to attend events due to student's schedule or lack of transportation will not constitute in an alternative extra credit assignment.

**WORKLOAD EXPECTATIONS**

Approximately 12-15 contact hours (in class) per week. Comparing to a normal course format of a 3-credit hour course, every course meeting time should result in at least 2 hours preparing for the course meeting time. Since the MSAT Program courses are between 11-15 days, this means that one meeting time is equivalent to 1 week of course meeting times; students should prepare for at least 6 hours for each course meeting.

*The MSAT Program is an intensive and demanding program and students should prepare accordingly.*

**COMMUNICATION EXPECTATIONS**

Email policy, bulletin board, program and student expectations

- Electronic communication is conducted through RU e-mail and D2L.
- Ensure regular monitoring of email during the day. At this level in your academic career is it suggested students check email at least at the beginning and end of each day.
- Failure to regularly monitor email does not constitute as a valid reason for missed or late submission of materials, assignments, or assessments.

**PROGRAM ELECTRONICS REQUIREMENTS**
The MSAT Program requires a laptop for all students enrolled. Laptops should be used in class for note taking and/or class interaction/projects. Due to the heavy online content and course housing a laptop is required to be successful in the program. Radford University offers the Microsoft Suite including word and excel among other programs. If a student needs to arrange temporary rental of a laptop, they should arrange a meeting with the Teachers Resource Center (TRC) as soon as possible upon arrival.

Word and Adobe documents are heavily used during the program, the University also provides Adobe for students enrolled in the MSAT Program. Ease with electronic systems and documents is essential for success in the program.

**Electronic Course Format**

- Comfort with technology is important, and in most cases required, for successful completion of the course.
- Courses are housed on D2L and most of the course utilizes electronic devices, software, and documents.
- Course documents are delivered electronically unless otherwise stated.
- Course assignments and assessments are to be submitted via D2L as a word document.*
- In the event D2L is unavailable, electronic documents should be emailed to the course instructor by the due date/time. Once available, assignments and assessments must be submitted via D2L within 24 hours for credit to be awarded. Failure to do so will result in no credit awarded.
- All submitted course material must be submitted as: Last nameFirst name_Assignment Title (ex. RabeSarah_Journal #1). Failure to do so will result in a loss of 5 points per assignment and the assignment will be kicked back to be submitted correctly. Failure to resubmit within 24 hours will result in no credit awarded.
- Electronic note taking is allowed and encouraged.
- Personal use of electronic devices is not tolerated and will result in dismissal from class (i.e., texting, receiving phone calls, checking email, or any other non-class related activities or related activities at an inappropriate time).
- If it appears that you are not engaging in class participation due to distractions from electronic devices you may be asked to put devices away regardless of the need to take notes.

*Microsoft office is available at no cost to students using RU email, access student version [here](#)

**Program Electronic Portfolio Requirement**

Students are required to complete an electronic portfolio as a graduation requirement. The electronic portfolio will begin to be used immediately. Students will be instructed on the development and use of an electronic portfolio at the beginning of the program.

**Classroom Dress Code**

Student dress code will be enforced for courses and clinical assignments. Classroom attire should follow the following guidelines:

- Attire in the classroom should be plain, Radford University or generic logo, no other institutional, professional, or high school logos.
- No statements/sayings on clothes
- Should allow for free and unrestricted access to body parts being covered in class.
- Any logos should be Radford University or other institutions logo of clinical sites (i.e., high school or other college/university) or small brand logo. No other logos should be worn.
Hats should be Radford University logo or plain/no logo.
Proper hygiene such as regularly cleaning/showering of body, keeping nails to a safe length as to not interfere with duties, wearing deodorant, limited perfume/cologne/fragrances to avoid any allergies conflicts
All wounds should be covered with a band aid/bandage kept clean and free of infection

TEXTBOOK REQUIREMENT POLICY

MSAT Program texts are provided to student through Open Educational Resources (OERs) and through e-book for free during the program. If a student prefers a different form of text, the student is responsible for purchasing it on their own.

PROGRAM SIMULATION POLICY

The MSAT Program is charged with preparing student for the Board of Certification Examination to become an athletic trainer. The program strives to prepare students through real-time patient interaction in both the clinical and didactic settings, though when the program is unable to ensure real-time experiences for certain educational purposes simulation is used.

When simulation is used, the program attempts to replicate real-time patient encounters and settings for students. Simulations are recorded whenever possible, and students are to provide feedback through viewing the recordings on their own. Recordings of simulations are not shared with any other student or faculty member outside of the MSAT Program without written consent from the student.

PROGRAM ELECTRONIC SIGNATURE POLICY

The MSAT Program uses physical and electronic signatures interchangeably, though e-signatures are the preferred method in order to store documents electronically. E-signatures hold the same authority, accountability, and legality as handwritten signatures.

PROGRAM ADVISING & REGISTRATION POLICY

Students in the Master of Science in Athletic Training Program will be assigned to the Director of the MSAT Program for advising. Students are required to follow the course progression of the program and there is no ability to modify this format. Courses are taught once a year at a specific time. Students will be automatically registered for courses at the end of each semester during the graduate student course enrollment window.

PROGRAM COMMENCEMENT POLICY

MSAT Students are highly encouraged to participate in and attend Radford University and MSAT Program commencement activities. Students have worked incredibly hard to achieve this degree and Radford University and the MSAT Program are excited to celebrate this great achievement with them.

NATIONAL ATHLETIC TRAINERS’ ASSOCIATION STUDENT MEMBERSHIP POLICY
During the first regular semester of the MSAT Program, students will be required to sign up for the National Athletic Trainers’ Association (NATA) student membership. This professional membership is used throughout the program to prepare students in becoming athletic trainers. The MSAT Program strives to cover this cost for students yearly though, there may be times when this cost is the responsibility of the student.

**Student Liability Insurance Policy**

Students are required to be covered by liability insurance while in the MSAT Program. Radford University covers students with liability insurance while students are enrolled in their clinical courses, ATTR 610, 620, 630, and 640. When students are on breaks such as winter and summer break, they are not covered under the university’s liability insurance coverage and are therefore restricted from performing any athletic training duties or skills or providing any medical advice on any patient population. If a student chooses to do so, they are doing so with the understanding that any legal implications of their actions are at their own financial and legal risks. Disciplinary actions can result from a student practicing athletic training skills when not enrolled in a clinical course at Radford University, including removal from the MSAT Program (Appendix R).

**Cultural Competence**

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Cultural competence requires that organizations:
- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery, and involve systematically consumers, key stakeholders, and communities.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum.

Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.

Principles of cultural competence include:
- Define culture broadly.
- Value clients’ cultural beliefs.
- Recognize complexity in language interpretation.
- Facilitate learning between providers and communities.
- Involve the community in defining and addressing service needs.
- Collaborate with other agencies.
- Professionalize staff hiring and training.
· Institutionalize cultural competence.

-Discrimination & Sexual Harassment Policy

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. Under Title IX, discrimination on the basis of sex can include sexual harassment or sexual violence, such as rape, sexual assault, sexual battery, and sexual coercion. The U.S. Code specifically states:

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance..." -20 U.S.C. § 1681

WHO DO THESE POLICY AND PROCEDURES APPLY TO?

· On-campus conduct involving students, employees, faculty, and staff, and any campus visitors.
· Off-campus conduct involving students, visiting students, employees, faculty, and staff participating in Radford University-sponsored activities.
· Off-campus conduct involving students, visiting students, employees, faculty, and staff that has continuing effects that creates a hostile environment on campus.

Students are required to abide by Radford University’s Discrimination and Harassment Policy at all times.

Sexual Harassment

As stated in Radford University’s Discrimination and Harassment Policy; sexual harassment means conduct on the basis of sex that satisfies one or more of the following:

1. An employee of Radford University conditioning the provision of an aid, benefit, or service of Radford University on an individual’s participation in unwelcome sexual conduct;
2. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to Radford University’s education program or activity; or
3. Sexual assault, dating violence, domestic violence, or stalking

Course Grading Guidelines

The following grade scale will be used for all grading in this course.

A 90+
B 80-89
C 70-79
D 60-69
F 59-

*MSAT Students must earn a 3.0 cumulative GPA or better to graduate from the MSAT.

1. All semester course grading disputes must be received via email to the instructor within 48 hours of submission of the grade to D2L. Any grade disputes during the final week of classes must be received via email within the 48-hour window or by 5:00 PM on the Friday before grades are due, whichever comes first. Student who submit course grade disputes must be available to discuss the dispute (in-
person) on the last day of classes, Friday between 8:00AM-5:00pm. After the last day of classes, course grade disputes will not be accepted. Failure to follow these guidelines will result in dismissal of the dispute.

2. Final exam grade disputes must be received via email within 48 hours after the end of the final exam period or by the Thursday of exam week by 5:00PM, whichever comes first. Students who submit final exam grade disputes must be available to discuss the dispute (in-person) on the Friday of exam week, between 8:00AM-5:00pm. Failure to follow these guidelines will result in dismissal of the dispute.

3. Once the final course grade submission period ends (the Monday after exam week, 10:00AM) grade disputes will not be accepted.

LEARNING ENVIRONMENTS

LEARNING MANAGEMENT SYSTEM/DESIRE2LEARN (D2L)

The Learning Management System currently used by Radford University is Desire to Learn (D2L), similar to BlackBoard, Canvas, WebCT, etc. All MSAT Program information and courses are located on D2L. Students will have a MSAT Program D2L course and also for each course offered. Student should familiarize themselves with D2L as soon as it becomes available. Students can watch tutorials for D2L to learn how to navigate the system. D2L can be accessed through OneCampus. D2L will house all program material therefore it is necessary for student to easily access and navigate the system.

ZOOM

This class may use Zoom which is a web and video conferencing tool. Please be sure to have Zoom installed and be familiar with using the tool. Below are tips for participating in a Zoom session.

- Join the meeting early and test speaker, microphone, and camera settings
- Keep speakers away from microphones to avoid feedback
- Use a headset with microphone, if possible, to decrease background noise
- Don’t join a meeting from multiple devices
- Don’t join a meeting with multiple participants in the same room with audio on (if joining with multiple participants in the same room, only one participant can have their audio on at a time)

Additional Zoom resources can be found at www.radford.edu/zoom

ZOOM/PROFESSIONAL ENGAGEMENT:

Whether the course meets in person, on Zoom, or in other digital formats, course meetings are in a professional community. Professionals are expected to:

- show up on time
- be prepared for our collective work
- be appropriately attired
- try to limit distractions in individual workplaces

As members of a community, please consider the effects actions have on colleagues, just as in a physical space:

- keep video on (required)
- mute when not speaking (required)
- focus attention on the speaker (required)
Please let me know of difficulties interacting in class via Zoom, and if there are reasons the guidelines cannot be followed.

**Inclusive Learning Environment**

Ensuring that all students from diverse backgrounds and learning abilities are able to contribute, learn, grow, and succeed in this course is the highest priority. We will each commit to showing respect to individuals, to working together to create a learning environment that fosters a sense of belonging and inclusion to all members, and to understanding that differences are strengths. I commit to offering learning materials and activities that express and are respectful of diversity, and in which all students can see themselves in our field. If you see a way to improve the learning environment, please let me know.

If you encounter a situation where you do not feel comfortable due to a decision or statement made in this course, please let me know so that I can remedy the situation as soon as possible.

**Brave Learning Environment**

The course is a brave and inclusive space in which students and instructors will explore all kinds of perspectives aimed at identifying and analyzing the problems of present time. We will study both the causes of and solutions to ethical issues, and we will often disagree with each other. That’s how great ideas are born, and workable solutions designed! I will facilitate our difficult discussions, but I am counting on the class as a community to help us structure mutually meaningful conversations while ensuring that everyone feels included and honored as colleagues sharing the same goals of becoming better humans and creating more equitable and healthy societies and systems. Disagreement should be thoughtful and respectful, and criticism of another’s view should be coupled with evident and empathetic care for the person who holds it. Please think of all our various learning environments, whether on campus, on Zoom, in D2L discussions, or even on social media, as our classroom and community, and consider your actions and words appropriately.

**Time Commitment Notification**

Students enrolled in the MSAT Program should recognize athletic training requires a considerable time commitment outside of the traditional classroom environment. Students should also recognize that clinical experiences in the traditional athletic training setting requires work on weekends and during holiday periods, depending upon the individual assignment of the athletic training student. Regardless of assignment, students accepted to the MSAT Program should anticipate working at least one weekend day each week throughout the course of the program. In addition, students may be required to work during university holidays and at times when traditional semesters are not in session.

**Technical Standards for Admission**

The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students completing this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program’s accrediting agency, the Commission on Accreditation of Athletic Training Education. The stated abilities and expectations must be met by all students who graduate from the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into, be allowed to continue, or graduate from the program. Compliance with the
program's technical standards does not guarantee a student's eligibility for the BOC certification exam. All
students are required to sign acknowledgement of the technical standards yearly (Appendix S).

OUTSIDE EMPLOYMENT & ENGAGEMENTS POLICY

The need by students for financial means is understood and the MSAT Program attempts to provide
expected costs prior to admissions into the program. The MSAT Program is a very time and academic
intensive degree, and outside employment is strongly discouraged. Students who decide to pursue outside
employment should understand that inference with any programmatic requirements and standards (drop in
grades, course and/or clinical experience performance, late arrivals to courses or clinical experience,
programmatic meetings, etc.) will result in the student being required to discontinue outside employment or
be removed from the program. All students must complete the Outside Employment Policy
Acknowledgement (Appendix T). Students who chose to obtain outside employment must first notify the
program director and sign the Outside Employment Contract (Appendix T). Failure to notify and/or maintain
program requirements may result in the removal from the MSAT Program.

TUITION & FINANCIAL AID

Tuition is the sole responsibility of the student and the MSAT Program is unable to provide any
extensions of due dates of tuition. All questions and concerns about tuition should be addressed to the
Financial Aid Office. There are opportunities for financial aid and scholarship for all students. Students
interested in scholarships can visit the College of Graduate Studies and Research and the Financial Aid Office
websites for more information. Students can apply for Federal Student Aid through the Office of the U.S.
Department of Education by completing a Free Application for Federal Student Aid (FAFSA).

Scholarship opportunities are also available through professional organizations (e.g., NATA, NATA
Research & Education Foundation). It is the responsibility of the MSAT student to investigate these funding
resources. There may be additional graduate level scholarships for students that are not listed above, and
students are encouraged to explore all options for financial assistance.

Scholarship Resources (this is not an exhausted list)

- Radford University Scholarship Resources
  - [CollegeBoard.org](http://CollegeBoard.org)
  - [FastWeb.com](http://FastWeb.com)
  - [FisherHouse.org](http://FisherHouse.org)
    - Scholarships for military children
  - [FosterCaretoSuccess.org](http://FosterCaretoSuccess.org)
  - [Hispanic Scholarship Fund](http://Hispanic Scholarship Fund)
  - [Tylenol Future Care Scholarship](http://Tylenol Future Care Scholarship)
  - [American Association of University Women](http://American Association of University Women)
  - [SallieMae.com](http://SallieMae.com)
- Federal StudentAid
  - [Scholarships for family members of military service](http://Scholarships for family members of military service)
  - [Public Service Loan Forgiveness](http://Public Service Loan Forgiveness)
- [Bold.org](http://Bold.org)
  - Includes some scholarships for students of color and first-generation college students.
  - [Scholarships for Black Students](http://Scholarships for Black Students)
- [Careeronestop.org](http://Careeronestop.org)
U.S. Department of Labor’s scholarship search tool. Source for scholarships, fellowships, grants, and other financial aid opportunities.
- **Unigo.com**
  - Scholarships for master’s degree, wide variety
- **Scholarships.com**
  - Graduate scholarships
  - **Scholarships for Women**
- **Scholarships360.org**
- **GoGrad.org**
  - **Funding Graduate School for Women**
  - **Scholarships & Financial Aid for LGBTQ Students**
- **U.S. Department of Education Grant Programs**

**PROGRAM AWARDS**

*Program awards will be updated as more information becomes available.*

**SECTION III: CLINICAL EDUCATION**

Clinical experiences are housed in practicum courses ATTR 610/Practicum I, ATTR 620/Practicum II, ATTR 630/Practicum III, ATTR 640/Practicum IV.

**DEFINITIONS**

Clinical education is a broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulations, and supplemental clinical experiences (CAATE Implementation and Guide to the CAATE 2020 Professional Standards Glossary p. 39).

Athletic training clinical experiences are defined as direct clinical/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students’ abilities to meet the curricular content standards. When direct/patient care opportunities are not available, simulation may be used for this verification.

**GOALS**

The goal of clinical education is to prepare students to become a successful, well-rounded athletic trainers. Athletic trainers are defined as health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification (CAATE Implementation and Guide to the CAATE 2020 Professional Standards Glossary p. 39).

1. Apply theoretical learning to patient care situations through critical thinking.
   - Uses “usual” care in guiding action of “actual” care.
   - Helps theoretical “make sense”.
2. Develop appropriate communication skills necessary for the profession.
3. Demonstrate skill in appropriate therapeutic interventions.
   - Skill = caring behavior + technical skill + intellectual manipulation
4. Evidence caring behaviors.
   - Role modeling “caring about” vs “doing for”.
5. Consider ethical implications of behavior.
   - Best practices for patient care.
   - Taking responsibility for actions.
6. Experience the various roles of the ATC.


**Traditional Coursework Vs. Clinical Education**

<table>
<thead>
<tr>
<th>Traditional Coursework</th>
<th>Clinical Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition of knowledge/skills</td>
<td>Application of knowledge and skill</td>
</tr>
<tr>
<td>Predictable, definite, beginning and end.</td>
<td>Dynamic/ flexible environment</td>
</tr>
<tr>
<td>Subject matter highly organized</td>
<td>Subject matter lacks rigidity.</td>
</tr>
<tr>
<td>Objective largely around cognitive domains.</td>
<td>Objectives largely around judgement and critical thinking</td>
</tr>
<tr>
<td>“Social Distance” between instructor and student</td>
<td>Close social interaction between instructor and student</td>
</tr>
<tr>
<td>Student learning measured by examination or similar assessment</td>
<td>Student learning assessed by quality, efficiency, and outcome of care</td>
</tr>
</tbody>
</table>

*Perspectives on Clinical Education* (2001) NATA

**Clinical Education Courses**

Weekly concentrations: for each clinical course students will have certain subject areas they will work on during clinical experiences with the assigned clinical preceptor. These will be specified for each clinical course in the course syllabus.

**Clinical Education Policies**

The following policies are related to a student’s clinical experience, any questions or clarifications of the policies should be directed to the MSAT Program Coordinator of Clinical Education. Failure to comply with the policies may result in grade deductions/failure of the course housing the clinical experience and/or removal from the program.

**Student Identification at Clinical Sites**

All MSAT Program students must be identifiable while placed at clinical sites. Name badges are provided to students at no cost and are required to be worn at all clinical sites in order for clients/patients to differentiate students from credentialed providers. Noncompliance with this policy will result in a student being removed from the clinical site. Repeated noncompliance will result in additional sanctions including removal from the MSAT Program. *This policy is in accordance with CAATE Standard 26A.*
**Emergency Cardiac Care and AED Training**

All MSAT Program Students must be CPR certified while enrolled in the MSAT Program. The MSAT Program maintains a programmatic excel document with expiration dates for each student’s CPR/AED certification and ensures all students maintain up to date certification. *This policy is in accordance with CAATE Standard 26B.*

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**Clinical Education Format**

Due to the format of the courses, students are unable to miss course meeting days for clinical assignments; therefore, Tuesdays, Wednesday, and Thursday's students are available for clinical assignments after class ends. Fridays are a required open lab day if the students are not traveling or engaged in clinical assignments, after open lab students can obtain clinical hours for the rest of the week until the following Monday. This format removes some stress to make up work missed during the week due to the responsibilities of the clinical education portion of the program. *This policy is in accordance with CAATE Standard 13.*

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**First-Year Clinical Education Guidelines**

The first academic year in the MSAT Program, students are kept on campus for all clinical education experiences. With four courses (three didactic and one clinical) during the first fall and spring semesters the course work is heavier, and the program wants to set students up for success as much as possible. This allows students to avoid traveling to clinical experiences, saving time, and easing some stress associated with a full academic schedule. During the first year in the program students learn all skills and knowledge, except for organization and administration, of being an athletic trainer. This ensures the program has taught students all core information for applying the skills and knowledge of the profession. *This policy is in accordance with CAATE Standard 13.*

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**Second-Year Clinical Education Guidelines**

The second academic year in the program, students’ courses drop from four to three (two didactic and one clinical) this increases the amount of time students have available to be in clinical experiences, applying the knowledge and skills learned during the first year, in a manner more reflective of a practicing athletic trainer. Students are able to experience a four-week immersive, without any course work interfering with the experience. Once the second fall semester starts, the students have experienced an immersive experience and built trust with the clinical preceptor and patient population. The first course during the second fall semester is organization and administration which completes the athletic training education. Both courses during this semester are hybrid courses allowing for more flexibility, continuing in the process of preparing students for becoming an athletic trainer practicing in the field. *This policy is in accordance with CAATE Standard 13.*

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**Mandatory Day Off for MSAT Students**

Every Monday during the semester is a clinical off day for the students where they have class and the MSAT Program Student Meeting. This time off allows students the opportunity to take care of any personal needs during a business day of the week. *This policy is in accordance with CAATE Standard 13.*
UNIVERSITY CLOSURES, HOLIDAY BREAKS, INCLEMENT WEATHER CLOSINGS

The first year of the MSAT Program for each cohort follows the University calendar for days/holidays off. Any University closing results in the MSAT students not reporting to clinical assignments and/or course meeting times. Therefore, students in the first year are able to take advantage of time off for Juneteenth, 4th of July, Fall Break, Thanksgiving Break, Winter Break, Martin Luther King Day, Spring Break, Summer Break. Students may be required to attend their assigned clinical experience during times of semester breaks and university assigned closures (see university calendar) during the second year in the program.

When the University closes due to inclement weather students are prohibited from going to clinical sites/participating in clinical experiences. This is for student safety. **This policy is in accordance with CAATE Standard 13.**

MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM CLINICAL EDUCATION STUDENT PROFESSIONAL BEHAVIOR POLICY

Students enrolled in the Athletic Training Program are required to participate in practical experiences throughout their program of study. One of the goals of this experience is to enable students to develop professional behaviors, including dependability and reliability.

Consequently, students are expected to be at their clinical assignment during the days and times they have been assigned. Showing up to practical experiences late, or asking for days off for tests, projects etc. is not considered professional behavior. Neither is leaving early. Any and all of these behaviors will result in reduced evaluation grades which may result in removal from the program.

Students will be given regular days off during their practical assignments. This will coincide with the CAATE mandate requiring 1 day off each week. Students are allowed 1 “leave day” for each clinical assignment. This leave day must be granted by the preceptor and should be requested well in advance.

MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM CLINICAL EDUCATION STUDENT PROFESSIONAL APPEARANCE POLICY

The purpose of the dress code is to create a professional image and allow MSAT Program students to be identified by coaches, athletes, patients, visiting teams, and others as a part of the Radford University Master of Science in Athletic Training Program. This creates a professional image within and outside of the Radford community. Appropriate Athletic Training attire must be worn when a student is at an assigned clinical experience, observation, or in the classroom which includes: the athletic training room, practices, games, and affiliate sites. In addition, appropriate attire is to be worn when attending the health and safety guest speakers, doctor’s dictations, and physicals. This attire is NOT to be worn while out socializing. It is not intended as a dress code for what MSAT Program students wear outside of their educational responsibilities.

ATTIRE EXPECTATIONS & GUIDELINES

Master of Science in Athletic Training Program students are expected to adhere to the following dress code. If the student is not properly dressed, the student will be excused from the clinical setting or practice area for that day. Repeatedly dressing inappropriately will result in decreased evaluation scores and may result in a decreased grade in the practicum. **If there is any question about attire MSAT Program students should speak with their clinical preceptor(s) before wearing attire in question.** Clothing should be appropriate for the situation. This is the minimum
requirement. Each site may have other requirements and request the ATS to dress to those requirements. *MSAT Program Clothing fee will be placed in clinical practicum courses.*

**Clinical Experience Game Attire and Affiliate sites (PT clinics, Doctor’s offices, etc.)**
- Khaki/ Casual pants *(shorts may be appropriate for outdoor clinical experience settings, students are encouraged to discuss with their clinical preceptor)* in neutral colors *(i.e., black, brown/khaki [various shades], navy, etc.)*
- Collared game-shirts/dress shirt or polo *(tucked in, color of game shirt should be of the same color of both clinical preceptor when possible)*
- Appropriate/functional close-toed shoes with closed heel *(i.e., no clogs)*
  - Basketball/court sports: non-marking soles
  - Football: athletic shoes
  - Heels/platform shoes should be functional and minimal

**Practice Attire**
- Khaki or Athletic pants or shorts, in neutral colors at an appropriate length *(mid-thigh)*
- Radford University/MSAT Program t-shirt/shirt, polos *(tucked in)* shirts should have sleeves
- Athletic shoes and socks
- When outdoors, students are expected to dress for the current conditions, but must also be prepared should these conditions change. Students are encouraged to keep various outdoor/weather specific gear in their cars *(i.e., rain gear on days calling for possible rain).*

**Classroom**
- Attire in the classroom should be plain, Radford University or generic logo, no other institutional, professional, or high school logos.
- No statements/sayings on clothes
- Should allow for free and unrestricted access to body parts being covered in class.

**Overall Guidance**
- Open toed shoes such as sandals and flip-flops cannot be worn during clinical educational experiences because of requirements by OSHA (Occupational Safety and Health Administration) to prevent work-place injuries and disease transmission. All shoes worn during clinical experience should be functional in nature and allow the student to meet the physical demands required of the clinical experience.
- No jeans, Spandex/yoga pants, or sweatpants
- Any logos should be Radford University or other institutions logo of clinical sites *(i.e., high school or other college/university)* or small brand logo. No other logos should be worn.
- Hats should be Radford University logo or plain/no logo.
- Clean, neat, wrinkle-free, without holds or extremely worn areas
- Proper hygiene such as regularly cleaning/showering of body, keeping nails to a safe length as to not interfere with duties, wearing deodorant, limited perfume/cologne/fragrances to avoid any allergies conflicts
- Jewelry should be minimal, avoiding dangling and long handing earrings and necklaces for safety purposes, facial piercings should be limited and non-distracting, safe
- Make up should be minimal, neutral colors, and not include bright colors
- All wounds should be covered with a band aid/bandage kept clean and free of infection
- Outer wear with logos of other institutions, schools, teams should be avoided and if it cannot be, the logo should be discreetly and completely covered *(i.e., black jacket cover with black electrical tape and not white athletic tape).*
If the MSAT Program students leaves the program for any reason, other than graduation, they are required to return any and all uniforms (T-shirts, jackets, etc.). Failure to do so will result in either an administrative hold place on the student’s account or the student billed to replace the items previously issued.

**STUDENT SUPERVISION**

All students in the MSAT program must be supervised during all clinical experiences. A supervised clinical experience is when a program clinical preceptor, either an athletic trainer appropriately certified and licensed, or a medical doctor appropriately certified and licensed, associated with the program is providing supervision of the MSAT Program student as described.

Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student’s knowledge and skills as well as the context of care. Preceptors must be onsite and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care. If the patient/client care is occurring via telehealth or telemedicine, the preceptor must concurrently monitor the patient/client care through appropriate telecommunication technology.

-CAATE 2020 Standards May 2022 Update, p. 74, definition of supervision

All clinical assignments must be educational in nature and are associated with one of the program’s practicum classes. When in a supervised clinical experience, the student can perform any and all skills that have been instructed and the student’s level of mastery is at the comfort level of both the student and the clinical preceptor. An athletic training student is prohibited from working as a provider of first aid during any time when supervision is not provided. In emergent situations where lifesaving measures are required, a student may act in their role as a certified provider of CPR. This policy is in accordance with CAATE Standard 31.

**STUDENT ORIENTATION OF CLINICAL SITES**

Students will receive orientation of each clinical site placement’s policies and procedures before or on the start date of the clinical placement and students are responsible for completing the documentation concerning orientation and obtaining approval by the clinical preceptor.

Radford University Athletics Policies and Procedures should be reviewed for understanding and application and should be used for all University clinical sites. MSAT Program students should complete all clinical experience paperwork found in their clinical experience binders. This policy is in accordance with CAATE Standard 29.

**IMMUNIZATIONS**

Documentation of immunizations is part of the admissions process but must also be submitted to the Clinical Education Coordinator (CCE) by the date provided in the Letter of Acceptance; failure to do so may result in a delay of a student’s ability to start their clinical experience by the scheduled start time. Failure to meet the course requirements of the course housing the clinical experience will result in the removal of the student from the MSAT Program. There may be additional immunizations required for some clinical sites. Students will be made aware of these requirements in a timely manner and will be required to obtain the additional immunizations and/or proof of immunization by the deadline set by the CCE. Failure to meet the
deadline may result in a delay in a student’s ability to start their clinical experience by the scheduled start
time. Failure to meet the requirements of the course housing the clinical experience will result in the removal
of the student from the MSAT Program. Conditional readmittance into the program may not be granted. This
policy is in accordance with CAATE Standard 26F.

OSHA & BLOODBORNE PATHOGENS POLICY

All students enrolled in the Master of Science in Athletic Training Program must undergo blood-borne
pathogen (BBP) training. The BBP training will occur yearly during Emergency Care Procedures (ATTR 602) in
July and then again, the following year in mid-July before the start of the high school summer immersion.
Yearly training is a program requirement. All students will have access to and must utilize blood-borne
pathogen barriers and biohazard disposal equipment at each clinical experience site. In the case of student
exposure to a BBP, the Post-Exposure Control Plan will be implemented. All students are required to sign
acknowledgement of the post-exposure plan yearly. This policy is in accordance with CAATE Standard 26C
and 66.

BBP POST-EXPOSURE CONTROL PLAN

All students are required to know and follow all infection control procedures of the University. All
required training must be completed prior to working in an environment that has the potential of exposure to
contaminated fluids. The Office of Environmental Health & Safety is responsible for conducting the necessary
training. Students are highly encouraged to have health insurance coverage which provides for their hospital
and medical care.

An exposure is defined as: injury with a contaminated instrument (contaminated needles, blades, or
sharp instruments); contact of blood or body fluids containing blood into an open wound; cutaneous exposure
involving large amounts of blood or prolonged contact with blood-especially when the exposed skin is
chapped, abraded, or afflicted with dermatitis.

Should an exposure occur: Students should inform their preceptor and the program clinical
coordinator immediately via email and/or phone to alert them they have had a blood exposure. They should
then go directly to the Student Health Center during the hours of 7:30am-4pm Monday –Friday. If the
incident occurs at a time when the Student Health Center is closed, the student should go to the nearest
hospital’s Emergency Room for testing and/or treatment.

Worker’s Compensation does not cover students. As stated above, students are highly encouraged to
have health insurance coverage which provides for their hospital and medical care. The student is responsible
for any expenses incurred while acting in the capacity of a student. This policy is in accordance with CAATE
Standard 26C and 66.

COMMUNICABLE & INFECTIOUS DISEASE POLICY

A communicable disease is defined by the Centers for Disease Control as “an infectious disease that is
contagious and which can be transmitted from one source to another by infectious bacterial or viral
organisms.” If a student has contracted a communicable disease, they should inform the Coordinator of
Clinical Education of the MSAT Program and/or their clinical preceptor immediately. Any student who has a
condition that is contagious in nature will be held from working in the clinical setting, or participating in hands
on classroom exercises, until the condition is no longer infectious (or has been appropriately isolated) and the
student has been cleared by a medical provider. The nature of the disease, and whether it is contagious, will
be determined on a case-by-case basis by the student’s personal physician, the team physician and/or the
medical director of the MSAT Program.
MSAT Program students should act as all foreign/unidentifiable substances are infectious and use all bloodborne pathogen guidelines to protect themselves from potentially infectious diseases. This policy is in accordance with CAATE Standard 26E.

Emergency Action Plans

All Students are responsible for scheduling orientation and understanding for each clinical placement’s Emergency Action Plan (EAP) and any other critical incident response procedures. Students are responsible for completing the documentation concerning orientation and understanding of clinical placement EAP(s) and obtaining approval by the clinical preceptor before or on the start date of the clinical experience. Radford University’s Emergency Action Plans & Procedures should be reviewed for understanding and application and should be used for all University clinical sites. All students have access to all program EAPs in their clinical experience binders. This policy is in accordance with CAATE Standard 29.

Other Clinical Site Policies and Procedures

Radiation Exposure Plan
Any clinical site in which radiation is used as part of a treatment or procedure in which a student is involved in, must provide policy, classification, and procedures for the handling of emergencies involving radioactive materials or areas where radioactive materials are stored and/or used for the student.

Venue-Specific Expectations, Training, and Critical Incident Response Procedures
Students must participate in any training that is particular to a specific venue at a clinical site and expectations of the MSAT Program students must be clearly communicated prior to the start of the clinical experience. These policies are in accordance with CAATE Standard 26H, J, K.

Regulation Pertaining to Over the Counter and Prescription Medications
Students are to strictly abide by all clinical site policies and procedures for over the counter and prescription medications and should never handle any medications without oversight from the assigned clinical preceptor. This policy is in accordance with CAATE Standard 66.

Clinical Site Documentation Policies & Procedures

Patient evaluation and treatment documentation by students should be clear and concise. Students should follow the rule, if it’s not documented then it didn’t happen; and document all aspects of evaluation and treatment. Documentation policies, procedures, and systems may be different at each clinical site and therefore it is the student’s responsibility to address documentation responsibilities and procedures for each clinical site. If a site has limited policies and procedures students should follow Radford University Sports Medicine Policies and Procedures for Medical Documentation. This policy is in accordance with CAATE Standard 29.

Criminal Background Check Policies
There may be criminal background checks required for off-campus clinical sites. The area high schools usually require a background check before placement. The CCE will assist in getting all required checks before placement at a clinical site.
CLINICAL SITE MAINTENANCE OF EQUIPMENT

Each clinical site the MSAT Program utilizes must maintain accurate and up-to-date calibrations of all modalities and/or treatment equipment according to manufacturer guidelines. The CCE maintains records for each clinical site the MSAT Program uses. *This policy is in accordance with CAATE Standard 26D.*

CLINICAL SITE SANITATION PRECAUTIONS

MSAT Program students must have access, and ability to at minimum, clean hands before and after patient encounters. The preferable option is for all students to have access to a sink and antibacterial soap, but minimally, hand sanitizer with at least 70% alcohol. *This policy is in accordance with CAATE Standard 26I.*

CLINICAL SITE PATIENT PRIVACY & CONFIDENTIALITY PROTECTIONS

Clinical sites are places of medical treatment, and all privacy and confidentiality protections should be followed. Radford University Athletic Policy (6. HIPPA) should be followed at minimum. *This policy is in accordance with CAATE Standard 29.*

The CCE ensures all policies and procedures are in place initially when a clinical site is added as an approved clinical site and annually thereafter as documented on the MSAT Program Clinical Education Site Yearly Maintenance form Appendix X.

CLINICAL EXPERIENCE TRAVEL EXPECTATIONS POLICY

Students are expected to provide their own transportation to all clinical sites. Students may share clinical site transportation requirements with another student assigned to the same clinical experience, ultimately each student is responsible for their own transportation and should have a plan ready in case of failure of another student to provide shared transportation responsibilities. Lack of transportation is not a valid excuse for tardiness and/or missing a clinical assignment engagement and will be handled by the clinical preceptor. Repeated instances will be referred to the Coordinator of Clinical Education and/or Director of the MSAT Program.

CLINICAL EXPERIENCE HOURS POLICY

Students are required to obtain a certain number of clinical experience hours depending on semester and is stated in the courses’ syllabi. Failure to meet clinical experience hour requirements will result in failure of the course and removal from the program. Students are required to submit clinical experience hours at the end of each day via TK20.

CLINICAL EXPERIENCE HOURS DOCUMENTATION REQUIREMENT & INSTRUCTIONS

All clinical experience hours must be documented and submitted electronically by 11:59PM on the reporting day of the clinical experience (i.e., Monday’s clinical experience hours must be documented by 11:59PM on Monday). Failure to do so will result in the rejection of the clinical experience hours for that day. Failure to meet the clinical experience hour requirements due to a student’s failure to document clinical hours as stated will result in failure of the course and removal from the program.
To improve upon and grow student clinical experiences; clinical experience sites and clinical preceptors are evaluated by assigned students and the program yearly. Student evaluations are required at specific dates during the clinical experience and completion of said evaluations are mandatory by the dates noted in the student’s clinical experience paperwork for each clinical course. Failure to complete the clinical experience site and clinical preceptor evaluations by the stated due date can result in a course deduction and/or failure of the course in which the clinical experience is housed. Clinical Experience evaluations are a part of the course grade of the clinical experience in which it is housed and can be found in the appendices listed under each clinical course; ATTR 610, ATTR 620, ATTR 630, ATTR 640.

Clinical experiences and clinical preceptors that are utilized during the academic year are also evaluated by the program through observations and communications of the Clinical Education Coordinator. The evaluation for used here is housed in the Clinical Preceptor Training Handbook. This policy is in accordance with CAATE Standards 32 and 33.

Clinical experiment placement is determined by the Coordinator of Clinical Education with considerations to the Student Athletic Training Pursuits and Goals Post-Graduation, stated and observed student strengths and weaknesses, Clinical Preceptor experience, accreditation standards, and program didactic coursework. Educational opportunities and placements are not prejudicial or discriminatory and are made in the best educational interests of the student. This policy is in accordance with CAATE Standard 30.

Students are required to complete a Student Athletic Training Pursuits and Goals Post-Graduation Form before the start of their initial clinical experience which includes student strengths and weaknesses. Students will not be assigned a clinical experience and/or allowed to start a clinical experience until the form is complete and turned into the Clinical Education Coordinator. Failure to complete clinical hour requirements due to a student not completing and turning in the “Student Pursuits and Goals Post-Graduation Form” is not a valid excuse. Students are responsible for updating this form if there are changes in their pursuits and/or goals post-graduation. This form is used to guide clinical experiences but does not guarantee a certain and/or desired clinical experience.

Clinical experiences may have certain CAATE standard requirements (i.e., equipment intensive, immersive). Students are required to complete these requirements as they are schedules by the Coordinator Clinical Education. Failure of a student to complete these requirements as they are scheduled can result in failure of the course housing the clinical experience and/or removal from the program.

Clinical Experience Course Alignment and Matriculation

<table>
<thead>
<tr>
<th>Course</th>
<th>Clinical Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall I</td>
<td>1- 10-12-week clinical experience at Radford University</td>
</tr>
<tr>
<td>ATTR 610: Practicum I</td>
<td></td>
</tr>
</tbody>
</table>
CLINICAL EXPERIENCE REQUIRED HOURS POLICY

Each MSAT Program Clinical course has certain clinical experience hour requirements. ATTR 610 has 150, ATTR 620 and 630 have 180, and ATTR 640 has 460.

EQUIPMENT INTENSIVE EXPERIENCE REQUIREMENT

Students are required to have at least one clinical experience with an equipment intensive sport assignment (e.g., football, men’s lacrosse). Failure to complete the equipment intensive clinical experience requirement will result in removal from the program.

IMMERSIVE CLINICAL EXPERIENCE REQUIREMENT

An immersive clinical experience is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.

"CAATE 2020 Standards May 2022 Update, p. 70, definition of immersive clinical experience
Clinical immersion refers to intensive experience designed to enable graduates to transition readily to practice

PLACEMENT OPTIONS

SUPPLEMENTAL CLINICAL EXPERIENCES

Students can request supplemental clinical experiences if:

1. The student is not currently assigned to and completing a required clinical experience.
2. There is time available for said supplemental experience that does not conflict with another, required clinical experience.
3. The student is making satisfactory progress and is in good standing with the M.S.A.T. Program.
4. The supplemental clinical experience does not conflict with any M.S.A.T. Program courses or requirements.
5. If the student gains prior approval from the Clinical Preceptor, Clinical Education Coordinator, and the Director of the M.S.A.T. through the use of the “Request for Supplemental Clinical Experience” form.
6. Failure of the student to gain approval prior to the start of the supplemental clinical experience will result in the student being removed from the supplemental clinical experience and denied approval from requesting future supplemental clinical experiences.
7. Program and Course requirements will come before any supplemental clinical experience requirements during the supplemental clinical experience time frame.
8. Students are responsible for their own housing and meals during the supplemental clinical experience (supplemental clinical experiences may offer to provide a student housing and/or meals during the supplemental clinical experience but the M.S.A.T. Program will not be responsible for any costs).
9. If students are not properly supervised, to the same level of required clinical experiences, the student will be removed from the supplemental clinical experience and denied future requests for supplemental clinical experiences. It is the student’s responsibility to ensure proper supervision and cease providing medical care and/or advice during supplemental clinical experiences.
10. Failure of the student to achieve and maintain the requirements of the supplemental clinical experience will result in the student’s removal from the supplemental clinical experience and denial of approval from requesting future supplemental clinical experiences.

CLIENT/PATIENT ABILITY TO DIFFERENTIATE STUDENT VS. PRACTITIONER

Students will be working side-by-side with clinical preceptors to endure the most realistic clinical experience. Due to this close relationship and active participation by the student, it may be difficult for clients/patients to differentiate between a student and a licensed medical professional. To ensure clients/patients are aware of who the student is, students are required to wear their name badge on the outside of their attire. The student will also be introduced to the patient by the clinical preceptor to further establish clarification of who the student is. Anytime a student is to introduce themselves to patients before the clinical preceptor or without the clinical preceptor at their side, students are to introduce themselves as the athletic training student and communicate their role is a learning role and they are acting under the supervision of their clinical preceptor. This policy is in accordance with CAATE Standard 29.

AT MILESTONES & SKILL EVALUATION GUIDELINES

AT MILESTONES

The AT Milestones (Appendix U) are designed for use in evaluation of athletic trainers in the context of their participation in Commission on Accreditation of Athletic Training Education (CAATE) accredited professional education, residency, and fellowship programs. They may also be used to facilitate peer and self-evaluations for the purpose of assessing an individual’s maintenance of competence (MOC). The AT Milestones provide a framework for the assessment of the development of the individual in key dimensions of the elements of athletic trainer competency in general practice, as well as within a specialty area of practice.

The AT Milestones have been developed to capture the breadth and depth of athletic training knowledge, skills, attitudes and behaviors. They are organized to assess six general competencies, adopted from the Accreditation Council for Graduate Medical Education (ACGME), and eight specialty competencies representing the eight specialty areas identified by the CAATE. For every competency, there are specific sub-competencies, each with their own set of progressive milestones for measuring individual performance. The six general competencies are:
The eight specialty competencies are:

- Prevention and Wellness
- Urgent and Emergent Care
- Primary Care
- Orthopaedics
- Rehabilitation
- Behavioral Health
- Pediatrics
- Performance Enhancement

**BOARD OF CERTIFICATION STANDARDS OF PROFESSIONAL PRACTICE V. 3.4**

Along with the performance set out in the AT Milestones the MSAT Program students will also be held to the Board of Certification Standards of Professional Practice V. 3.4 (*Appendix V*), which also includes the Board of Certification Professional Responsibility (*Appendix W*).

**PRACTICING UNDER PHYSICIAN DIRECTION**

*BOC Practice Standard 1: Direction*

The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state’s statutes, rules, and regulations. The MSAT Students are also expected to abide by these same standards, including under the supervision of the assigned clinical preceptor. *This policy is in accordance with CAATE Standard 66.*

**Mandatory Reporter of Child Abuse and Neglect Obligations**

*BOC Code of Professional Responsibility 3.2*

The Athletic Trainer practices in accordance with applicable local state, and/or federal rules, requirements, regulations, and/or laws related to the practice of athletic training including without limitations, applicable state licensing and ethical requirements. This includes both federal and state Mandatory Report of Child Abuse and Neglect laws (*Appendix Y*).
**DISCIPLINARY ACTIONS: CLINICAL EDUCATION**

If an athletic training student exhibits a pattern of behavior or any serious behavior that is inconsistent with the profession of athletic training, the mission of the Master of Science in Athletic Training Program, the objectives of the clinical education course, or places an athlete or patient in an unsafe situation the following is the prescribed course of action.

**DISCIPLINARY GUIDELINES FOR CLINICAL EXPERIENCE SITE**

Disciplinary actions needed during Clinical Experiences are expected to be handled by the Clinical Preceptor under which the student is assigned. The Clinical Education Coordinator is required to be notified for serious or repeated needs for disciplinary action (dangerous actions of the student which could have resulted in the student, another student(s), patients, and/or Clinical Preceptor). The Clinical Education Coordinator has the responsibility to work with both the Clinical Preceptor and student to resolve and such behaviors. Removal of the student from the assigned clinical preceptor and/or site is considered a last resort measure and all other options should be exhausted. Students removed from clinical experiences and/or clinical preceptors can result in failure of the course housing the clinical experience if the student is found responsible for such behaviors. Failure of the clinical experience course will result in removal from the program.
SECTION IV: CLINICAL PRECEPTORS (Currently being revised)

CP training

Guidelines

Requirements

Contract
MASTER OF ATHLETIC TRAINING PROGRAM HANDBOOK & POLICIES ACKNOWLEDGEMENT & UNDERSTANDING

The Master of Science in Athletic Training Program attempts to make program policies and procedures, and student expectations as transparent as possible.

If during the program a student has any questions, concerns, or would like additional explanation or information regarding any aspect of the MSAT Program they are encouraged to, and responsible for, arranging a meeting with the Director of the MSAT Program to obtain additional clarification.

The MSAT Program Student Handbook Policies and Procedures are reviewed and updated annually at minimum (approximately June every year). When modifications to any policies or procedures are made during the academic year the students will be notified via email and previous acknowledgements and understandings are then transferred to the updated MSAT Program Student Handbook automatically. Student understanding and agreement to the MSAT Program Student Handbook is a requirement for enrollment to, matriculation in, and graduation from the MSAT Program.

I, __________________________, acknowledge I have read and understand the policies and procedures, and student expectations of the MSAT Program.

_______ I understand when modifications to any policies, procedures, or student expectations are made I will be notified of said modifications via email or annually and previous acknowledgements and understandings are then transferred to the updated MSAT Program Student Handbook automatically.

_______ I understand failure or refusal to abide by the policies and procedures, and student expectations of the MSAT Program Student Handbook and Program Policies could result in consequences effecting, but not limited to, course grades, clinical experiences, matriculation through the program (probation, suspension, or removal), failure to meet MSAT Program requirements for graduation, and/or failure to graduate from the MSAT Program.

_______ I acknowledge that I have read and understand the Radford University’s Discrimination & Harassment Policy

_______ I acknowledge that I have read and understand the MSAT Program OSHA, Blood-Borne Pathogen, & Communicable Diseases Policies

_________________________ _________________________
Student Name                     Date
Cohort 2022-2023

_________________________ _________________________
Sarah B. Rabe, EdD, LAT, ATC     Date
Director, Master of Science in Athletic Training Program
APPENDIX B
MSAT OBSERVATION VERIFICATION FORM
MSAT OBSERVATION VERIFICATION FORM

Master of Science in Athletic Training

Master of Science in Athletic Training Program
Observation Hour Verification Form

Submission of this form is required for all applicants of the Master of Science in Athletic Training Program.

Please Note: One form will need to be filled out for EACH athletic trainer who was observed; upload all Observation Hour Verification Forms in your ATCAS application.

Applicant Name: ___________________________ Application Year: ___________________________

Location of Observation Hours (Provide Business Name and Address)

Observation Hours Details

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Hours</th>
<th>Brief description of observation (example: rehabilitation, game/practice, athletic training room administration)</th>
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Certified Athletic Trainer (ATC) Verification

Name of ATC: ___________________________

BOC certification #: ___________________________

I certify that hours identified above were observed by this student.

[Signature]

Printed Name

Phone number for verification purposes
Offer of Recommendation for Admissions Letter

Month day, 20xx

First & Last Name
Street Number & Name
City, State
_____@internet.com

Dear First Name,

Congratulations! On behalf of the Master of Science in Athletic Training Program Admissions Committee we are pleased to offer you admissions to the 20xx-20xx cohort of our graduate program! The MSAT Program commences during the Summer I session with a start date of Day of the Week, Month day, 20xx.

Your remarkable achievements and determination have prepared you well for the challenging and rewarding career as an athletic trainer. The MSAT Program at Radford University will assist you in your quest to become an exceptional board-certified athletic trainer in any setting you wish to pursue. We are dedicated to each student's success during the program and after graduation! We treat each and every student as the individual they are and support them one-on-one during their tenure to ensure achievement of the master’s degree in athletic training and successful completion of the Board of Certification Exam.

The MSAT Program knows how expensive education is especially when acquiring an advanced degree; to assist our students in obtaining an affordable professional degree we are offering our inaugural cohort a Commitment Incentives Package (Attachment A) to help relieve some of the financial burden.

To qualify for the Commitment Incentives Package, please complete and return the Acceptance of Admissions Offer (Attachment B) by Day of the Week, Month day, 20xx. Upon accepting the Admissions Offer, students are required to apply to the Radford University College of Graduate Studies & Research with a completed application and meeting all requirements for admissions to the Master of Science in Athletic Training Program, as detailed in the Acceptance of Admissions Offer.

The Master of Science in Athletic Training Student Handbook (www.radford.edu/msat> prospective students> MSAT Handbook) details what our unique program has to offer, and all resources Radford University offers our students.

We extend our congratulations and best wishes for your continuing academic success. We hope you will find that our offer and program best suit your goal of becoming a certified athletic trainer. Please contact us at MSAT@radford.edu with any questions you might have.

We understand that choosing a graduate program is a difficult decision, and we are happy
Welcome to Radford University and the Master of Science in Athletic Training Program!

Sincerely,

Sarah B. Rabe, EdD, LAT, ATC
Assistant Professor
Director, Master of Science in Athletic Training Program
Department of Health & Human Performance
College of Education & Human Development
College of Graduate Studies & Research

If you wish to not accept the offer of admissions, please complete, and return the Declination of Offer of Admissions (Appendix C).

CC:
School of Research & Graduate Studies Dean
College of Education & Human Performance Dean
Health & Human Performance Department Chair
Student First & Last Name via U.S. Mail

A hard copy of your Offer of Admissions, Acceptance of Offer of Admissions, and Declination of Offer of Admissions will be sent via U.S. Mail. Along with returning your admission decision electronically via signable PDF, please also return the hard copy of your decision as well.
APPENDIX D
OFFER OF RECOMMENDATION FOR ADMISSIONS WAITLIST LETTER
Month, Day, 20XX

Student First & Last Name
Address
City, State Zip
email@internet.com

Dear First Name,

On behalf of the Master of Science in Athletic Training Program Admissions Committee we are offering to place you on our admissions waitlist for the 20xx-20xx cohort of our graduate program. The MSAT Program commences during the Summer I session with a start date of Day of the Week, Month day, 20xx.

You must accept this Offer of Recommendation for Admissions Waitlist within 48 hours of the letter being sent (Day of the Week, Month day, 20xx by 5:00 PM).

You will be notified of an open spot in the cohort no later than May 1st, 20xx, and will have 48 hours to accept the offer. After this time the offer will expire.

Please contact us at MSAT@radford.edu with any questions you might have.

Sincerely,

Sarah B. Rabe, EdD, LAT, ATC
Assistant Professor
Director, Master of Science in Athletic Training Program
Department of Health & Human Performance
College of Education & Human Development
College of Graduate Studies & Research
APPENDIX E
MASTER OF SCIENCE IN ATHLETIC TRAINING DECLINATION OF RECOMMENDATION FOR ADMISSIONS
DECLINATION OF OFFER FOR RECOMMENDATION FOR ADMISSIONS LETTER

Month, Day, 20XX

Student First & Last Name
Address
City, State Zip
email@internet.com

Dear First Name,

On behalf of the Master of Science in Athletic Training Program Admissions Committee we regret to inform you that we are not offering you admissions for the 20XX-20XX cohort of our graduate program at this time.

If circumstances change and we are able to offer you a position in our cohort we will be in touch.

We encourage you to apply for admissions for a future cohort if you so wish.

Please contact us at MSAT@radford.edu with any questions you might have.

Sincerely,

Sarah B. Rabe, EdD, LAT, ATC
Assistant Professor
Director, Master of Science in Athletic Training Program
Department of Health & Human Performance
College of Education & Human Development
College of Graduate Studies & Research

Peters Hall B140, Box 6957
Radford, Virginia 24142
APPENDIX F
MASTER OF SCIENCE IN ATHLETIC TRAINING ACCEPTANCE OF OFFER OF ADMISSIONS
Admissions Committee,

I accept your offer of admissions for the 20xx-20xx cohort of the Master of Science in Athletic Training Program at Radford University.

Upon accepting I understand:

I must report to MSAT Program Orientation Day of the Week, Month days by 9:00AM promptly and I am required to be in orientation until at least 3:00PM every day; located in Peters Hall B109.

The MSAT Program commences during the Summer I session with a start date of Day of the Week, Month Day, 20xx (you will receive communication via email and D2L with specifics from your course professor).

I understand I am not allowed to miss any portion of orientation or course meeting times and must arrange any appointments and/or errands around these times.

I must report to Radford, VA on Day of the Week, Month day, 20xx, to complete the following tasks before Month day, 20xx. *

* Check-in via email or text with the Director of the MSAT Program upon arrival to Radford (contact information found in the MSAT Student Handbook)
* Move into on- or off-campus housing
* Turn on all utilities and any other housing needs or requirements (i.e., cable, internet, food, etc.)
* Obtain a Radford University ONE Card Student ID from Heth Hall 152
* Obtain a Radford University on-campus resident, university apartment, or commuter Parking Permit from Heth Hall B152 for the 20xx-20xx academic year (required)
* Obtain a City of Radford Parking Permit (if needed)
* Sign up for an on-campus meal plan (if you wish to do so)
* Obtain normal supplies needed or wanted for start of courses on Month day, 20xx. Any specific course supplies will be communicated by the course professor via the course syllabus on D2l or email.
* Visit the Office of Financial Aid (if needed)

*This is not a comprehensive list, please look at your situation and adapt the check list as you need.

I understand, in order to maintain my offer of admissions, I must meet all program and graduate school requirements. Below are requirements I have not currently met and must meet by Month day, 20xx.
By signing I accept admissions to the 20xx-20xx cohort and understand I must meet all admission criteria, maintain criteria for program progression, and commit to maintaining good standing in the Master of Science in Athletic Training Program and College of Graduate School & Research.

__________________________________________  __________________________
Student Name  Date
Cohort 20xx-20xx

__________________________________________  __________________________
Sarah B. Rabe, EdD, LAT, ATC  Date
Director, Master of Science in Athletic Training Program

CC:
Dr. Ben Caldwell, Dean of the College of Graduate Studies & Research
Dr. Tamara Wallace, Dean of the College of Education & Human Development
Dr. Melissa Grim, Chair of the Department of Health & Human Performance
Student First & Last Name via U.S.P.S.
DECLINATION OF OFFER OF ADMISSIONS

Admissions Committee,

I decline your offer of admissions for the 20xx-20xx cohort of the Master of Science in Athletic Training Program at Radford University.

I understand I am allowed to retract my Declination of Offer of Admissions and request to accept the Offer of Admissions at a later time, but my request may be denied due to a full cohort or other reason.

Respectfully,

__________________________________________  _________________________________________
Student Name                                      Date
Cohort 20xx-20xx                                  

__________________________________________  _________________________________________
Sarah B. Rabe, EdD, LAT, ATC                      Date
Director, Master of Science in Athletic Training Program
APPENDIX H
ACKNOWLEDGEMENT & UNDERSTANDING OF EXPECTED PROGRAM COSTS
ACKNOWLEDGEMENT & UNDERSTANDING OF EXPECTED PROGRAM COSTS

The Master of Science in Athletic Training Program attempts to limit as many costs to students as it can. There are some costs that fall under the responsibility of students enrolled in the MSAT Program to cover. The expected costs of the MSAT Program may be higher than other graduate programs. These costs are in addition to regular tuition and fees which can be found on the Registrar’s Office webpage.

I, ___________________________, acknowledge I have read and understand the expected student costs associated with the MSAT Program.

________ I understand failure or refusal to cover the estimated costs as stated in the MSAT Program Student Handbook and Program Policies could result in consequences that impact course grades, clinical experiences, matriculation through the program (probation or suspension), failure to meet MSAT Program requirements for graduation, and/or failure to graduate.

________ I understand there may be additional consequences not included above; and other expected costs not listed in the Expected Program Costs Policy as they are not conclusive lists.

________ I understand the expected program costs and tuition may fluctuate from year to year.

__________________________________________    ________________________
Student Name                                      Date

Cohort 20xx-20xx

Sarah B. Rabe, EdD, LAT, ATC
Director, Master of Science in Athletic Training Program

--------------------------------------------
Date

Peters Hall B140, Box 6957
Radford, Virginia 24142
**Master of Science in Athletic Training Program Orientation Agenda**

**MSAT Program Orientation EXAMPLE**
Wednesday, June 1, 2022—Friday, June 3, 2022
9:00AM-12:00PM & 1:00PM-4:00PM each day

**Additional Information:**
Bring a sweatshirt/jacket if you get chilly, bring a computer, planner/schedule, paper/pen, and anything you need during the day. Refreshments and snacks will be provided throughout the day. Lunch is provided.

<table>
<thead>
<tr>
<th>Wednesday, June 1, 2022</th>
<th>Day One</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 AM</td>
<td>Program Welcome Dr. Rabe, Director of MSAT Program Dr. Moore, MSAT Program Coordinator of Clinical Education Dr. Mickle, MSAT Program Faculty</td>
<td>B109</td>
</tr>
<tr>
<td>9:30 AM-10:30 AM</td>
<td>Program Introduction</td>
<td>B109</td>
</tr>
<tr>
<td></td>
<td><em>Program Requirements for matriculation &amp; graduation</em></td>
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<tr>
<td></td>
<td><em>Program Instructional &amp; Didactic Environments</em></td>
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<td></td>
<td><em>Remediation Plans</em></td>
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<tr>
<td></td>
<td><em>Program Probation, Conditional Suspension, Removal</em></td>
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</tr>
<tr>
<td>10:30 AM-10:45 AM</td>
<td><em>Break</em></td>
<td>-</td>
</tr>
<tr>
<td>10:45 AM-11:45 AM</td>
<td>Dr. Moore</td>
<td>B109</td>
</tr>
<tr>
<td></td>
<td><em>Clinical Education clinical experiences and expectations</em></td>
<td></td>
</tr>
<tr>
<td>11:45 AM-12:00 PM</td>
<td>Clinical Education Questions</td>
<td>B109</td>
</tr>
<tr>
<td>12:00 PM-1:00 PM</td>
<td><em>Lunch</em></td>
<td>-</td>
</tr>
<tr>
<td>1:00 PM-2:00 PM</td>
<td>Dr. Mickle</td>
<td>B109</td>
</tr>
<tr>
<td></td>
<td><em>Graduate Education Expectations</em></td>
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<tr>
<td>2:00 PM-2:15 PM</td>
<td><em>Break</em></td>
<td>-</td>
</tr>
<tr>
<td>2:15 PM-3:45 PM</td>
<td>Professional Communication</td>
<td>B109</td>
</tr>
<tr>
<td>3:45 PM-4:00 PM</td>
<td>Day One Recap/Questions</td>
<td>B109</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Location</td>
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<tr>
<td><strong>Thursday, June 2, 2022</strong></td>
<td><strong>Day Two</strong></td>
<td></td>
</tr>
<tr>
<td>9:00 AM-9:15 AM</td>
<td>Day One Questions/Review</td>
<td>B109</td>
</tr>
<tr>
<td>9:15 AM-10:30 AM</td>
<td>Time management</td>
<td>TBA</td>
</tr>
<tr>
<td>10:30 AM-10:45 AM</td>
<td>Dr. Grim, Chair of the Department of Health &amp; Human Performance</td>
<td>B109</td>
</tr>
<tr>
<td>10:45 AM-11:00 AM</td>
<td>Dean Wallace, College of Education &amp; Human Development</td>
<td>B109</td>
</tr>
<tr>
<td>11:00 AM-11:30 AM</td>
<td>Meghan Viet, Director of Teaching Resource Center</td>
<td>TRC</td>
</tr>
<tr>
<td>11:00 AM-11:30 AM</td>
<td>Princess Clark-Gaspard, Assistant Director of TRC</td>
<td>TRC</td>
</tr>
<tr>
<td>11:45 AM-12:00 PM</td>
<td>Dr. Kincaid, MSAT Program Medical Director</td>
<td>B109</td>
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<tr>
<td>12:00 PM-1:00 PM</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>1:00 PM-2:00 PM</td>
<td>Chad Hyatt, Associate Athletic Director for Sports Medicine &amp; Athlete Healthcare Coordinator Radford University Athletics</td>
<td>Dedmon, Video Room</td>
</tr>
<tr>
<td>1:00 PM-2:00 PM</td>
<td><em>On-campus clinical experiences and expectations</em></td>
<td></td>
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<tr>
<td>2:00 PM-2:15 PM</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>2:15 PM-3:15 PM</td>
<td>Samantha Blevins (Tentative)</td>
<td>Library Classroom</td>
</tr>
<tr>
<td>2:15 PM-3:15 PM</td>
<td><em>e-Portfolios</em></td>
<td></td>
</tr>
<tr>
<td>3:15 PM-3:45 PM</td>
<td>Campus Tour</td>
<td>Campus</td>
</tr>
<tr>
<td>3:45 PM-4:00 PM</td>
<td>Day Two Recap/Questions</td>
<td>B109</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Friday, June 3, 2022</strong></td>
<td><strong>Day Three</strong></td>
<td></td>
</tr>
<tr>
<td>9:00 AM-9:15 AM</td>
<td>Day Two Questions/Review</td>
<td>B109</td>
</tr>
<tr>
<td>9:15 AM-10:00 AM</td>
<td>Dr. Rabe</td>
<td>B109</td>
</tr>
<tr>
<td>9:15 AM-10:00 AM</td>
<td><em>Program Environment/Growth Mindset</em></td>
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<tr>
<td>10:00 AM-10:15 AM</td>
<td>Break</td>
<td></td>
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<tr>
<td>10:15 AM-11:00 AM</td>
<td>Dr. Rabe</td>
<td>B109</td>
</tr>
<tr>
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<td><em>Program Environment/Growth Mindset</em></td>
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<tr>
<td>11:00 AM-11:15 AM</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>11:15 AM-12:00 PM</td>
<td>Dr. Rabe</td>
<td>B109</td>
</tr>
<tr>
<td>11:15 AM-12:00 PM</td>
<td><em>Student Program Surveys</em></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Location</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>12:00 PM-1:00PM</td>
<td>Lunch</td>
<td></td>
</tr>
</tbody>
</table>
| 1:00 PM-1:45 PM | Dr. Rabe  
*MSAT Program Student Handbook Review* | B109     |
| 1:45 PM-2:00 PM | Break                                                      |          |
| 2:00 PM-2:45 PM | Dr. Rabe  
*MSAT Program Student Handbook Review* | B109     |
| 2:45 PM-3:00 PM | Break                                                      |          |
| 3:00 PM-3:45 PM | Dr. Rabe  
*MSAT Program Student Handbook Review* | B109     |
| 3:45 PM-4:00 PM | Orientation Recap/Next Steps/Start of Classes              | B109     |
| 4:30 PM         | MSAT Program Student Cookout @ Dr. Mickle’s  
*Students expected to attend* | 504 Harvey St. |
During the second summer semester of the MSAT Program students will be enrolled in ATTR 624, Competency-Based Assessment II. ATTR 624 is an asynchronous online course where students will work at their own pace and there are no scheduled course meeting times. This course will run the duration of the Summer III term (mid-May – Late July) and students are expected to complete and submit assigned work as designated in the course syllabus.

In addition to ATTR 624 students are encouraged and expected to practice skills learned over the past year. These skills include but are not limited to:

- Physical Examination skills
- Vital signs
- Anatomy knowledge, identification, and palpation
- Emergency care skills
- Assessment skills of the lower extremity, upper extremity, and core/spine/head
- Therapeutic intervention skills fromATTR 606

Students are encouraged to observe in athletic training spaces such as at formal high schools or local clinics but must understand that during this time you are not covered by the liability insurance that is associated with enrollment in your clinical courses and using learned skills without the supervision of a clinical preceptor in the MSAT Program could lead to legal ramification in cases of accidents or misunderstandings.

Summer Goals (also reflected on the student’s goal form)

1. –
2. –
3. –
I have participated in creating the above summer goals and understand the risks and ramifications of practicing as a student athletic trainer without supervision by a clinical preceptor in the MSAT Program.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Cohort 2022-2023</td>
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</tbody>
</table>

Sarah B. Rabe, EdD, LAT, ATC
Director, Master of Science in Athletic Training Program

Date
APPENDIX K
ACKNOWLEDGEMENT & UNDERSTANDING OF CRITERIA FOR PROGRAM MATRICULATION & REQUIREMENTS TO MAINTAIN GOOD ACADEMIC STANDING IN THE MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM
ACKNOWLEDGEMENT & UNDERSTANDING OF CRITERIA FOR PROGRAM MATRICULATION & REQUIREMENTS TO MAINTAIN GOOD ACADEMIC STANDING IN THE MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM

I understand students must meet the following requirements to matriculate through the program:

1. Maintain a cumulative GPA of a 3.0 out of 4.0 or better throughout the duration of the MSAT Program.
   - Earn a grade of “B” (83-86%) or above in all courses. Students are allowed two course grades of a “C” (76-73%) throughout the duration of the program. Due to the increased credit awarded, a student cannot earn below a “B” (83-86%) in ATTR 640 Clinical Practicum IV during the Spring II semester.
2. Earn “2” or above on AT Milestones, Interpersonal & Communication Skills and Professionalism, evaluated at clinical experience sites; and/or earn “3” on all AT Milestones, Interpersonal & Communication Skills and Professionalism by the end of the Program. *Students are expected to work to earn “3”’s during the semester on all milestones assessed. Students must earn a “3” on all AT Milestones as a requirement for graduation.
3. Successful completion of assigned clinical education site requirements and associated paperwork.
4. Earn a C or above on programmatic formative and summative evaluations
5. Successful completion of all remediation plans (if applicable)
6. Maintain current CPR certification for the healthcare provider through the American Red Cross or the American Heart Association or equivalent agency.
7. Acknowledgment and continued demonstration of the BOC Standards of Professional Practice v. 3.4 (yearly)
8. Acknowledgment and understanding of MSAT Program Technical Standards (yearly)
9. Acknowledgment and understanding of MSAT Program Technical Standards (yearly)
10. MSAT Program Blood-Borne Pathogen Exposure Control Plan Training & Understanding (yearly)
11. Acknowledgement and understanding of Radford University’s Standards of Student Conduct (yearly)
12. Acknowledgement and understanding of Radford University’s Academic Honesty Pledge (yearly)
13. Acknowledgement and understanding of Radford University’s Sexual Harassment Policy (yearly)

I understand the repercussions for failing to meet criteria for program matriculation could result in penalties such as, but not limited to, conditional suspension from the program or removal from the program.

_________________________________________  ______________________________
Student Name                                      Date
Cohort 2022-2023

Sarah B. Rabe, EdD, LAT, ATC
Director, Master of Science in Athletic Training Program

_________________________________________  ______________________________
Date                                      Date
APPENDIX L
MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM REMEDIATION PLAN TEMPLATE
INDIVIDUALIZED REMEDIATION PLAN

PART A

Student Name: ____________________________  Date: ____________________________  Through: ____________________________

(Minimum 4 weeks)

Course with final grade less than a “B” (83-86%): __________________________________________________________

Final Grade: __________________________________________________________

Semester term of course involved: __________________________________________________________

Semester term of remediation plan: __________________________________________________________

Justification for Remediation Plan: __________________________________________________________

PLAN DETAILS

Focus Area/Content:

Study Hall Dates & Timeframes:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Reassessment</th>
</tr>
</thead>
</table>
| Content
Readings
Assignments |
| Content
Readings
Assignments |
| Content
Readings
Assignments |
| Content
Readings
Assignments |
### Additional weeks *(minimum 2 weeks)*

<table>
<thead>
<tr>
<th>Content</th>
<th>Readings</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Week 5**

<table>
<thead>
<tr>
<th>Content</th>
<th>Readings</th>
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**Week 6**

<table>
<thead>
<tr>
<th>Content</th>
<th>Readings</th>
<th>Assignments</th>
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<tbody>
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</table>

**Comments/Notes:**

By signing I agree to and understand the terms and conditions of the remediation plan as described in Part A. I understand that if I do not agree to the remediation plan, and/or do not comply with the terms of the remediation plan, and/or am unsuccessful in successfully completing the reassessment that I may be conditionally suspended or removed from the program.

I understand that along with successful completion of the remediation plan, I must increase my overall GPA up to at least a 3.0 out of 4.0 GPA. This means I must earn an “A” (93-96%) in at least one course during the current semester in order to achieve a 3.0 GPA or higher.

________________________________________  __________________________
Student Name 
Cohort 2022-2023                      Date

________________________________________  __________________________
Sarah B. Rabe, EdD, LAT, ATC  
Director, Master of Science in Athletic Training Program  Date
PART B

Student Name: ____________________________

Has completed the assigned remediation plan in the appropriate timeline and has successfully completed the reassessment earning a grade of ______.

_________________________________________  _________________________
Student Name                                      Date
Cohort 2022-2023

_________________________________________  _________________________
Sarah B. Rabe, EdD, LAT, ATC                    Date
Director, Master of Science in Athletic Training Program

PART C

Student Name: ____________________________

I understand, that due to not successfully completing the reassessment with a grade of at least an 80% I am required to extend my remediation plan by at least two weeks. I understand that the remediation plan may continue for the duration of the entire ____ semester. Has completed the assigned remediation plan in the appropriate timeline and has successfully completed the reassessment earning a grade of ______.

_________________________________________  _________________________
Student Name                                      Date
Cohort 2022-2023

_________________________________________  _________________________
Sarah B. Rabe, EdD, LAT, ATC                    Date
Director, Master of Science in Athletic Training Program
APPENDIX M
ACKNOWLEDGEMENT & UNDERSTANDING OF THE RADFORD UNIVERSITY HONOR PLEDGE
ACKNOWLEDGEMENT & UNDERSTANDING OF THE RADFORD UNIVERSITY HONOR PLEDGE & STANDARDS OF STUDENT CONDUCT

Students are required to read and agree with the Student Honor Pledge at the beginning of each year of the MSAT Program by signing the Acknowledgement & Understanding of the Honor Pledge.

The Honor Pledge states:

“The University Honor Pledge provides the foundation for a university community in which freedom, trust, and respect can prevail. In accepting admission to the University, each student makes a commitment to support and uphold the Honor Pledge without compromise or exception.

I shall uphold the values and ideals of Radford University by engaging in responsible behavior and striving always to be accountable for my actions while holding myself and others to the highest moral and ethical standards of academic integrity and good citizenship as defined in the Standards.” (Standards of Student Conduct, 1. Purpose, B. Honor Pledge, p.1, April 2022)

I also understand that I am responsible for reading, understanding, and abiding by the Standards of Student Conduct.

_________________________________________________________  ____________________
Student Name                  Date
Cohort 2022-2023

_________________________________________________________  ____________________
Sarah B. Rabe, EdD, LAT, ATC    Date
Director, Master of Science in Athletic Training Program
APPENDIX N

ACKNOWLEDGEMENT & UNDERSTANDING OF STUDENT BEHAVIOR EXPECTATIONS POLICY
ACKNOWLEDGEMENT & UNDERSTANDING OF STUDENT BEHAVIOR EXPECTATIONS POLICY

Students accepted to the MSAT Program are held to high standard, which may be higher than other graduate students. MSAT Program Students are a direct reflection of the MSAT Program whether in class on campus, or off campus. Student behavior during the MSAT Program is expected, and required, to be professional. Unprofessional behavior witnessed by or reported to the MSAT Program will not be tolerated. Unprofessional behavior will be immediately addressed, and the student(s) involved will be sanctioned accordingly. The following are examples of unprofessional behavior and misconduct:

- Using offensive or abusive language (i.e., racial slurs, racists comments/“jokes” *, degrading names, etc.)
- Intimidation or bullying in any form
- Abusive speech
- Harassment of any kind (i.e., sexual, menacing, etc.)
- Inappropriate, unprofessional, rude comments, or “jokes” *
- Inappropriate behavior/conduct
- Persistent lateness without valid or reasonable cause
- Violent threats/acts of violence, fighting
- Physical touching without permission/abuse
- Refusal to follow directions/rules, insubordination
- Aggressive behavior or language
- Distracting behavior
- Unethical behavior or manners
- Theft/misusing resources
- Lying/falsification
- Violating policies
- Breaching health and safety protocols
- Drug/alcohol use or abuse
- Criminal behavior
- Endangering the health and safety of others
- Gross negligence
- Willful and deliberate misbehavior

*A joke is something said or done to provoke laughter or cause amusement, a prankish act; something that is amusing or ridiculous, especially because of being ludicrously inadequate or a sham.

Students involved in unprofessional behavior or misconduct may be granted a warning before sanctions are applied. Gross unprofessional behavior and misconduct will not be granted a warning and sanctions will be applied immediately including permanent removal from the MSAT Program. Repeated unprofessional behavior will result in permanent removal from the MSAT Program. Sanctions will be applied to each report of unprofessional behavior or misconduct on an individual basis. The MSAT Program will follow a formal process for applying sanctions. This may include using the Standards of Student Conduct when appropriate and applicable.

By signing understand and agree to adhere to the MSAT Student Behavior Expectations Policy.

__________________________________________  _________________________
Student Name                                      Date
Cohort 2022-2023

__________________________________________  _________________________
Sarah B. Rabe, EdD, LAT, ATC                        Date
Director, Master of Science in Athletic Training Program
APPENDIX O
ACKNOWLEDGEMENT & UNDERSTANDING OF SOCIAL MEDIA POLICY
Social media can be a fun and rewarding way to share your life and opinions with family, and friends around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media. This policy applies to all students enrolled in the Master of Science in Athletic Training Program.

**Guidelines:** In the rapidly expanding world of electronic communication, social media can mean many things. Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether associated or affiliated with Radford University, The College of Education & Human Development, Professors, Clinical Preceptors and their respective employers, fellow students, or student-athletes at any clinical education site or not, as well as any other form of electronic communication.

Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your reputation, the reputation of Radford University, The College of Education & Human Development, Professors, Clinical Preceptors and their respective employers, fellow students, or student-athletes at any clinical education site may result in disciplinary action up to and including removal from the program or university.

Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including removal from the program or university.

**Vulnerable Patient Populations:** As a MSAT Program student involved in clinical experiences as part of the program’s clinical education students may interact and engage in patient care with vulnerable populations including geriatric patients and minors, or individuals under the age of 18 years old. When working with minors it is essential to acknowledge the maturity gap between the MSAT students and their minor patients. **MSAT Students are prohibited from contacting or communicating with minor patient populations outside of the professional setting, through any means, including but not limited to electronic communication through phone or computer messaging, apps, and social media.** It is highly recommended that any MSAT student utilizing social media make their personal social media and communication profiles and accounts private in order to deter minor patients from interacting with them outside of a professional setting.

**Be respectful:** Always be fair and courteous, keep in mind that you are more likely to resolve complaints or disagreements by speaking directly with the individual than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video, or audio that reasonably could be viewed as malicious, obscene, threatening, or intimidating, that disparage Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone’s reputation or posts that could contribute to a hostile environment on the basis of race, sex, disability, religion, or any other status protected by law or university policy.
Be honest and accurate: Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false.

Post only appropriate and respectful content: Maintain the confidentiality of others, do not post confidential communications including any communications that occur during academic activities of any kind. Express only your personal opinions. Never represent yourself as a spokesperson for Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities. If Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities are a subject of the content you are creating, be clear and open about the fact that you are a student and make it clear that your views do not represent those of Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities. If you do publish on social media related to your education, make it clear that you are not speaking on behalf of Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities. It is best to include a disclaimer such as "The postings on this site are my own and do not reflect the views of any other person or entity."

Using social media: Do not use social media while engaged in any academic activity related to Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities.

Retaliation is prohibited: Do not use any form of social media or online communication to retaliate against Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities. Any student who retaliates against another student or individual for reporting a possible deviation from this policy or for cooperating in an inquiry will be subject to disciplinary action, up to and including removal from the program or university.

Communications: Students should not speak to the media about Radford University, The College of Education & Human Development, The Master of Science in Athletic Training Program or Radford University Athletics or any associated individuals or entities’ behalf. All media inquiries should be directed to Radford University’s (or any associated individuals or entities) Media Relations.

I understand the vulnerabilities and ramifications of public social media accounts and profiles and understand that as a MSAT student that I am prohibited from contacting or communicating with minor patient populations outside of the professional setting, through any means, including but not limited to electronic communication through phone or computer messaging, apps, and social media. By signing I understand and agree to adhere to the MSAT Social Media Policy.

_____________________________  ____________________
Student Name                  Date
Cohort 2022-2023

_____________________________  ____________________
Sarah B. Rabe, EdD, LAT, ATC  Date
Director, Master of Science in Athletic Training Program
APPENDIX P
ACKNOWLEDGEMENT & UNDERSTANDING OF CONFIDENTIALITY, FERPA, AND HIPAA POLICIES
ACKNOWLEDGEMENT & UNDERSTANDING OF CONFIDENTIALITY, FERPA, AND HIPPA POLICIES

CONFIDENTIALITY

Radford University Master of Science in Athletic Training (MSAT) Program students work with program clinical preceptors to provide essential and valuable services to student-athletes and patients. While engaging in these functions, MSAT students collect or may have access to utilize personal and privileged information concerning patients and their healthcare. This requires a commitment of confidentiality to protect privacy. Unless there is a proper and appropriate request, including a request from the affected individual, unauthorized disclosure or access of this information could create legal liability and loss of public confidence in the University, Radford Athletics, and the MSAT Program and is strictly prohibited.

This includes, but is not limited to, the release of the following personal or privileged information concerning student-athletes and patients.

1. Any information obtained including information from student records, student health files or other types of files or documents. Under no circumstances shall identifying information such as a social security number be released.
2. The contents of discussions and conversations by Departmental personnel concerning privileged, personal, or confidential information.
3. Any personal information stored in Athletic Training Departmental computers, including passwords, injury tracking and recording software, and cognitive testing software.

-Adapted from Radford University’s Human Resource’s Confidentiality Agreement

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) FOR STUDENT INFORMATION

While engaging in clinical experience activities, I may have access to student education records and/or to personally identifiable information about students, the disclosure of which is governed and restricted both by the Family Educational Rights and Privacy Act of 1974 (FERPA) and Virginia law. "It prohibits educational institutions from disclosing ‘personally identifiable information in education records’ without the written consent of an eligible student, or if the student is a minor, the student’s parents (20 U.S.C.S. § 1232g(b)). I am aware that I must manage the data, materials, and/or records to which I may have access in a professional and confidential manner.

-Excerpt from CDC.gov

HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPPA)

“The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient’s consent or knowledge. The US Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule to implement the requirements of HIPAA. The HIPAA Security Rule protects a subset of information covered by the Privacy Rule.
The Privacy Rule standards address the use and disclosure of individuals’ health information (known as protected health information or PHI) by entities subject to the Privacy Rule. These individuals and organizations are called “covered entities.”

The Privacy Rule also contains standards for individuals’ rights to understand and control how their health information is used. A major goal of the Privacy Rule is to make sure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high-quality healthcare, and to protect the public’s health and well-being. The Privacy Rule permits important uses of information while protecting the privacy of people who seek care and healing.”

-Excerpt from CDC.gov

I fully understand that an intentional disclosure by me of student education records, student health records, or personally identifiable information to any unauthorized person could subject me to penalties under the law. I further understand that if I breach confidentiality or abuse my position related to confidential information, I could be subject to disciplinary action, up to and including dismissal from the program, depending upon the circumstances of the violation. I will not disclose confidential or otherwise sensitive information in-person, over the telephone, or electronically to any individual including but not limited to teammates, coaches, classmates, instructors, and/or support staff.

By signing, I understand and agree to adhere to the MSAT Confidentiality, FERPA, and HIPPA Policies as stated.

__________________________________________________________
Student Name
Cohort 2022-2023
__________________________________________________________
Sarah B. Rabe, EdD, LAT, ATC
Director, Master of Science in Athletic Training Program

________________________
Date

________________________
Date
APPENDIX Q
ACKNOWLEDGEMENT & UNDERSTANDING OF MSAT STUDENT DISCIPLINARY ACTION POLICIES & FORM
ACKNOWLEDGEMENT & UNDERSTANDING OF MSAT STUDENT DISCIPLINARY ACTIONS POLICIES

PROBATION

A student can be placed on Probation for various reasons. If a student is granted probation for academic performance, the student will be enrolled in a remediation plan concerning the reason for probation. The offer of probation lasts for the duration of a semester (Fall or Spring) and can only be offered/granted twice, if at all, throughout the duration of the program, per student. The offer of probation may not be granted to every student and will be handled on a case-by-case basis. If the student is not offered probation, the student may be offered Conditional Suspension of Progress. If the student is not offered Probation or Conditional Suspension of Progress the student will be removed from the program, readmittance to the program will not be offered.

CONDITIONAL SUSPENSION OF PROGRESS

Upon disruption in matriculation, a student may be offered a Conditional Suspension of Progress from the Program which will allow re-entry into the Program upon successful completion of the terms of suspension. The terms of a Conditional Suspension of Progress can be different depending on the situation. The suspension will last the duration of an academic year placing the student at the beginning of the semester (the following year) in which the student’s progress was discontinued.

This disruption will result in delay of intended graduation by a year. The opportunity to repeat a course is not automatically granted and is considered on a per student basis. Course failure or disruption of progression in the Program of more than one course will result in removal, readmittance will not be offered.

Failure to meet the condition(s) of the suspension stated in the Conditional Suspension of Progress form by the terms and deadlines set will nullify the offer and result in removal from the MSAT Program. Not all students will be offered a Conditional Suspension of Progress, this option is offered case-by-case.
MSAT PROGRAM REMOVAL

In cases of repeated or gross misconduct, poor academic performance and/or the inability to maintain the standards for course progression/matriculation, failure to meet the terms of probation or conditional suspension, or insubordination the student will be removed from the program and reentry will not be allowed. The above list is not an all-inclusive list and other circumstances may result in a student’s removal from the program.

By signing, I understand and agree to adhere to the MSAT Student Probation, Condition Suspension of Program, and Program Removal Policies as stated.

__________________________  _______________________
Student Name                  Date
Cohort 2022-2023

__________________________  _______________________
Sarah B. Rabe, EdD, LAT, ATC Date
Director, Master of Science in Athletic Training Program
MSAT STUDENT DISCIPLINARY ACTIONS FORM

This form is to be completed for any student who is placed on probation (for any reason, i.e., academic, behavioral, etc.), provided with a conditional suspension of progress, or removed from the program.

Student Name ___________________________________________ Date ______________

Current Semester __________________

PART A

Select which disciplinary action the form is being completed for (policies located in the MSAT Student Handbook & Policies):

_____ PROBATION

_____ CONDITIONAL SUSPENSION OF PROGRESS

_____ PROGRAM REMOVAL (SKIP TO PART B)

Reason for the above disciplinary action:

_____ ACADEMIC

_____ BEHAVIORAL

_____ PROGRAM/UNIVERSITY POLICY VIOLATION

_____ OTHER

Description/Explanation for disciplinary action:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
TERMS OF DISCIPLINARY ACTION

Duration of disciplinary action/Semester(s): ____________________________________________

Description of terms (what student must complete, actions that must be taken, steps to resolve disciplinary action, etc.)

Remediation plan assigned: Yes _____ No _____

Notes/Comments:

By signing, I understand and agree to adhere to the MSAT Student Probation, Condition Suspension of Program, or Program Removal terms as stated. I understand that if re-instatement is a possibility, it would depend on the terms laid out and timeline for their completion. I understand that failure to complete the terms as stated could result in immediate removal from the program.

______________________________                      _______________________
Student Name                          Date
Cohort 2022-2023

______________________________                      _______________________
Sarah B. Rabe, EdD, LAT, ATC           Date
Director, Master of Science in Athletic Training Program

RADFORD UNIVERSITY Master of Science in Athletic Training
PART B

REMOVAL FROM THE MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM

Reason for removal from the program:

_____ ACADEMIC

_____ BEHAVIORAL

_____ PROGRAM/UNIVERSITY POLICY VIOLATION

_____ OTHER

Description/Explanation for removal from the program:

Notes/Comments:

By signing, I understand due to the stated reason and description for program removal, I have violated program and/ university policy and therefore will be removed from the Master of Science in Athletic Training Program. I understand that I will not be able to be reconsidered for admissions at a future date and that program faculty will not provide a letter of recommendation on my behalf for admissions to another academic program or employment.

________________________  ______________________
Student Name               Date
Cohort 2022-2023

________________________  ______________________
Sarah B. Rabe, EdD, LAT, ATC  Date
Director, Master of Science in Athletic Training Program
Students are required to be covered by liability insurance while in the MSAT Program. Radford University covers students with liability insurance while students are enrolled in their clinical courses, ATTR 610, 620, 630, and 640. When students are on breaks such as winter and summer break, they are not covered under the university’s liability insurance coverage and are therefore restricted from performing any athletic training duties or skills or providing any medical advice on any patient population. If a student chooses to do so, they are doing so with the understanding that any legal implications of their actions are at their own financial and legal risks. Disciplinary actions can result from a student practicing athletic training skills when not enrolled in a clinical course at Radford University, including removal from the MSAT Program.

By signing, I understand and agree to adhere to the MSAT Program Liability Insurance Policy as stated.

______________________________
Student Name
Cohort 2022-2023

______________________________
Sarah B. Rabe, EdD, LAT, ATC
Director, Master of Science in Athletic Training Program
ACKNOWLEDGEMENT & UNDERSTANDING OF MSAT PROGRAM TECHNICAL STANDARDS POLICY

The Master of Science in Athletic Training Program at Radford University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Master of Science in Athletic Training Program establishes the essential qualities considered necessary for students completing this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students who graduate from the MSAT Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into, be allowed to continue, or graduate from the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

MSAT Program students must demonstrate:

1. the mental capacity to assimilate, analyze, synthesize, and integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must have command of the English language at a level consistent with competent professional practice;
4. the ability to record the physical examination results and a treatment plan clearly and accurately;
5. the capacity to maintain composure and continue to function well during periods of high stress;
6. the perseverance, diligence and commitment to complete the Athletic Training Program as outlined and sequenced;
7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the Athletic Training Program will be required to verify they understand and feel confident they will meet these technical standards or that they believe that, with certain reasonable academic accommodations, they can meet the standards.

As appropriate, and in conjunction with the Center for Accessibility Services (CAS), Radford University will evaluate, on a case by case basis, a student’s request for reasonable academic accommodations on the basis of a disability. Supporting appropriate documentation may be requested in order to substantiate and evaluate any requests for accommodation. Radford University is committed to providing equal access/opportunity for students with disabilities, while at the same time, reserving the right to deny
accommodations that compromise clinician/patient safety and/or fundamentally alter the nature of the program.

All technical and academic standards will be measured throughout various courses must be met throughout enrollment in the MSAT Program curriculum. It is the student’s responsibility to notify the director of the MSAT Program if during enrollment, circumstances occur, and they cannot meet the technical standards. Reasonable alternate strategies and techniques will be discussed at this time.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge, that I meet each of these standards with or without reasonable academic accommodations. I understand that if accommodations are required, I will contact the Center for Accessibility Services (CAS), and if requested, provide supporting documentation to begin the process of receiving reasonable academic accommodations. I understand that if I am unable to meet these standards I will not be admitted into, allowed to progress in or graduate from the program.

_________________________________________        ________________________
Student Name                                      Date
Cohort 2022-2023

_________________________________________        ________________________
Sarah B. Rabe, EdD, LAT, ATC                      Date
Director, Master of Science in Athletic Training Program
ACKNOWLEDGEMENT & UNDERSTANDING OF MSAT PROGRAM OUTSIDE EMPLOYMENT POLICY

The need by students for financial means is understood and the MSAT Program attempts to provide expected costs prior to admissions into the program. The MSAT Program is a very time and academic intensive degree, and outside employment is strongly discouraged. Students who decide to pursue outside employment should understand that inference with any programmatic requirements and standards (drop in grades, course and/or clinical experience performance, late arrivals to courses or clinical experience, programmatic meetings, etc.) will result in the student being required to discontinue outside employment or be removed from the program. All students must complete the Outside Employment Policy Acknowledgement. Students who chose to obtain outside employment must first notify the program director and sign the Outside Employment Contract. Failure to notify and/or maintain program requirements may result in the removal from the MSAT Program.

__________________________________________  __________________________
Student Name                                    Date
Cohort 2022-2023

__________________________________________  __________________________
Sarah B. Rabe, EdD, LAT, ATC                     Date
Director, Master of Science in Athletic Training Program
MSAT PROGRAM OUTSIDE EMPLOYMENT CONTRACT

I, __________________ understand that while engaging in outside employment I must also uphold my academic standards and requirements of the MSAT Program. I understand that if my academic standards and requirements are not upheld and requirements are not met that I will have to cease outside employment or I will be removed from the program.

I understand that in order to continue to matriculate through the MSAT Program I must meet the following standards, at minimum (this is not an all-inclusive list).

1. Maintain a cumulative GPA of a 3.0 out of 4.0 or better throughout the duration of the MSAT Program.
   - Earn a grade of “B” (83-86%) or above in all courses. Students are allowed two course grades of a “C” (76-73%) throughout the duration of the program. Due to the increased credit awarded, a student cannot earn below a “B” (83-86%) in ATTR 640 Clinical Practicum IV during the Spring II semester.

2. Earn “2” or above on AT Milestones, Interpersonal & Communication Skills and Professionalism, evaluated at clinical experience sites; and/or earn “3” on all AT Milestones, Interpersonal & Communication Skills and Professionalism by the end of the Program. *Students are expected to work to earn “3”’s during the semester on all milestones assessed. Students must earn a “3” on all AT Milestones as a requirement for graduation.

3. Successful completion of assigned clinical education site requirements and associated paperwork.

4. Earn a C or above on programmatic formative and summative evaluations

5. Successful completion of all remediation plans (if applicable)

______________________________  ________________________
Student Name                        Date
Cohort 2022-2023

______________________________  ________________________
Sarah B. Rabe, EdD, LAT, ATC          Date
Director, Master of Science in Athletic Training Program
AT MILESTONES

THE ATHLETIC TRAINING

MILESTONES

Authors
Eric L. Sauers, PhD, ATC, FNATA
R. Mark Laursen, MS, ATC
Forrest Pecha, MS, ATC
Hollie Walusz, MA, ATC, PES

Version 1.1, 2019©
ATTRIBUTION

The Athletic Training (AT) Milestones are based on the extensive work of the Accreditation Council for Graduate Medical Education (ACGME) who developed Milestones as “competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents/fellows from the beginning of their education through graduation to the unsupervised practice of their specialties”. The ACGME requires the use of specialty specific milestones in the accreditation of their medical residency and fellowship training programs. The ACGME “…is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.” The mission of the ACGME is to “improve health care and population health by assessing and advancing the quality of resident physicians’ education through accreditation.”

The AT Milestones Project Team evaluated the process and outcomes of the ACGME Milestones and carefully considered the relationship between athletic training and physician practice and the supervisory relationship inherent therein. Subsequently, it was determined to build the AT Milestones based on the ACGME Milestones framework. The various medical specialties liberally adopt the structure and language in their specific Milestones from peer specialties where efficient and effective language has been previously identified. The AT Milestones Project Team took the same approach and sought to utilize the language previously developed by the various ACGME and American Board of Medical Specialties (ABMS) specialty board(s) wherever possible to maximize efficiency and alignment with the education of our physician peers. The AT Milestones Project Team has adopted ACGME Milestones language in various forms, and modified the ACGME Milestones to meet the specific needs of the athletic training profession, on a non-exclusive basis for educational purposes only. There is no intent to seek any financial gain from the AT Milestones and they have been developed solely for educational purposes.

The AT Milestones Project Team give full attribution to the ACGME and the authors of the specialty specific Milestones on which the AT Milestones were based, which are referenced below.

References:


THE ATHLETIC TRAINING MILESTONES

The AT Milestones are designed for use in evaluation of athletic trainers in the context of their participation in Commission on Accreditation of Athletic Training Education (CAATE) accredited professional education, residency, and fellowship programs. They may also be used to facilitate peer and self-evaluations for the purpose of assessing an individual’s maintenance of competence (MOC). The AT Milestones provide a framework for the assessment of the development of the individual in key dimensions of the elements of athletic trainer competency in general practice, as well as within a specialty area of practice.

The AT Milestones have been developed to capture the breadth and depth of athletic training knowledge, skills, attitudes and behaviors. They are organized to assess six general competencies, adopted from the Accreditation Council for Graduate Medical Education (ACGME), and eight specialty competencies representing the eight specialty areas identified by the CAATE. For every competency, there are specific sub-competencies, each with their own set of progressive milestones for measuring individual performance.

The six general competencies are:
- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

The eight specialty competencies are:
- Prevention and Wellness
- Urgent and Emergent Care
- Primary Care
- Orthopaedics
- Rehabilitation
- Behavioral Health
- Pediatrics
- Performance Enhancement

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The AT Milestones are structured in accordance with the belief that every athletic trainer entering general practice should demonstrate behaviors appropriate for unsupervised practice across all of the six general competencies and all of the eight specialty competencies. This structure ensures appropriate depth and breadth of knowledge across all of the competencies believed to be essential to the provision of quality health care. The AT Milestones have adopted the Institute of Medicine criteria for quality care, which involves the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

In contrast, athletic trainers pursuing specialty training should demonstrate advanced practice behaviors across all of the six general competencies, plus advanced practice behaviors only in their chosen area of specialty practice. It is not reasonable to expect that an athletic trainer exhibit advanced practice behaviors across all specialty competencies. Specialty care requires greater depth in each of the six general competencies and in the specific area of specialty practice and the AT Milestones are developed to provide guidance on how to progress from a generalist to a specialist. The AT Milestones provide a logical progress of increasingly complex and independent client and patient care services.

This document presents the AT Milestones designed for programs to use in ongoing review of individual (student, resident, fellow) performance. Milestones are knowledge, skills, attitudes, and other attributes for each of the six general competencies (e.g., patient-care and procedural skills, medical knowledge) and eight specialty competencies (e.g., Prevention and Wellness, Orthopedics) that describe the development of competence from an early learner up to and beyond that expected for unsupervised, advanced, and aspirational practice. Programs should determine the frequency with which they use the AT Milestones to assess individual performance. For each general and specialty competency domain, programs should seek to provide a summative evaluation of an individuals learning trajectory over time. More information about the AT Milestones is available on the AT Milestones web page: www.atmilestones.com
INTEGRATED MODEL OF PROGRESSIVE ATHLETIC TRAINING EDUCATION

The AT Milestones are developed to measure an individuals progressive acquisition of increasingly independent and sophisticated client and patient care behaviors. The figure below presents the relationships between the AT Milestones levels (x-axis), the corresponding goal for the individual learner (arrow), and the five-stages of skill acquisition described using the Dreyfus Model of Knowledge Development (y-axis). The Dreyfus Model provides a theoretical framework for describing the movement from advanced beginners to competent clinicians working without supervision after completion of their education program with further progression towards proficient advanced practice providers in a specialty area with aspirational progression to become an expert.

Figure 1: Progressive education and training programs are developed to build progressively independent knowledge, skill, and behaviors that can be assessed using different levels of milestones.

1Paul Deltken, David Leach, Susan Swing, Hubert Dreyfus and Stuart Dreyfus. General Competencies And Accreditation In Graduate Medical Education. Health Affairs 21, no.5 (2002):100-
**Athletic Training Milestones Evaluation**

The diagram below presents the standardized structure for each competency, sub-competency, and milestone with interpretations for each of the six levels of performance. In addition, each sub-competency is cross-referenced back to a specific ACGME sub-competency in parentheses after the sub-competency is stated. For each assessment period (defined by the end-user), an individual’s performance on the milestones for each sub-competency will be indicated by:

- selecting the level of milestones that best describes the individual’s performance in relation to the milestones or,
- selecting the “Critical Deficiencies” option

<table>
<thead>
<tr>
<th>General Competency (e.g., Medical Knowledge): Sub-Competency Stated (Reference to corresponding ACGME milestone)</th>
<th>Critical Deficiencies</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3 (Ready for Unsupervised Practice)</th>
<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviors are not within the spectrum of developing competence Significant deficiency in learner performance</td>
<td>What are the expectations for a beginning learner?</td>
<td>What are the milestones for a learner who has advanced beyond beginner, but is not performing at a level sufficient for unsupervised practice? What should the learner be able to do well at this point in their training?</td>
<td>What does a graduate of a professional program look like? What additional knowledge, skills, and attitudes have they obtained? Are they ready for BOC certification?</td>
<td>What does a graduating resident look like? What additional knowledge, skills, and attitudes have they obtained? Are they ready for specialty certification?</td>
<td>What does clinical expertise look like? What are stretch goals to encourage continued progression towards mastery?</td>
<td></td>
</tr>
</tbody>
</table>

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as some milestones in the higher level(s).

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The AT Milestones are arranged in columns of progressive stages of competence. For each assessment period, determined by and for the program, programs will need to review the milestones and identify those milestones that best describe an individuals current performance and ultimately select a box that best represents the summary performance for that sub-competency. Selecting a response box in the middle of a column implies that the individual has substantially demonstrated those milestones, as well as those in previous columns. Selecting a response box on a line in between columns indicates that milestones in the lower columns have been substantially demonstrated, as well as some milestones in the higher column.

A general interpretation of each column for the AT Milestones is as follows:

**Critical Deficiencies:** These learner behaviors are not within the spectrum of developing competence. Instead they indicate significant deficiencies in an individual’s performance.

**Level 1:** Describes behaviors of an early learner.

**Level 2:** Describes behaviors of a learner who is advancing and demonstrating improvement in performance related to milestones.

**Level 3 (Ready for Unsupervised Practice):** Describes behaviors of an individual who substantially demonstrates the milestones identified for an athletic trainer who has completed a Commission on Accreditation of Athletic Training Education (CAATE) accredited professional program and is ready for unsupervised practice. This column is designed as the graduation target for professional programs, but an individual may display these milestones at any point during their education.

**Level 4 (Ready for Advanced Practice):** Describes behaviors of an individual who substantially demonstrates the milestones identified for an athletic trainer who has completed a CAATE accredited residency program in specialty area of practice and exhibits performance consistent with an advanced practice clinician. This column is designed as the graduation target for residency programs, but an individual may display these milestones at any point during their education and training.

**Level 5 (Aspirational):** Describes behaviors of and individual who has advanced beyond those milestones that describe advanced practice. These milestones reflect the competence of an expert or role model and can be used by programs, personnel supervisors, and individuals to facilitate further professional growth. It is expected that only a few exceptional individuals will demonstrate these milestones behaviors.
The “Ready for Unsupervised Practice” and “Ready for Advanced Practice” milestones are designed as the graduation target for accredited professional and residency programs, respectively, but do not represent a graduation requirement. Making decisions about readiness for graduation is the purview of the program faculty. Programs are encouraged to study the use of AT Milestone performance data to help determine whether the “Ready for Unsupervised Practice” and “Ready for Advanced Practice” milestones, and all other milestones, are in the appropriate stage within the developmental framework, and whether milestone data are of sufficient quality to be used for high stakes decisions.
Accreditation and the Athletic Training Milestones

The AT Milestones are not a required element of the Commission on Accreditation of Athletic Training Education (CAATE) standards for professional, post-professional, or residency programs. In fact, the AT Milestones were not developed for the purpose of mapping directly to the educational content required in CAATE accredited education programs. However, the AT Milestones can be used to help provide evidence of compliance with various standards across all levels of CAATE accreditation. The AT Milestones can be of great value throughout clinical education including communication with preceptors, and the assessment of a logical progression of increasingly complex and independent patient and client experiences.

Most notably, however, the AT Milestones can be used to provide evidence for compliance with the CAATE core competencies that are vital components of the new 2020 Standards for Professional Masters Programs and have been embedded within the post-professional and residency program standards for years. The table below provides a general cross-reference of the six CAATE identified ‘core competencies’ with the corresponding AT Milestones general competencies and sub-competencies.

<table>
<thead>
<tr>
<th>CAATE Core Competencies</th>
<th>AT Milestones General Competencies &amp; Sub-Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-centered care</td>
<td>Patient-Care and Procedural Skills (PC-1,2)</td>
</tr>
<tr>
<td></td>
<td>Interpersonal and Communication Skills (ICS-1,2)</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>Practice-Based Learning and Improvement (PBLI-1)</td>
</tr>
<tr>
<td></td>
<td>Medical Knowledge (MK-3)</td>
</tr>
<tr>
<td>Health Care Informatics</td>
<td>Interpersonal and Communication Skills (ICS-4)</td>
</tr>
<tr>
<td></td>
<td>Systems-Based Practice (SBP-6)</td>
</tr>
<tr>
<td>Interprofessional Practice and Education</td>
<td>Patient-Care and Procedural Skills (PC-7)</td>
</tr>
<tr>
<td></td>
<td>Interpersonal and Communication Skills (ICS-3)</td>
</tr>
<tr>
<td></td>
<td>Professionalism (PROF-2)</td>
</tr>
<tr>
<td></td>
<td>Systems-Based Practice (SBP-1,2,3,4)</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Practice-Based Learning and Improvement (PBLI-2,3,4)</td>
</tr>
<tr>
<td></td>
<td>Systems-Based Practice (SBP-1,2,3,4)</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Professionalism (PROF-1,2,3,4)</td>
</tr>
</tbody>
</table>

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# ATHLETIC TRAINING MILESTONES

## GENERAL COMPETENCIES

### Patient-Care and Procedural Skills

Athletic trainers must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3 (Ready for Unsupervised Practice)</th>
<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is insensitive to differences related to culture, ethnicity, gender identify, race, age, and religion in the patient/caregiver encounter</td>
<td>Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender identify, race, age, and religion in the patient/caregiver encounter</td>
<td>Seeks to fully understand each patients unique characteristics, needs and goals based upon culture, ethnicity, gender identify, religion and personal preference</td>
<td>Recognizes and accounts for the unique characteristics and needs of the patient/caregiver</td>
<td>Role models professional interactions to negotiate differences related to a patient’s unique characteristics or needs</td>
<td>Develops best practice guidelines for professional interactions to negotiate differences related to a patient’s unique characteristics, needs and goals</td>
</tr>
<tr>
<td>Is unwilling to modify care plan to account for a patient’s unique characteristics, needs and goals</td>
<td>Requires assistance to modify care plan to account for a patient’s unique characteristics, needs and goals</td>
<td>Modifies care plan to account for patient’s unique characteristics, needs and goals with partial success</td>
<td>Appropriately modifies care plan to account for patient’s unique characteristics, needs and goals</td>
<td>Role models consistent respect for patient’s unique characteristics, needs and goals</td>
<td>Develops organizational policies and education to support respect for patient’s unique characteristics, needs and goals</td>
</tr>
</tbody>
</table>

Comments:
### Patient-Care and Procedural Skills (PC-2): Patient-Centered Care: Demonstrates humanism and cultural competency (Family Medicine PROF-3)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Fails to demonstrate appropriate compassion, respect, and empathy</td>
<td>Consistently demonstrates compassion, respect, and empathy</td>
<td>Displays a consistent attitude and behavior that conveys acceptance</td>
<td>Incorporates patients’ beliefs, values, and cultural practices in</td>
<td>Demonstrates leadership in cultural competence, understanding of</td>
<td>Develops organizational policies and education to support the</td>
</tr>
<tr>
<td>Has difficulty recognizing the impact of culture on health and health behaviors</td>
<td>Recognizes impact of culture on health and health behaviors</td>
<td>of diverse individuals and groups, including diversity in gender, age,</td>
<td>patient care plans</td>
<td>health disparities, and social determinants of health</td>
<td>application of these principles in the practice of athletic</td>
</tr>
<tr>
<td>Exhibits resistance to improving cultural competence</td>
<td>Elicits cultural factors from patients and families that impact health</td>
<td>culture, race, religion, disabilities, sexual orientation, and gender</td>
<td>Identifies health inequities and social determinants of health and</td>
<td>Advocates for the rights of vulnerable patients / patient</td>
<td>training</td>
</tr>
<tr>
<td></td>
<td>and health behaviors in the context of the biopsychosocial model</td>
<td>identity</td>
<td>their impact on individual and family health</td>
<td>populations</td>
<td>Generates and disseminates new knowledge in humanism and cultural</td>
</tr>
<tr>
<td></td>
<td>Identifies own cultural framework that may impact patient interactions</td>
<td></td>
<td>Anticipates and develops a shared understanding of needs and desires</td>
<td>Recognizes and addresses lack of patient-centeredness in</td>
<td>competence</td>
</tr>
<tr>
<td></td>
<td>and decision-making</td>
<td></td>
<td>with patients and families; works in partnership to meet those needs</td>
<td>colleagues/peers</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
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<thead>
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</thead>
<tbody>
<tr>
<td>Does not collect accurate historical data</td>
<td>Inconsistently able to acquire accurate historical information in an organized fashion</td>
<td>Consistently acquires accurate and relevant histories from patients</td>
<td>Acquires accurate histories from patients in an efficient, prioritized and hypothesis-driven fashion</td>
<td>Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis</td>
<td>Publishes clinical case reports on unique clinical problems</td>
</tr>
<tr>
<td>Does not use physical exam to confirm history</td>
<td>Does not perform an appropriately thorough physical exam or misses key physical exam findings</td>
<td>Consistently performs accurate and appropriately thorough physical exams</td>
<td>Performs accurate physical exams that are targeted to the patient’s complaints</td>
<td>Identifies subtle or unusual physical exam findings</td>
<td>Collaborates in practice-based research efforts to gather, aggregate, and synthesize patient data to enhance diagnostic and management efforts</td>
</tr>
<tr>
<td>Relies exclusively on documentation of others to generate own database or differential diagnosis</td>
<td>Does not seek or is overly reliant on secondary data</td>
<td>Uses collected data to define a patient’s central clinical problem(s)</td>
<td>Synthesizes data to generate a prioritized differential diagnosis and problem list</td>
<td>Efficiently utilizes all sources of secondary data to inform differential diagnosis</td>
<td>Generates and disseminates new knowledge pertaining to diagnoses and management</td>
</tr>
<tr>
<td>Fails to recognize patient’s central clinical problems</td>
<td>Inconsistently recognizes patients’ central clinical problem or differential diagnoses</td>
<td></td>
<td>Effectively uses history and physical examination skills to minimize the need for further diagnostic testing</td>
<td>Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing</td>
<td></td>
</tr>
<tr>
<td>Fails to recognize potentially life threatening problems</td>
<td></td>
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<td></td>
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</tbody>
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</thead>
<tbody>
<tr>
<td>Fails to perform a thorough physical examination</td>
<td>Performs a general physical exam</td>
<td>Performs a physical exam that assists in functional assessment (e.g., may include balance, gait, cognition, neurologic, or musculoskeletal assessments)</td>
<td>Performs a relevant, accurate comprehensive disorder-specific physical exam</td>
<td>Efficiently performs a hypothesis-driven and targeted physical exam that drives clinical decision making for complex cases</td>
<td>Efficiently produces a focused and prioritized physical examination accounting for rare conditions</td>
</tr>
<tr>
<td>Fails to seek feedback or guidance on the accuracy and thoroughness of physical examination</td>
<td>Requires prompting to perform a thorough physical examination including all necessary elements (e.g., medical, neurologic)</td>
<td>Modifies exam to accommodate the patient’s impairments and minimize discomfort</td>
<td>Identifies and correctly interprets subtle or atypical physical findings</td>
<td>Streamlines physical examination for maximal cost-effectiveness and minimal patient burden</td>
<td></td>
</tr>
<tr>
<td>Performs physical examination procedures that are contraindicated and create increased patient discomfort or risk</td>
<td>Performs excessive physical examination using unwarranted techniques</td>
<td>Efficiently performs a hypothesis-driven and targeted physical exam that drives clinical decision making across a spectrum of ages, impairments, and clinical settings</td>
<td>Rapidly focuses on the presenting problem and elicits key information from the exam in a prioritized and efficient fashion</td>
<td>Models and teaches exam skills in complex patients</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### Patient-Care and Procedural Skills (PC-S): Diagnosis and Management: Diagnostic Evaluation. (Physical Medicine and Rehabilitation PC-3)

This includes:
- Differential diagnosis of primary and secondary conditions
- Appropriate studies (e.g., laboratory, imaging, neuropsychological)
- Functional assessments

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Fails to develop an appropriate list of differential diagnoses</td>
<td>Identifies appropriate diagnostic studies for common medical conditions</td>
<td>Produces a differential diagnosis for common medical conditions</td>
<td>Develops a comprehensive differential diagnosis, including less common conditions</td>
<td>Efficiently produces a focused and prioritized differential diagnosis across a spectrum of ages and impairments and for complex conditions</td>
<td>Efficiently produces a focused and prioritized differential diagnosis accounting for rare conditions</td>
</tr>
<tr>
<td>Uncertain of which diagnostic studies are appropriate for common medical conditions</td>
<td>Identifies reasonable diagnosis for common medical conditions</td>
<td>Recommends appropriate diagnostic studies for common medical conditions</td>
<td>Orders appropriate diagnostic studies for common medical conditions</td>
<td>Orders diagnostic testing based on cost effectiveness and likelihood that results will influence clinical management</td>
<td>Streamlines testing for maximal cost-effectiveness and minimal patient burden</td>
</tr>
<tr>
<td>Fails to recognize when medical referral is necessary</td>
<td>Inconsistently interprets diagnostic study results</td>
<td>Appropriately prioritizes the sequence and urgency of diagnostic testing</td>
<td>Appropriately interprets diagnostic study results and appropriately pursues further testing or specialist input</td>
<td>Appropriately integrates functional assessment measures into overall evaluation</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
## Patient-Care and Procedural Skills (PC-6): Diagnosis and Management

Develops and implements comprehensive management plan for each patient. (Internal Medicine PC-2)

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</tr>
</thead>
<tbody>
<tr>
<td>Care plans are consistently inappropriate or inaccurate</td>
<td>Inconsistently develops an appropriate care plan</td>
<td>Recognizes patients requiring urgent or emergent care</td>
<td>Consistently develops and implements appropriate care plan</td>
<td>Recognizes patient presentations that deviate from common patterns and require complex decision-making</td>
<td>Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles</td>
</tr>
<tr>
<td>Does not react to situations that require urgent or emergent care</td>
<td>Inconsistently seeks additional guidance when needed</td>
<td>Seeks additional guidance and/or consultation as appropriate</td>
<td>Appropriately modifies care plans based on patient’s clinical course, additional data, and patient preferences</td>
<td>Manages complex acute and chronic patients</td>
<td>Serves as a regional consultant for complex patients</td>
</tr>
<tr>
<td>Does not seek additional guidance when needed</td>
<td></td>
<td></td>
<td></td>
<td>Role models and teaches complex and patient-centered care</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot advance beyond the need for direct supervision in the delivery of patient care</td>
<td>Requires direct supervision to ensure patient safety and quality care</td>
<td>Requires indirect supervision to ensure safety and quality care</td>
<td>Independently manages patients who have a broad spectrum of clinical disorders including undifferentiated syndromes</td>
<td>Manages unusual, rare or complex disorders</td>
<td>Serves as a clinical care leader supervising multiple clinicians in a coordinated, team-based manner</td>
</tr>
<tr>
<td>Cannot manage patients who require urgent or emergent care</td>
<td>Provides inconsistent preventative care</td>
<td>Provides appropriate preventative care</td>
<td>Effectively supervises the management decisions of the athletic health care team</td>
<td>Serves as a preceptor capable of recognizing and assessing milestone achievement in athletic training students and residents</td>
<td>Contributes to the development and refinement of models of education that promote progressive responsibility and independence</td>
</tr>
<tr>
<td>Does not assume responsibility for patient management decisions</td>
<td>Inconsistently provides comprehensive care for single or multiple diagnoses</td>
<td>Under supervision, provides appropriate care for medically complex patients</td>
<td>Appropriately manages situations requiring urgent or emergent care</td>
<td>Recognizes and promotes clinical expertise in peers and implements policy to ensure patients are seen by appropriate members of the team</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
Patient Care and Procedural Skills

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. This individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

_____ Yes _____ No _____ Conditional on Improvement
Medical Knowledge

Athletic trainers must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

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</tr>
</thead>
<tbody>
<tr>
<td>Fails to demonstrate the capacity for medical knowledge improvement</td>
<td>Demonstrates the capacity to improve medical knowledge through targeted study</td>
<td>Uses the Commission on Accreditation of Athletic Training Education (CAATE) curricular content and Board of Certification (BOC) Maintenance of Competence framework to further guide his or her education</td>
<td>Demonstrates appropriate medical knowledge to care for both individual patients and patient populations Recognizes the limitations of their medical knowledge and a willingness to continue to advance their medical knowledge across their career Passes the BOC examination</td>
<td>Successfully completes a CAATE accredited residency program Passes a Board of Athletic Training Specialties (BATS) specialty examination Collaborates to produce clinical pathways and engage in practice-based research to inform best practices for patient care Demonstrates life-long learning through continual self-assessment and continuing education focused on maintenance of contemporary medical knowledge</td>
<td>Generates and disseminates new medical knowledge Leads the development of clinical pathways for the delivery of high quality, affordable health care Coordinates practice-based research to inform best practices for patient care</td>
</tr>
<tr>
<td>Fails to self-reflect and recognize personal limitations in medical knowledge</td>
<td></td>
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</tbody>
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</thead>
<tbody>
<tr>
<td>Lacks foundational knowledge to apply diagnostic testing and procedures to patient care</td>
<td>Uncertain of which diagnostic tests and procedures are appropriate</td>
<td>Inconsistently interprets basic diagnostic test accurately</td>
<td>Consistently interprets basic diagnostic tests accurately</td>
<td>Interprets complex diagnostic tests accurately</td>
<td>Introduces innovation in diagnostic testing and procedures in athletic training</td>
</tr>
<tr>
<td>Chooses inappropriate diagnostic tests or procedures that place the patient at risk or pose a safety hazard</td>
<td>Understands which diagnostic tests and procedures to perform, but can not adequately explain why</td>
<td>Needs assistance to understand the concepts of pre-test probability and test performance characteristics</td>
<td>Understands the concepts of pre-test probability and test performance characteristics</td>
<td>Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures</td>
<td>Pursues knowledge of new and emerging diagnostic tests and procedures</td>
</tr>
<tr>
<td></td>
<td>Does not understand the concepts of pre-test probability and test performance characteristics</td>
<td>Minimally understands the rationale and risks associated with common procedures</td>
<td>Fully understand the rationale and risks associated with common procedures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>Lacks appropriate foundational knowledge in the basic sciences</td>
<td>Demonstrates knowledge of the basic sciences of athletic training</td>
<td>Demonstrates knowledge of basic sciences applied to athletic training in patients of all ages</td>
<td>Synthesizes scientific knowledge in managing common medical conditions</td>
<td>Synthesizes and applies scientific knowledge in complex medical conditions</td>
<td>Generates and disseminates new basic science knowledge</td>
</tr>
<tr>
<td>Knowledge is limited to traditional athletic populations (e.g., college and secondary school aged) without appropriate understanding of anatomy and physiology across the lifespan</td>
<td>Demonstrates knowledge of anatomy and physiology related to growth, development, and aging</td>
<td>Demonstrates basic science knowledge foundational to prevention, rehabilitation, and management</td>
<td>Integrates basic and clinical science knowledge of pathophysiology, tissue healing, and treatment interventions in return-to-activity decisions</td>
<td>Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully incorporate basic and clinical science to diagnose and treat uncommon, ambiguous, and complex conditions</td>
<td>Introduces innovation from the basic sciences to advance athletic training</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Demonstrates knowledge of factors associated with risk of injury, including age, gender, and disability</td>
<td></td>
<td>Possesses the scientific socioeconomic and behavioral knowledge required to successfully incorporate basic and clinical science to diagnose and treat uncommon, ambiguous, and complex conditions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Demonstrates both basic science and clinical knowledge of the details of tissue healing and cellular physiology across the lifespan in selecting treatment options</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Medical Knowledge

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

_____ Yes _____ No _____ Conditional on Improvement
## Practice-Based Learning and Improvement

Athletic trainers must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

### Practice-Based Learning and Improvement (PBLI-1): Evidence-Based Practice: Locates, appraises, and assimilates evidence from scientific studies related to the patients’ health problems. (Family Medicine PBLI-1)

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Unable to locate appropriate evidence related to the patients' health problems to help direct care</td>
<td>Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning</td>
<td>Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes</td>
<td>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines</td>
<td>Roles models evidence-based practice and information mastery techniques</td>
<td>Engages in implementation science to support the rapid dissemination and adoption of evidence into clinical practice</td>
</tr>
<tr>
<td>Unable to categorize and interpret the strength of a research study</td>
<td>Categorizes the design of a research study</td>
<td>Formulates a searchable question from a clinical question</td>
<td>Critically evaluates information from others, including colleagues, experts, and sales representatives, as well as patient-delivered information</td>
<td>Holds peers accountable to practice in an evidence-based manner</td>
<td>Develops and/or implements evidence-based practice guidelines to improve system performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluates evidence-based point-of-care resources</td>
<td>Incorporates principles of evidence-based care and information mastery into clinical practice</td>
<td>Identify important clinical questions and information gaps</td>
<td>Develops organizational policies and education to support the implementation of evidence-based practice</td>
</tr>
</tbody>
</table>

Comments:

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</thead>
<tbody>
<tr>
<td>Fails to recognize the key STEEEP (safe, timely, effective, efficient, equitable,</td>
<td>Understands the key elements of quality health care (STEEP)</td>
<td>Recognizes inefficiencies, inequities, variation, and quality gaps</td>
<td>Assesses available health care outcomes data to compare their results to expected results within the system</td>
<td>Establishes protocols for continuous review and comparison of practice procedures and outcomes and implementing changes to address areas needing improvement</td>
<td>Role models continuous quality improvement of personal practice, as well as larger health systems or complex projects, using advanced methodologies and skill sets</td>
</tr>
<tr>
<td>patient-centered) elements of quality health care</td>
<td>Recognizes the importance of measuring the end results of health care</td>
<td>and identifies potential contributing factors within the system</td>
<td>Uses a systematic improvement method (e.g., Plan-Do-Study-Act [PDSA] cycle) to address an identified area of improvement</td>
<td>Uses an organized method, such as a registry, to assess and manage population health</td>
<td>Generates and disseminates new knowledge to advance effective strategies for improving systems in which athletic trainers provide care</td>
</tr>
<tr>
<td>Unable to accurately describe the system of care in which they are working</td>
<td>in order to adequately assess health care quality</td>
<td>Recognizes the importance of developing quality improvement teams</td>
<td>Compares care provided by self and practice to internal and external standards, identifies areas for improvement, and implements change in their practice.</td>
<td>Performs multi-cycle quality improvement initiatives to improve health care quality</td>
<td></td>
</tr>
<tr>
<td>Unable to identify quality gaps in their own health systems</td>
<td>Begins to identify potential gaps in quality care</td>
<td></td>
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<tbody>
<tr>
<td>Disregards own clinical performance data</td>
<td>Limited awareness of or desire to analyze own clinical performance data</td>
<td>Analyzes own clinical performance data and identifies opportunities for improvement</td>
<td>Active monitors clinical performance data and actively works to improve performance</td>
<td>Leads quality improvement projects</td>
<td>Demonstrates professional leadership in promoting performance audits for quality improvement using clinical data monitoring</td>
</tr>
<tr>
<td>Demonstrates no inclination to participate in quality improvement efforts</td>
<td>Nominally participates in a quality improvement project</td>
<td>Participates in a quality improvement project</td>
<td>Actively engages in quality improvement initiatives</td>
<td>Utilizes common principles and techniques of quality improvement to continuously improve care</td>
<td>Generates and disseminates new knowledge to advance performance audits for quality improvement using clinical data monitoring</td>
</tr>
<tr>
<td></td>
<td>Not familiar with the principles, techniques or importance of quality improvement</td>
<td>Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care</td>
<td>Demonstrates the ability to apply common principles and techniques of quality improvement to improve care</td>
<td></td>
<td></td>
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<tbody>
<tr>
<td>Unwilling to self-reflect upon one’s practice or performance</td>
<td>Inconsistently self-reflects upon one’s practice or performance and inconsistently acts upon those reflections</td>
<td>Regularly self-reflects upon one’s practice or performance and identifies areas to improve practice</td>
<td>Regularly self-reflects upon one’s practice or performance and maximizes practice improvement</td>
<td>Roles models self-reflective practice and monitoring practice improvement</td>
<td>Demonstrates professional leadership regarding self-reflective practice and monitoring practice performance</td>
</tr>
<tr>
<td>Not concerned with opportunities for learning and self-improvement</td>
<td>Misses opportunities for learning and self-improvement</td>
<td>Inconsistently acts upon opportunities for learning and self-improvement</td>
<td>Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement</td>
<td>Holds peers accountable for failures to recognize opportunities for improvement</td>
<td>Generates and disseminates new knowledge to advance self-reflective practice and monitoring practice performance</td>
</tr>
<tr>
<td></td>
<td>Recognizes the value of critical reviews and morbidity and mortality conferences (M and Ms) for learning and self-improvement</td>
<td>Actively engages in critical reviews and morbidity and mortality conferences (M and Ms) to support learning and improvement</td>
<td>Leads critical reviews and morbidity and mortality conferences (M and Ms) to support learning and improvement in self and others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Practice-Based Learning and Improvement

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

_____ Yes _____ No _____ Conditional on Improvement
Interpersonal and Communication Skills

Athletic trainers must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

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<tbody>
<tr>
<td>Ignores patient preferences for plan of care</td>
<td>Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences</td>
<td>Engages patients in shared decision making in uncomplicated conversations</td>
<td>Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations</td>
<td>Role models effective communication and development of therapeutic relationships in both routine and challenging situations</td>
<td>Demonstrates professional leadership in promoting effective communication with patients and caregivers</td>
</tr>
<tr>
<td>Makes no attempt to engage patient in shared decision-making</td>
<td>Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful</td>
<td>Requires assistance facilitating discussions in difficult or ambiguous conversations</td>
<td>Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</td>
<td>Models culturally competent communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds</td>
<td>Generates and disseminates new knowledge to advance effective communication with patients and caregivers</td>
</tr>
<tr>
<td>Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers</td>
<td>Defer difficult or ambiguous conversations to others</td>
<td>Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds</td>
<td>Incorporates patient-specific preferences into plan of care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
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<th>Level 2</th>
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<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates disrespectful communication with patients, families, stakeholders, or</td>
<td>Recognizes that respectful communication is important to quality care</td>
<td>Matches modality of communication to patient needs, health literacy, and</td>
<td>Educates and counsels patients and families in disease management and health promotion skills</td>
<td>Role models patient-centeredness and integrates all aspects of patient care to meet patients' needs</td>
<td>Demonstrates professional leadership in promoting effective communication with patients, families, stakeholders, and the public</td>
</tr>
<tr>
<td>the public</td>
<td>Identifies physical, cultural, psychological, and social barriers to communication</td>
<td>Organizes information to be shared with patients and families</td>
<td>Engages patients’ perspectives in shared decision making</td>
<td>Role models effective communication with patients, families, stakeholders, and the public</td>
<td>Generates and disseminates new knowledge to advance effective communication with patients, families, stakeholders, and the public</td>
</tr>
<tr>
<td>Fails to recognize physical, cultural, psychological, and social barriers to</td>
<td>Uses the medical interview to establish rapport and facilitate patient-centered information exchange</td>
<td>Participates in life-altering discussions and delivery of bad news</td>
<td>Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters</td>
<td>Engages community partners to educate the public</td>
<td></td>
</tr>
<tr>
<td>communication</td>
<td></td>
<td>Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit</td>
<td>Effectively communicates difficult information, such as life-altering discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to establish rapport and facilitate patient-centered information exchange</td>
<td></td>
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</table>

Comments:
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</tr>
</thead>
<tbody>
<tr>
<td>Utilizes communication strategies that hamper collaboration and teamwork</td>
<td>Uses unidirectional communication that fails to utilize the wisdom of the team</td>
<td>Inconsistently engages in collaborative communication with appropriate members of the team</td>
<td>Consistently and actively engages in collaborative communication with all members of the team</td>
<td>Role models and teaches collaborative communication with the health care team to enhance patient care</td>
<td>Demonstrates professional leadership in promoting effective communication in interprofessional teams</td>
</tr>
<tr>
<td>Verbal and/or non-verbal behaviors disrupt effective collaboration with team members</td>
<td>Resists offers of collaborative input</td>
<td>Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care</td>
<td>Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care</td>
<td>Generates and disseminates new knowledge to advance effective communication in interprofessional teams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exhibits defensive behaviors within the health care team</td>
<td></td>
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</tbody>
</table>

Comments:
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Health records are absent or missing significant portions of important clinical data</td>
<td>Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning</td>
<td>Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning</td>
<td>Health records are organized and complete from patient intake to discharge, documenting all patient interactions, a thorough history and physical examination, daily treatment notes, referrals, and discharge summary</td>
<td>Health records serve as a primary means of data collection and aggregation for the ongoing assessment of quality of care</td>
<td>Demonstrates professional leadership in promoting the appropriate utilization and completion of health records</td>
</tr>
<tr>
<td>Health records are disorganized and inaccurate</td>
<td>Health records are completed in a timely manner</td>
<td>Health records are succinct, relevant, and patient specific</td>
<td>Health records capture patient-rated outcomes</td>
<td>Role models and teaches importance of organized, accurate and comprehensive health records that are succinct and patient specific</td>
<td>Generates and disseminates new knowledge to advance appropriate utilization and completion of health records</td>
</tr>
<tr>
<td>Health records are not completed in a timely manner</td>
<td>Privacy of health records is of prime importance</td>
<td></td>
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</tr>
<tr>
<td>Privacy of health records is not adequately maintained</td>
<td></td>
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</tr>
<tr>
<td>Fails to recognize the criticality of appropriate utilization and completion of health records</td>
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</tbody>
</table>

Comments:
Interpersonal and Communication Skills

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

_____ Yes _____ No _____ Conditional on Improvement
Professionalism

Athletic trainers must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Professionalism (PROF-1): Completes a process of professionalization. (Family Medicine PROF-1)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates lack of professionalism</td>
<td></td>
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</tr>
<tr>
<td>Places personal values ahead of professional values</td>
<td></td>
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</tr>
<tr>
<td>Fails to exhibit appropriate honesty, integrity, and respect to patients and team members</td>
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<tr>
<td>Defines professionalism</td>
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</tr>
<tr>
<td>Knows the basic principles of medical ethics</td>
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<tr>
<td>Recognizes that conflicting personal and professional values exist</td>
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<tr>
<td>Demonstrates honesty, integrity, and respect to patients and team members</td>
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<td></td>
</tr>
<tr>
<td>Recognizes own conflicting personal and professional values</td>
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</tr>
<tr>
<td>Knows institutional and governmental regulations for the practice of athletic training</td>
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<tr>
<td>Recognizes that athletic trainers have an obligation to self-discipline and to self-regulate</td>
<td></td>
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</tr>
<tr>
<td>Engages in self-initiated pursuit of excellence</td>
<td></td>
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</tr>
<tr>
<td>Embraces the professional responsibilities of being an athletic trainer</td>
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</tr>
<tr>
<td>Practices to the full scope of education and training and formal privileging within a health system</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates leadership and mentorship in applying shared standards and ethical principles, including the priority of responsiveness to patient needs above self-interest across the health care team</td>
<td></td>
<td></td>
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<tr>
<td>Develops institutional and organizational strategies to protect and maintain these principles</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates professional leadership in promoting professionalism with patients and caregivers</td>
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<tr>
<td>Generates and disseminates new knowledge to advance effective strategies for instilling professionalization in others</td>
<td></td>
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</tbody>
</table>

Comments:
Professionalism (PROF-2): Has professional and respectful interactions with patients, caregivers, members of the interprofessional team, and stakeholders. (Internal Medicine PROF-1)

<table>
<thead>
<tr>
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<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacks empathy and</td>
<td>Inconsistently demonstrates empathy, compassion and respect for patients</td>
<td>Consistently respectful in interactions with patients, caregivers and</td>
<td>Demonstrates empathy, compassion and respect for patients and caregivers in all situations</td>
<td>Role models compassion, empathy and respect for patients and caregivers</td>
<td>Demonstrates professional leadership in promoting professionalism with patients, caregivers, members of the</td>
</tr>
<tr>
<td>compassion for</td>
<td>and caregivers</td>
<td>members of the interprofessional team, even in challenging situations</td>
<td></td>
<td>Role models appropriate anticipation and advocacy for patient and caregiver needs</td>
<td>interprofessional team, and stakeholders</td>
</tr>
<tr>
<td>patients and</td>
<td>Inconsistently demonstrates responsiveness to patients' and caregivers'</td>
<td>is available and responsive to needs and concerns of patients, caregivers</td>
<td></td>
<td>Fosters collegiality that promotes a high-functioning interprofessional team</td>
<td>Generates and disseminates new knowledge to advance effective strategies for professionalism with patients,</td>
</tr>
<tr>
<td>caregivers</td>
<td>needs in an appropriate fashion</td>
<td>and members of the interprofessional team to ensure safe and</td>
<td></td>
<td></td>
<td>caregivers, members of the interprofessional team, and stakeholders</td>
</tr>
<tr>
<td>Sacrifices patient</td>
<td>Inconsistently considers patient</td>
<td>effective care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>needs in favor of</td>
<td>privacy and autonomy</td>
<td>Emphasizes patient privacy and autonomy in all interactions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self-interest</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Blatantly disregards</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>respect for patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>privacy and autonomy</td>
<td></td>
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</tr>
</tbody>
</table>

Comments:
### Professionalism (PROF-3): Demonstrates professional conduct and accountability. (Internal Medicine PROF-2 and Family Medicine PROF-2)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Is unreliable in completing patient care responsibilities or assigned administrative tasks</td>
<td>ComPLEtes most assigned tasks in a timely manner but may need multiple reminders or other support</td>
<td>Attends to responsibilities and completes duties as required</td>
<td>Presents themselves in a respectful and professional manner</td>
<td>Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner</td>
<td>Models professional conduct placing the needs of each patient above self-interest</td>
</tr>
<tr>
<td>Shuns responsibilities expected of an athletic training professional</td>
<td>Accepts professional responsibility only when assigned or mandatory</td>
<td>Identifies appropriate channels to report unprofessional behavior</td>
<td>Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy</td>
<td>Assists others to improve their ability to prioritize multiple, competing tasks</td>
<td>Demonstrates the highest degree of professional conduct and accountability that others seek to emulate</td>
</tr>
<tr>
<td></td>
<td>Documents and reports clinical and administrative information truthfully</td>
<td>Recognizes professionalism lapses in self and others</td>
<td>Reports professionalism lapses using appropriate reporting procedures</td>
<td>Negotiates professional lapses of the athletic health care team</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintains patient confidentiality</td>
<td>Consistently recognizes limits of knowledge and asks for assistance</td>
<td>Willingness to assume professional responsibility regardless of the situation or consequences</td>
<td>Helps implement organizational policies to sustain athletic training as a profession</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
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<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dishonest in clinical interactions, documentation, research, or scholarly activity</td>
<td>Honest in clinical interactions, documentation, research, and scholarly activity.</td>
<td>Demonstrates accountability for the care of patients</td>
<td>Honest and forthright in clinical interactions, documentation, research, and scholarly activity.</td>
<td>Actively manages challenging ethical dilemmas and conflicts of interest. Regularly reflects on personal professional conduct.</td>
<td>Role models integrity, honesty, accountability and professional conduct in all aspects of professional life.</td>
</tr>
<tr>
<td>Refuses to be accountable for personal actions</td>
<td>Requires oversight for professional actions</td>
<td>Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity.</td>
<td>Demonstrates integrity, honesty, and accountability to patients, society and the profession.</td>
<td>Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility.</td>
<td>Demonstrates professional leadership in promoting integrity and ethical behavior in professional conduct.</td>
</tr>
<tr>
<td>Does not adhere to basic ethical principles</td>
<td>Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them.</td>
<td>Begins to reflect on personal professional conduct.</td>
<td>Identifies and responds appropriately to lapses of professional conduct among peer group.</td>
<td></td>
<td>Generates and disseminates new knowledge to advance integrity and ethical behavior in professional conduct.</td>
</tr>
<tr>
<td>Blatantly disregards formal policies or procedures</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| Comments: |
Professionalism

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

_____ Yes _____ No _____ Conditional on Improvement
Systems-Based Practice

Athletic trainers must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Ignores a risk for error within the system that may impact the care of a patient</td>
<td>Does not recognize the potential for system error</td>
<td>Recognizes the potential for error within the system</td>
<td>Identifies systemic causes of medical error and navigates them to provide safe patient care</td>
<td>Advocates for system leadership to formally engage in quality assurance and quality improvement activities</td>
<td>Demonstrates professional leadership in promoting patient safety</td>
</tr>
<tr>
<td>Ignores feedback and is unwilling to change behavior in order to reduce the risk for error</td>
<td>Makes decisions that could lead to error which are otherwise corrected by the system or supervision</td>
<td>Identifies obvious or critical causes of error and notifies supervisor accordingly</td>
<td>Actuates formal system resources to investigate and mitigate real or potential medical error</td>
<td>Advocates for safe patient care and optimal patient care systems</td>
<td>Generates and disseminates new knowledge to advance effective strategies for promoting patient safety</td>
</tr>
<tr>
<td>Resistant to feedback about decisions that may lead to error or otherwise cause harm</td>
<td>Resists feedback about decisions that may lead to error or otherwise cause harm</td>
<td>Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk</td>
<td>Reflects upon and learns from own critical incidents that may lead to medical error</td>
<td>Teaches others regarding the importance of recognizing and mitigating system error</td>
<td>Viewed as a leader in identifying and advocating for the prevention of medical error</td>
</tr>
</tbody>
</table>

Comments:
# Systems-Based Practice (SBP-2): Patient Safety: Emphasizes patient safety. (Family Medicine SPB-2)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
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<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ignores medical errors</td>
<td>Understands that medical errors affect patient health and safety, and that their occurrence varies across settings and between providers</td>
<td>Understands that medical errors affect patient health and safety, and that their occurrence varies across settings and between providers</td>
<td>Uses current methods of analysis to identify individual and system causes of medical errors common to athletic training</td>
<td>Consistently engages in self-directed and practice improvement activities that seek to continuously anticipate, identify and prevent medical errors to improve patient safety in all practice settings, including the development, use, and promotion of patient care protocols and other tools</td>
<td></td>
</tr>
<tr>
<td>Ignores the importance of team-based care in ensuring patient safety</td>
<td>Participates in effective and safe hand-offs and transitions of care</td>
<td>Participates in effective and safe hand-offs and transitions of care</td>
<td>Performs effective and safe hand-offs and transitions of care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
### Systems-Based Practice (SBP-3): Cost-Effectiveness

Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. (Internal Medicine SBP-3)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
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<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ignores cost issues in the provision of care</strong></td>
<td>Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g., providers, suppliers, financiers, purchasers) have on the cost of care</td>
<td>Recognizes that external factors influence a patient’s utilization of health care and may act as barriers to cost-effective care</td>
<td>Consistently works to address patient specific barriers to cost-effective care</td>
<td>Teaches patients and healthcare team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources</td>
<td>Demonstrates professional leadership in promoting cost-effective athletic training services</td>
</tr>
<tr>
<td><strong>Demonstrates no effort to overcome barriers to cost-effective care</strong></td>
<td>Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., screening tests)</td>
<td>Does not consider limited health care resources regarding diagnostic or therapeutic interventions</td>
<td>Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests</td>
<td>Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care</td>
<td>Generates and disseminates new knowledge to advance cost-effective athletic training services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognizes the costs associated with the provision of athletic training services, even when they aren’t being billed for / reimbursed</td>
<td>Minimizes costs associated with unnecessary diagnostic and therapeutic tests</td>
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<td>Develops best practice guidelines for the provision of cost-effective care</td>
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<td>Develops organizational policies and education to support cost-effective care</td>
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</table>

**Comments:**
# Systems-Based Practice (SBP-4): Interprofessional Teams: Works effectively within an interprofessional team. (Internal Medicine SBP-1; Level 1 from Family Medicine SBP-4)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Refuses to recognize the contributions of other interprofessional team members</td>
<td>Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member</td>
<td>Understands the roles and responsibilities of all team members but uses them ineffectively</td>
<td>Understands the roles and responsibilities of and effectively partners with, all members of the team</td>
<td>Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient</td>
<td>Demonstrates professional leadership in promoting safe and effective transitions of care within and across health delivery systems as part an interprofessional team</td>
</tr>
<tr>
<td>Frustrates team members with inefficiency and errors</td>
<td>Frustrates team members with inefficiency and errors</td>
<td>Frustrates team members with inefficiency and errors</td>
<td>Frustrates team members with inefficiency and errors</td>
<td>Frustrates team members with inefficiency and errors</td>
<td>Frustrates team members with inefficiency and errors</td>
</tr>
<tr>
<td>Disregards need for communication at time of transition</td>
<td>Disregards need for communication at time of transition</td>
<td>Disregards need for communication at time of transition</td>
<td>Disregards need for communication at time of transition</td>
<td>Disregards need for communication at time of transition</td>
<td>Disregards need for communication at time of transition</td>
</tr>
<tr>
<td>Does not respond to request of caregivers in other delivery systems</td>
<td>Does not respond to request of caregivers in other delivery systems</td>
<td>Does not respond to request of caregivers in other delivery systems</td>
<td>Does not respond to request of caregivers in other delivery systems</td>
<td>Does not respond to request of caregivers in other delivery systems</td>
<td>Does not respond to request of caregivers in other delivery systems</td>
</tr>
<tr>
<td>Understands the roles and responsibilities of all team members but uses them ineffectively</td>
<td>Understands the roles and responsibilities of all team members but uses them ineffectively</td>
<td>Understands the roles and responsibilities of all team members but uses them ineffectively</td>
<td>Understands the roles and responsibilities of all team members but uses them ineffectively</td>
<td>Understands the roles and responsibilities of all team members but uses them ineffectively</td>
<td>Understands the roles and responsibilities of all team members but uses them ineffectively</td>
</tr>
<tr>
<td>Participates in team discussions when required but does not actively seek input from other team members</td>
<td>Participates in team discussions when required but does not actively seek input from other team members</td>
<td>Participates in team discussions when required but does not actively seek input from other team members</td>
<td>Participates in team discussions when required but does not actively seek input from other team members</td>
<td>Participates in team discussions when required but does not actively seek input from other team members</td>
<td>Participates in team discussions when required but does not actively seek input from other team members</td>
</tr>
<tr>
<td>Communication with future caregivers is present but with lapses in pertinent or timely information</td>
<td>Communication with future caregivers is present but with lapses in pertinent or timely information</td>
<td>Communication with future caregivers is present but with lapses in pertinent or timely information</td>
<td>Communication with future caregivers is present but with lapses in pertinent or timely information</td>
<td>Communication with future caregivers is present but with lapses in pertinent or timely information</td>
<td>Communication with future caregivers is present but with lapses in pertinent or timely information</td>
</tr>
<tr>
<td>Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g., duplication of tests, reinjury)</td>
<td>Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g., duplication of tests, reinjury)</td>
<td>Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g., duplication of tests, reinjury)</td>
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<td>Inefficient transitions of care lead to unnecessary expense or risk to a patient (e.g., duplication of tests, reinjury)</td>
</tr>
</tbody>
</table>

**Comments:**
<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refuses to recognize social context and environmental impact on individual and community health</td>
<td>Recognizes social context and environment, and how a community’s public policy decisions affect individual and community health</td>
<td>Recognizes that athletic trainers can impact community health</td>
<td>Identifies specific community characteristic that impact specific patients’ health</td>
<td>Collaborates with other athletic training practices/systems, public health, and community-based organizations to educate the public, guide policies, and implement and evaluate community initiatives</td>
<td>Demonstrates professional leadership in community education and policy change to improve health of patient and communities</td>
</tr>
<tr>
<td>Ignores how a community’s public policy decisions affect individual and community health</td>
<td>Lists ways in which community characteristics and resources affect the health of patients and communities</td>
<td>Understands the process of conducting a community strengths and needs assessment</td>
<td>Role models active involvement in community education and policy change to improve health of patient and communities</td>
<td>Generates and disseminates new knowledge in community education and policy change to improve health of patient and communities</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
# Systems-Based Practice (SBP-6): Health Information Technology: Utilizes technology to optimize communication. (Family Medicine C-4)

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3 (Ready for Unsupervised Practice)</th>
<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to recognize the effects of technology on information exchange and the athletic trainer/patient relationship</td>
<td>Recognizes effects of technology on information exchange and the athletic trainer/patient relationship</td>
<td>Ensures that clinical and administrative documentation is timely, complete, and accurate</td>
<td>Effectively and ethically uses technology in a manner which enhances communication and does not interfere with the appropriate interaction with the patient</td>
<td>Uses comprehensive multi-media communication strategies to enhance patient care</td>
<td>Demonstrates professional leadership in utilizing technology to optimize communication</td>
</tr>
<tr>
<td>Ignores the ethical and legal implications of using technology to communicate in health care</td>
<td>Recognizes the ethical and legal implications of using technology to communicate in health care</td>
<td>Maintains key patient-specific databases, such as problem lists, medications, health maintenance, chronic disease registries</td>
<td>Ensures transitions of care are accurately documented, and optimizes communication across systems and continuums of care</td>
<td>Uses technology to optimize continuity of care of patients and transitions of care</td>
<td>Generates and disseminates new knowledge in utilizing technology to optimize communication</td>
</tr>
<tr>
<td></td>
<td>Stays current with technology to improve communication with patients, other providers, and systems</td>
<td></td>
<td>Stays current with technology to improve communication with patients, other providers, and systems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Systems-Based Practice

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

_____ Yes _____ No _____ Conditional on Improvement
ATHLETIC TRAINING MILESTONES

SPECIALTY COMPETENCIES

The specialty competencies, sub-competencies, and milestones are being developed based upon the eight ‘areas of focus’ (specialty areas) developed by the CAATE (https://caate.net/caate-establishes-residency-focus-areas/). These areas represent core areas of athletic training practice, but present opportunity for athletic trainers to develop advanced practice behaviors consistent with specialty practice. Because the AT Milestones originally developed based on a need within the specialty of orthopaedics, this was the first specialty area that was developed. Work is underway to develop each of the subsequent specialty competencies, sub-competencies, and milestones, and this document will be updated regularly to reflect these additions. The development of competencies, sub-competencies, and milestones for additional future specialty and sub-specialty areas (e.g., geriatrics, sport neurology) are currently being considered.

Prevention and Wellness – IN DEVELOPMENT
Urgent and Emergent Care – IN DEVELOPMENT
Primary Care – IN DEVELOPMENT
Orthopaedics – SEE BELOW
Rehabilitation – IN DEVELOPMENT
Behavioral Health – SEE BELOW
Pediatrics – SEE BELOW
Performance Enhancement – IN DEVELOPMENT
Orthopaedics

Athletic trainers must demonstrate the ability to conduct an appropriate diagnostic evaluation to define each patient’s clinical problem and to effectively manage increasingly complex patient problems.

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
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<th>Level 3 (Ready for Unsupervised Practice)</th>
<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to identify appropriate diagnostic tests</td>
<td>Perform a relevant patient history</td>
<td>Demonstrates both basic science and clinical knowledge of the details of tissue healing and cellular physiology across the lifespan</td>
<td>Demonstrates knowledge of factors associated with risk of injury, including, age, gender and disability</td>
<td>Appropriately prioritizes the urgency and sequencing of diagnostic testing</td>
<td>Efficiently produces a focused and prioritized orthopaedic examination accounting for rare conditions</td>
</tr>
<tr>
<td></td>
<td>Performs a basic physical examination</td>
<td>Performed a regional orthopaedic exam with appropriate diagnostic selective tissue tests</td>
<td>Accurately and efficiently diagnoses common, non-complex, orthopaedic conditions</td>
<td>Utilizes clusters of diagnostic tests and evaluates complex conditions with or without co-morbidities, and recognizes atypical presentations</td>
<td>Serves as a consultant for rare and/or complex orthopaedic patients</td>
</tr>
<tr>
<td></td>
<td>Recognizes normal movement patterns</td>
<td>Recognizes the need for and recommends appropriate plain films/radiographs</td>
<td>Recognizes the need for plain films/radiographs</td>
<td>Recognizes appropriate differentials that include non-orthopaedic conditions that present as orthopaedic conditions</td>
<td>Demonstrates professional leadership in orthopaedic diagnostic evaluation</td>
</tr>
<tr>
<td></td>
<td>Demonstrates knowledge of common orthopaedic conditions</td>
<td>Applies clinical rules for diagnostics (such as Ottawa Ankle, Canadian C-spine)</td>
<td>Accurately interprets plain films/radiographs</td>
<td>Recommends and interprets advanced orthopaedic imaging, such as MSUS, MRI, and CT</td>
<td>Generates and disseminates new knowledge to advance orthopaedic diagnostic evaluation</td>
</tr>
</tbody>
</table>

Comments:
**Orthopaedics (Ortho-2): Management: Effectively manages patients with increasingly complex orthopaedic conditions.**

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Level 1</th>
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<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate management places patient at risk</td>
<td>Participates in patient management being conducted by other appropriately qualified providers</td>
<td>Synthesizes information gathered to guide patient care</td>
<td>Effectively manages common, non-complex orthopaedic conditions</td>
<td>Effectively manages complex orthopaedic conditions with or without co-morbidities</td>
<td>Effectively manages rare conditions</td>
</tr>
<tr>
<td>Care plans are consistently inappropriate or inaccurate</td>
<td>Demonstrates knowledge of basic care plans for common orthopaedic conditions</td>
<td>Consistently develops appropriate care plan</td>
<td>Appropriately modifies care plans based on patient’s clinical course, additional data, and patient preferences</td>
<td>Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles</td>
<td>Serves as a consultant for rare and/or complex orthopaedic patients</td>
</tr>
<tr>
<td>Fails to refer when appropriate</td>
<td>Inconsistently develops an appropriate care plan</td>
<td>Protects patient from further injury and understands the implications of activity on recovery time</td>
<td>Performs patient education regarding long-term consequences of orthopaedic conditions</td>
<td>Demonstrates professional leadership in orthopaedic management</td>
<td>Demonstrates professional leadership in orthopaedic management</td>
</tr>
<tr>
<td>Fails to measure the end-results of care</td>
<td>Participates in patient education regarding the nature of their condition and corresponding care plan</td>
<td>Performs patient education regarding their condition and corresponding care plan</td>
<td>Appropriately applies criteria for safe return to activity and participation</td>
<td>Generates and disseminates new knowledge to advance orthopaedic management</td>
<td>Generates and disseminates new knowledge to advance orthopaedic management</td>
</tr>
<tr>
<td>Fails to inform patient of long-term health consequences</td>
<td>Demonstrates knowledge of treatment options of operative and non-operative management of orthopaedic conditions</td>
<td>Initiates management plans for urgent or emergent care</td>
<td>Appropriately manages situations requiring urgent or emergent care</td>
<td>Demonstrates knowledge of controversies in operative and non-operative management of orthopaedic conditions</td>
<td>Develops best practice guidelines for developing orthopaedic care plans</td>
</tr>
</tbody>
</table>

**Comments:**

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Orthopaedics

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

_____ Yes _____ No _____ Conditional on Improvement
Behavioral Health

Athletic trainers must demonstrate the ability to appropriately assess and recognize each patient’s clinical problem and to effectively manage behavioral health problems.

### Behavioral Health (BH-1): Assessment and recognition of conditions, that include, but are not limited to, suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders.

<table>
<thead>
<tr>
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<th>Level 2</th>
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<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to recognize behavioral health concerns in patients</td>
<td>Demonstrates knowledge of common behavioral health conditions</td>
<td>Identifies common behavioral health conditions</td>
<td>Recognizes the need for and recommends appropriate behavioral health assessments</td>
<td>Recognizes complex conditions with or without co-morbidities, and atypical presentations</td>
<td>Serves as a consultant for complex behavioral health patients</td>
</tr>
<tr>
<td>Fails to recognize an at-risk or in crisis patient</td>
<td>Performs a relevant patient history</td>
<td>Identifies at risk patients and populations</td>
<td>Demonstrates both basic science and clinical knowledge of behavioral health conditions</td>
<td>Accurately identifies at-risk populations and is able to intervene early in the process</td>
<td>Demonstrates professional leadership in behavioral health</td>
</tr>
<tr>
<td>Fails to intervene on behalf of an at-risk or in crisis patient</td>
<td>Identifies common characteristics of at risk or in crisis patients</td>
<td>Recognizes appropriate behavioral responses to life events</td>
<td>Accurately interprets behavioral health assessments</td>
<td>Recognizes different presentations, sequelae, and prognoses of behavioral health conditions across the lifespan</td>
<td>Generates and disseminates new knowledge to advance behavioral health</td>
</tr>
<tr>
<td>Fails to identify appropriate assessment measures</td>
<td>Inconsistently seeks additional guidance when needed</td>
<td>Seeks additional guidance, consultation and/or referral as appropriate</td>
<td>Accurately identifies common, non-complex, behavioral health conditions</td>
<td>Appropriately prioritizes the urgency and sequencing of behavioral health assessments</td>
<td></td>
</tr>
<tr>
<td>Fails to identify deviations from the normal course of behavioral health conditions</td>
<td></td>
<td></td>
<td>Establishes a network of behavioral health professionals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

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<table>
<thead>
<tr>
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<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to recognize need for referral</td>
<td>Activates emergency action plan in a suspected behavioral health crisis</td>
<td>Demonstrates knowledge of basic care plans for common behavioral health conditions</td>
<td>Is an active member of the behavioral health care team - Synthesizes information gathered to guide patient care - Effectively manages common, non-complex behavioral health conditions - Communicates with care team and participates in the implementation of the care plan - Appropriately manages situations requiring urgent or emergent care - Recognizes common complications in behavioral health conditions - Able to educate patients and stakeholders of at risk populations on prevention and long term consequences of behavioral health</td>
<td>Demonstrates knowledge of the use of psychotropic medications and their interactions and side effects - Manages day-to-day considerations for behavioral health patients - Patient advocate for maximizing long-term health-related quality of life (HRQOL) - Educates others to improve their knowledge and skills in managing behavioral health conditions - Within a patient population, identify individual and group behavioral health needs and develops more advanced behavioral health policies (e.g. team policy, individual contracts)</td>
<td>Serves as a consultant for management of behavioral health conditions - Demonstrates professional leadership in management of behavioral health conditions - Generates and disseminates new knowledge to advance the management of behavioral health conditions - Develops best practice guidelines for the management of behavioral health conditions</td>
</tr>
<tr>
<td>Fails to refer when appropriate</td>
<td>Participates in patient management being conducted by other appropriately qualified providers</td>
<td>Recognizes when referral is needed and when a situation is emergent/non-emergent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate management places patient at further risk or in crisis</td>
<td>Adheres to all institutional / facility behavioral health policies</td>
<td></td>
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<tr>
<td>conditions</td>
<td>Develops and implements behavioral health EAP and other policies governing behavioral health conditions</td>
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</tbody>
</table>

Comments:

**Behavioral Health**

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

______ Yes ______ No ______ Conditional on Improvement
Pediatrics

Athletic trainers must demonstrate the ability to conduct an appropriate diagnostic evaluation to define each pediatric patient’s clinical problem and to effectively manage increasingly complex pediatric patient problems.

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Level 1</th>
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<th>Level 3 (Ready for Unsupervised Practice)</th>
<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to identify conditions unique to the pediatric patient</td>
<td>Perform a relevant patient history including growth and developmental milestones</td>
<td>Demonstrates clinical knowledge of pediatric growth and development</td>
<td>Demonstrates knowledge of factors associated with risk of injury, including, age, gender and disability</td>
<td>Appropriately prioritizes the urgency and sequencing of diagnostic testing</td>
<td>Efficiently produces a focused and prioritized pediatric examination accounting for rare conditions</td>
</tr>
<tr>
<td>Fails to identify appropriate pediatric diagnostic tests</td>
<td>Performs a basic physical examination</td>
<td>Demonstrates knowledge of basic science of tissue healing, cellular physiology, and physis physiology in pediatrics</td>
<td>Performs a regional pediatric orthopaedic exam with knowledge of the growth plate locations and appropriate diagnostic tests</td>
<td>Utilizes clusters of diagnostic tests and evaluates complex conditions with or without co-morbidities, and recognizes atypical presentations</td>
<td>Serves as a consultant for rare and/or complex pediatric patients</td>
</tr>
<tr>
<td>Fails to accurately identify appropriate differential diagnoses for the pediatric patient</td>
<td>Demonstrates knowledge of common pediatric conditions</td>
<td>Applies clinical rules for diagnostics (such as Pediatric Ottawa Ankle, PECARN Head Trauma Rules, Canadian C-spine)</td>
<td>Accurately diagnoses common, non-complex, pediatric conditions</td>
<td>Recognizes appropriate differentials that include non-orthopaedic conditions that present as orthopaedic conditions in the pediatric patient</td>
<td>Demonstrates professional leadership in pediatric diagnostic evaluation</td>
</tr>
<tr>
<td>Fails to identify deviations from the normal course of pediatric conditions</td>
<td></td>
<td></td>
<td>Accurately recommends and interprets appropriate plain films/radiographs; recognizing the importance of comparison views to evaluate physis injury</td>
<td>Respects cumulative radiation effects in pediatric patients and recommends and interprets advanced pediatric orthopaedic imaging, such as MSK US, MRI, and CT</td>
<td>Generates and disseminates new knowledge to advance pediatric diagnostic evaluation</td>
</tr>
</tbody>
</table>

Comments:

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## Pediatrics (Peds-2): Management: Effectively manages pediatric patients with increasingly complex conditions.

<table>
<thead>
<tr>
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<th>Level 2</th>
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<th>Level 4 (Ready for Advanced Practice)</th>
<th>Level 5 (Aspirational)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate management places patient at risk</td>
<td>Participates in pediatric patient management being conducted by other</td>
<td>Synthesizes information gathered to guide pediatric patient care</td>
<td>Effectively manages common, non-complex</td>
<td>Effectively manages complex</td>
<td>Effectively manages rare</td>
</tr>
<tr>
<td>Care plans are consistently inappropriate or inaccurate</td>
<td>appropriately qualified providers</td>
<td>Consistently develops appropriate care plan</td>
<td>pediatric conditions</td>
<td>pediatric conditions</td>
<td>conditions</td>
</tr>
<tr>
<td>Fails to refer when appropriate</td>
<td>Demonstrates knowledge of basic care plans for common pediatric</td>
<td>Protects pediatric patient from further injury and understands the</td>
<td>Appropriately modifies care plans based</td>
<td>Demonstrates professional</td>
<td>Serves as a consultant for</td>
</tr>
<tr>
<td>Fails to measure the end-results of care</td>
<td>conditions</td>
<td>implications of activity, overuse injury, and physical injury on</td>
<td>on patient’s clinical course, additional</td>
<td>leadership in pediatric</td>
<td>rare and/or complex</td>
</tr>
<tr>
<td>Fails to inform patient and family/caregiver of long-term</td>
<td>Inconsistently develops an appropriate care plan</td>
<td>on recovery time</td>
<td>data, and patient and family/caregiver</td>
<td>condition management</td>
<td>pediatric patients</td>
</tr>
<tr>
<td>health consequences</td>
<td>Participates in pediatric patient and family/caregiver education</td>
<td>Performs pediatric patient and family/caregiver education regarding</td>
<td>preferences</td>
<td>Generates and disseminates new</td>
<td>Demonstrates professional</td>
</tr>
<tr>
<td></td>
<td>regarding the nature of their condition and corresponding care plan</td>
<td>their condition and corresponding care plan</td>
<td></td>
<td>knowledge to advance pediatric</td>
<td>leadership in pediatric</td>
</tr>
<tr>
<td></td>
<td>Demonstrates knowledge of treatment options of operative and non-</td>
<td>Demonstrates knowledge of treatment options of operative and non-</td>
<td></td>
<td>condition management</td>
<td>condition management</td>
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<td></td>
<td>operative management of pediatric conditions</td>
<td>operative management of pediatric conditions</td>
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<td></td>
<td></td>
<td>Educates patient and family regarding medication side effects</td>
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</tr>
</tbody>
</table>

**Comments:**

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Pediatrics

The individual is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in their education and training. The individual is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice (or advanced practice for residency programs) that includes the delivery of safe, timely, effective, efficient, equitable, and patient-centered care.

_____ Yes _____ No _____ Conditional on Improvement
Introduction

The “BOC Standards of Professional Practice” are 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 five Athletic Trainer members and one public member. The BOC Board of Directors approves the final document. The BOC Board of Directors includes six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

CERTIFIED ATHLETIC TRAINERS
The BOC certifies Athletic Trainers and identifies, for the public, quality health care professionals through a system of certification, adjudication, standards of practice and continuing competence programs. Athletic Trainers are health care 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 five 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.

BOARD CERTIFIED SPECIALIST
Specialty certification identifies Athletic Trainers who have clinical practice abilities beyond the ATC® credential. These abilities will be identified via demonstration of post-professional education and training (e.g., CAATE-accredited residency and/or employment and experience), and passing of a specialty certification exam. The specialty certification demonstrates an ability to enhance quality of patient care, optimize clinical outcomes, increase cost-effectiveness, provide value-based care and improve patients’ health-related quality of life within a specialized area of athletic training practice.

The “BOC Standards of Professional Practice” consists of two sections:
I. Practice Standards
II. Code of Professional Responsibility
I. Practice Standards

CERTIFIED ATHLETIC TRAINERS

PREAMBLE
The primary purpose of the Practice Standards are to establish essential duties and obligations imposed by virtue of holding the ATC® credential. Compliance with the Practice Standards are mandatory.

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Practice Standards at all times.

STANDARD 1: DIRECTION
The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations.

STANDARD 2: PREVENTION
The Athletic Trainer implements measures to prevent and/or mitigate injury, illness and long term disability.

STANDARD 3: IMMEDIATE CARE
The Athletic Trainer provides care procedures used in acute and/or emergency situations, independent of setting.

STANDARD 4: EXAMINATION, ASSESSMENT AND DIAGNOSIS
The Athletic Trainer utilizes patient history and appropriate physical examination procedures to determine the patient's impairments, diagnosis, level of function and disposition.

STANDARD 5: THERAPEUTIC INTERVENTION
The Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Intervention program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Appropriate patient-centered outcome assessments are utilized to document efficacy of interventions.

STANDARD 6: PROGRAM DISCONTINUATION
The Athletic Trainer may recommend discontinuation of the intervention program at such time the patient has received optimal benefit of the program. A final assessment of the patients' status is included in the discharge note.

STANDARD 7: ORGANIZATION AND ADMINISTRATION
The Athletic Trainer documents all procedures and services in accordance with local, state and federal laws, rules and guidelines.
BOARD CERTIFIED SPECIALIST

PREAMBLE
BOC specialty certification is a voluntary process by which an Athletic Trainer earns formal recognition of their advanced education and experience within a specialized area of clinical practice.

Compliance with the Practice Standards are mandatory for every individual who holds the ATC® credential. The BOC board-certified specialist must maintain the ATC® credential; therefore, the specialist must comply with the Practice Standards. The essential duties and obligations of the BOC board-certified specialist are also directed by the current practice analysis for the respective specialty. The BOC does not express an opinion on the competence or warrant job performance of specialty credential holders; however, every specialist and specialist applicant agrees to comply with the Practice Standards for the respective specialty.

BOARD CERTIFIED SPECIALIST - ORTHOPEDICS (BCS-O)
Passage of the BOC Orthopedic Specialty Exam signifies a standard level of knowledge in the following domains that signify the major responsibilities or duties that characterize orthopedic specialty practice:

STANDARD 1: MEDICAL KNOWLEDGE
The Orthopedic Specialist performs and synthesizes a comprehensive evaluation that includes, but is not limited to, interpreting patient history, completing a physical examination, and identifying appropriate diagnostic studies to formulate a differential diagnosis, educate the patient and formulate a plan of care to optimize patient-centered care.

STANDARD 2: PROCEDURAL KNOWLEDGE
The Orthopedic Specialist implements a plan of care and provides procedural and/or operative care (pre-, intra-, and/or post-) to ensure optimal patient outcomes.

STANDARD 3: PROFESSIONAL PRACTICE
The Orthopedic Specialist collaborates with an interdisciplinary health care team to establish processes and quality care programs that promote value-based care, population health strategies and cost containment to improve patient outcomes.
APPENDIX W
BOARD OF CERTIFICATION PROFESSIONAL RESPONSIBILITY
II. Code of Professional Responsibility

PREAMBLE
The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers, specialists and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The “Professional Practice and Discipline Guidelines and Procedures” may be accessed via the BOC website.

CODE 1: PATIENT CARE RESPONSIBILITIES
The Athletic Trainer, specialist or applicant:
1.1 Renders quality patient care regardless of the patient’s age, gender, race, religion, disability, sexual orientation, gender identity, or any other characteristic protected by law.
1.2 Protects the patient from undue harm and acts always in the patient’s best interest and is an advocate for the patient’s welfare, including taking appropriate action to protect patients from health care providers or athletic training students who are, impaired or engaged in illegal or unethical practice.
1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies.
1.4 Communicates effectively and truthfully with patients and other persons involved in the patient’s program, while maintaining privacy and confidentiality of patient information in accordance with applicable law.
1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values.
1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain.
1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient.
1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan.
1.7.1 Does not make unsupported claims about the safety or efficacy of treatment.
1.8 Does not practice athletic training, or otherwise render patient care, while under the influence of alcohol, drugs, or any other substance that may or is likely to impair the Athletic Trainer’s ability to render quality, skilled care to the patient.

CODE 2: COMPETENCY
The Athletic Trainer, specialist or applicant:
2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence.
2.2 Complies with the most current BOC recertification policies and requirements.

CODE 3: PROFESSIONAL RESPONSIBILITY
The Athletic Trainer, specialist or applicant:
3.1 Practices in accordance with the most current BOC Practice Standards.
3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training including, without limitation, applicable state licensing and ethical requirements.
3.3 Practices in collaboration and cooperation with others involved in a patient’s care when warranted; respecting the expertise and medicolegal responsibility of all parties.
3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services.
3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training.
3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
3.6 Does not guarantee the results of any athletic training service.
3.7 Complies with all BOC exam eligibility requirements.
3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification, recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful.
3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials without proper authorization.

3.10 Takes no action that leads, or may lead, to the conviction plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to, rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event.

3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws committed by themselves and/or by another Athletic Trainer that is related to the practice of athletic training and/or that may impact the Athletic Trainer’s ability to practice athletic training in accordance with “BOC Standards of Professional Practice.”

3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by themselves or by another Athletic Trainer that is related to athletic training.

3.13 Complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to mandatory reporting when identified as a “mandatory reporter” or “responsible employee.”

3.14 Cooperates with BOC investigations into alleged illegal and/or unethical activities and any alleged violation(s) of a “BOC Standard of Professional Practice.” Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information and/or documentation.

3.15 Complies with all confidentiality and disclosure requirements of the BOC and existing law.

3.16 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.

3.17 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the “BOC Professional Practice and Discipline Guidelines and Procedures.”

3.18 Fulfills financial obligations for all BOC billable goods and services provided.

CODE 4: RESEARCH
The Athletic Trainer, specialist or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions.

4.2 Protects the human rights and well-being of research participants.

4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or health care delivery.

CODE 5: SOCIAL RESPONSIBILITY
The Athletic Trainer, specialist or applicant:

5.1 Strives to serve the profession and the community in a manner that benefits society at large.

5.2 Advocates for appropriate health care to address societal health needs and goals.

CODE 6: BUSINESS PRACTICES
The Athletic Trainer, specialist or applicant:

6.1 Does not participate in deceptive or fraudulent business practices.

6.2 Seeks remuneration only for those services rendered or supervised by an Athletic Trainer; does not charge for services not rendered.

6.2.1 Provides documentation to support recorded charges.

6.2.2 Ensures all fees are commensurate with services rendered.

6.3 Maintains adequate and customary professional liability insurance.

6.4 Acknowledges and mitigates conflicts of interest.
### Clinical Education Site Yearly Maintenance Form

**Clinical Education Site**

**Clinical Preceptor**

**Academic Year**

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### Clinical Education Site Documentation

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Date Assessed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper Student Supervision</td>
<td></td>
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<tr>
<td>Proper Student Identification</td>
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<tr>
<td>Clinical Site Blood-borne Pathogen Protection and Exposure Plan Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accurate and Up to Date Calibration and Maintenance of Equipment</td>
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<td>Communicable and Infection Disease Transmission Procedures</td>
<td></td>
<td></td>
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<tr>
<td>Immunization Requirements</td>
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</tr>
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<td>Patient/Client Privacy Protection (FERPA/HIPPA)</td>
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<td>Radiation Exposure</td>
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<td>Availability of Sanitation Procedures (at minimum 70% alcohol hand sanitizer)</td>
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<td>Venue-Specific Training Expectations</td>
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<td>Venue-Specific Critical Incident Response Procedures</td>
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Michael B. Moore, PhD, LAT, ATC
Coordinator of Clinical Education
Master of Science in Athletic Training Program

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Mandatory Reporters of Child Abuse and Neglect

To access the statutes for a specific State or territory, visit the State Statutes Search.

The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires each State to have provisions or procedures for requiring certain individuals to report known or suspected instances of child abuse and neglect. For this publication, information regarding mandatory reporting laws was collected for all States. The results indicate that all States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands identify in statute the professionals and other persons who are required to report instances of suspected child maltreatment. These statutes also address reporting by other persons, the responsibilities of institutions in making reports, standards for making a report, and confidentiality of the reporter’s identity.

1 42 U.S.C. § 5106a(b)(2)(B)(6)

WHAT’S INSIDE

- Professionals required to report
- Reporting by other persons
- Institutional responsibility to report
- Standards for making a report
- Privileged communications
- Inclusion of the reporter’s name in the report
- Disclosure of the reporter’s identity
PROFESSIONALS REQUIRED TO REPORT

Approximately 47 States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands designate professions whose members are mandated by law to report child maltreatment. Individuals designated as mandatory reporters typically have frequent contact with children. The professionals most commonly mandated to report across the States include the following:

- Social workers
- Teachers, principals, and other school personnel
- Physicians, nurses, and other health-care workers
- Counselors, therapists, and other mental health professionals
- Child care providers
- Medical examiners or coroners
- Law enforcement officers

Additional professionals who are mandated to report suspected or known maltreatment by some States include the following:

- Commercial film or photograph processors (12 States, Guam, and Puerto Rico)
- Computer technicians (in 6 States)
- Substance abuse counselors (14 States)
- Probation or parole officers (17 States)
- Directors, employees, and volunteers at entities that provide organized activities for children, such as camps, day camps, youth centers, and recreation centers (13 States)
- Domestic violence workers (6 States and the District of Columbia)
- Animal control or humane officers (7 States and the District of Columbia)
- Court-appointed special advocates (11 States)
- Members of the clergy (28 States and Guam)
- Faculty, administrators, athletics staff, or other employees and volunteers at institutions of higher learning, including public and private colleges and universities and vocational and technical schools (11 States)

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2 The word “approximately” is used to stress the fact that States frequently amend their laws. This information is current only through April 2019. As of this date, Indiana, New Jersey, and Wyoming are the only States that do not enumerate specific professional groups as mandated reporters but require all persons to report.

3 Alaska, California, Colorado, Georgia, Illinois, Iowa, Louisiana, Maine, Missouri, Oklahoma, South Carolina, and West Virginia.

4 Alaska, California, Illinois, Missouri, Oklahoma, and South Carolina.


8 Arkansas, California, Louisiana, Maine, Montana, Ohio, Oregon, South Carolina, Virginia, Washington, and Wisconsin.


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- Members of the clergy (28 States and Guam)
- Faculty, administrators, athletics staff, or other employees and volunteers at institutions of higher learning, including public and private colleges and universities and vocational and technical schools (11 States)
REPORTING BY OTHER PERSONS

In approximately 18 States and Puerto Rico, any person who suspects child abuse or neglect is required to report. Of these 18 States, 15 States and Puerto Rico specify certain professionals who must report but also require all persons to report suspected abuse or neglect, regardless of profession. The other three States—Indiana, New Jersey, and Wyoming—require all persons to report without specifying any professions. In all other States, territories, and the District of Columbia, any person is permitted to report. These voluntary reporters of maltreatment are often referred to as “permissive reporters.”

INSTITUTIONAL RESPONSIBILITY TO REPORT

The term “institutional reporting” refers to those situations in which the mandated reporter is working (or volunteering) as a staff member of an institution, such as a school or hospital, at the time he or she gains the knowledge that leads him or her to suspect that abuse or neglect has occurred. Many institutions have internal policies and procedures for handling reports of maltreatment, and these usually require the person who suspects maltreatment to notify the head of the institution that abuse or neglect has been discovered or is suspected and needs to be reported to child protective services or other appropriate authorities.

Statutes in 32 States, the District of Columbia, and the Virgin Islands provide procedures that must be followed in those cases. In 18 States, the District of Columbia, and the Virgin Islands, any staff member who suspects maltreatment must notify the head of the institution when the staff member feels that maltreatment or possible maltreatment should be reported to an appropriate authority. In nine States, the District of Columbia, and the Virgin Islands, the staff member who suspects maltreatment notifies the head of the institution first, and then the head or his or her designee is required to make the report. In nine States, the individual reporter must make the report to the appropriate child protection authority first and then notify the institution that a report has been made.

Laws in 17 States, the District of Columbia, and the Virgin Islands make clear that, regardless of any policies within the organization, the mandatory reporter is not relieved of his or her responsibility to report. In 12 States, an employer is expressly prohibited from taking any action to prevent or discourage...

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5 Delaware, Florida, Idaho, Kentucky, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, Oklahoma, Rhode Island, Tennessee, Texas, and Utah.


8 Georgia, Idaho, Indiana (applies staff of a licensed hospital), Kentucky, Maine, Massachusetts, South Dakota, Virginia, and Wyoming.

9 California, Connecticut (the commissioner of Children and Families makes the notification to the institution upon receiving a report), Hawaii, Illinois, Indiana (applies to staff of a school or other institution). Michigan, New York, Pennsylvania, Tennessee, and West Virginia.

10 Alaska, California, Florida, Indiana, Iowa, Kentucky, Maine, Michigan, Missouri, North Dakota, Oklahoma, Oregon, South Carolina, Tennessee, Texas, West Virginia, and Wyoming.
an employee from making a report. In 17
States, an employer is expressly prohibited
from retaliating against an employee who has
made a report. Retaliation is any adverse
employment action, including, but not limited
to, demotion, a reduction in pay or benefits, a
negative performance evaluation, suspension,
or termination of employment.

**STANDARDS FOR MAKING A REPORT**

The circumstances under which a mandatory
reporter must make a report vary from State
to State. Typically, a report must be made
when the reporter, in his or her official
capacity, suspects or has reason to believe
that a child has been abused or neglected.
Another frequently used standard is the
requirement to report in situations in which
the reporter has knowledge of, or observes
a child being subjected to, conditions that
would reasonably result in harm to the
child. In Maine, a mandatory reporter must
report when he or she has reasonable cause
to suspect that a child is not living with the
child’s family.

Mandatory reporters are required to report
the facts and circumstances that led them
to suspect that a child has been abused or
neglected. They do not have the burden of
providing proof that abuse or neglect has
occurred. Permissive reporters follow the
same standards when electing to make a
report.

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**PRIVILEGED COMMUNICATIONS**

Mandatory reporting statutes also
may specify when a communication is
privileged. “Privileged communications”
is the statutory recognition of the right
to maintain confidential communications
between professionals and their clients,
patients, or congregants. To enable States to
provide protection to maltreated children,
the reporting laws in most States and
territories restrict this privilege for mandated
reporters. All but three States and Puerto
Rico currently address the issue of privileged
communications within their reporting laws,
either affirming the privilege or denying it
(i.e., not allowing privilege to be grounds for
failing to report). The physician–patient and
husband–wife privileges are the most common
to be denied by States, and the attorney–
client privilege is most commonly affirmed.
The clergy–penitent privilege is also widely
affirmed, although that privilege usually is
limited to confessional communications
and, in some States, denied altogether. In
Louisiana, a mental health or social services
practitioner is not required to report if the
practitioner is engaged by an attorney to
assist in the provision of legal services to a
child.

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40 Alabama, California, Connecticut, Iowa, Kansas, Massachusetts, Michigan, Missouri, New York, North Dakota, Oklahoma,
Pennsylvania, South Carolina, Texas, Vermont, Wisconsin, and Wyoming.
41 Connecticut, Mississippi, and New Jersey do not currently address the issue of privileged communications within their
reporting laws. The issue of privilege may be addressed elsewhere in the statutes of these States, such as rules of evidence.
42 New Hampshire, North Carolina, Oklahoma, Rhode Island, Texas, West Virginia, and Guam disallow the use of the clergy-
penitent privilege as grounds for failing to report suspected child abuse or neglect. For a more complete discussion of the
requirement for clergy to report child abuse and neglect, see Information Gateway’s Clergy as Mandatory Reporters of Child
Abuse and Neglect at [https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/clergymandated/](https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/clergymandated/).
INCLUSION OF THE REPORTER’S NAME IN THE REPORT

Most States maintain toll-free telephone numbers for receiving reports of abuse or neglect. Reports may be made anonymously to most of these reporting numbers, but States find it helpful to their investigations to know the identity of reporters. Approximately 19 States, the District of Columbia, American Samoa, Guam, and the Virgin Islands currently require mandatory reporters to provide their names and contact information, either at the time of the initial oral report or as part of a written report. The laws in Connecticut, Delaware, and Washington allow child protection workers to request the name of the reporter. In Wyoming, the reporter does not have to provide his or her identity as part of the written report, but if the person takes and submits photographs or x-rays of the child, his or her name must be provided.

DISCLOSURE OF THE REPORTER’S IDENTITY

All jurisdictions have provisions in statute to maintain the confidentiality of abuse and neglect records. The identity of the reporter is specifically protected from disclosure to the alleged perpetrator in 44 States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, and Puerto Rico. This protection is maintained even when other information from the report may be disclosed.

Release of the reporter’s identity is allowed in some jurisdictions under specific circumstances or to specific departments or officials, for example, when information is needed for conducting an investigation or family assessment or upon a finding that the reporter knowingly made a false report. In six States, the District of Columbia, and Guam, the reporter can waive confidentiality and give consent to the release of his or her name.

This publication is a product of the State Statutes Series prepared by Child Welfare Information Gateway. While every attempt has been made to be as complete as possible, additional information on these topics may be in other sections of a State’s code as well as agency regulations, case law, and informal practices and procedures.

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23 For State-specific information about these hotlines, see Information Gateway’s State Child Abuse Reporting Numbers at https://www.childwelfare.gov/organizations/SCW/FunctionAction=rokmaint.dspList&rofType=custom&rn_id=5.
24 Arizona, California, Colorado, Florida, Illinois, Indiana, Iowa, Louisiana, Maine, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, New York, North Carolina, Pennsylvania, and Vermont.
25 The statutes in Alaska, Delaware, Idaho, Massachusetts, Rhode Island, Wyoming, and the Virgin Islands do not specifically protect reporter identity but do provide for confidentiality of records in general. For more information about this issue, see the Information Gateway publication Disclosure of Confidential Child Abuse and Neglect Records at https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/confide/.
26 In Alabama, Arkansas, Connecticut, Kentucky, Louisiana, Minnesota, Nevada, South Dakota, Vermont, and Virginia, the name of the reporter may be disclosed if it is determined that the reporter knowingly made a false report.
27 California, Florida, Minnesota, Tennessee, Texas, and Vermont.
SUGGESTED CITATION:

Virginia

Mandatory Reporters of Child Abuse and Neglect

To better understand this issue and to view it across States, download the PDF (600 KB) of this publication.

Current Through April 2019

Professionals Required to Report

Citation: Ann. Code § 63.2-1509

The following professionals are required to report:

- Persons licensed to practice medicine or any of the healing arts
- Hospital residents or interns and nurses
- Social workers, family-services specialists, or probation officers
- Teachers or other employees at public or private schools, kindergartens, or nursery schools
- Persons providing full-time or part-time child care for pay on a regular basis
- Mental health professionals
- Law enforcement officers, animal control officers, or mediators
- Professional staff employed by private or State-operated hospitals, institutions, or facilities to which children have been placed for care and treatment
- Persons age 18 or older associated with or employed by any public or private organization responsible for the care, custody, or control of children
- Court-appointed special advocates
- Persons age 18 or older who have received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect
- Persons employed by a local department who determine eligibility for public assistance
- Emergency medical services providers, unless such providers immediately report the matter directly to the attending physician at the hospital to which the child is transported
- Persons employed by public or private institutions of higher education, other than an attorney who is employed by a public or private institution of higher education as it relates to information gained in the course of providing legal representation to a client
• Athletic coaches, directors, or other persons age 18 or older employed by or volunteering with private sports organizations or teams
• Administrators or employees age 18 or older of public or private day camps, youth centers, and youth recreation programs
• Ministers, priests, rabbis, imams, or duly accredited practitioners of any religious organization or denomination usually referred to as a church

Reporting by Other Persons
Citation: Ann. Code § 63.2-1510
Any person who suspects that a child is abused or neglected may report.

Institutional Responsibility to Report
Citation: Ann. Code § 63.2-1509
If the information is received by a teacher, staff member, resident, intern, or nurse in the course of professional services in a hospital, school, or similar institution, such person may, in place of making a report, immediately notify the person in charge of the institution or department, or his or her designee, who shall make the report forthwith. If the initial report of suspected abuse or neglect is made to the person in charge of the institution or department or his or her designee, such person shall notify the teacher, staff member, resident, intern, or nurse who made the initial report when the report of suspected child abuse or neglect is made to the local department or to the toll-free child abuse and neglect hotline, and of the name of the individual receiving the report, and shall forward any communication resulting from the report, including any information about any actions taken regarding the report.

Standards for Making a Report
Citation: Ann. Code § 63.2-1509
A report is required when, in his or her professional or official capacity, a reporter has reason to suspect that a child is abused or neglected. For purposes of this section, 'reason to suspect that a child is abused or neglected' shall include the following:

• A finding made by a health-care provider within 6 weeks of the birth of a child that the child was born affected by substance abuse or experiencing withdrawal symptoms resulting from in utero drug exposure
• A diagnosis made by a health-care provider within 4 years following a child’s birth that the child has an illness, disease, or condition that, to a reasonable degree of medical certainty, is attributable to maternal abuse of a controlled substance during pregnancy
• A diagnosis made by a health-care provider within 4 years following a child’s birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol

When 'reason to suspect' is based upon this subsection, that fact shall be included in the report along with the facts relied upon by the person making the report.

Privileged Communications
Citation: Ann. Code §§ 63.2-1509: 63.2-1519
A minister, priest, rabbi, imam, or duly accredited practitioner of any religious organization or denomination must report, unless the information supporting the suspicion of child abuse or neglect is required by the doctrine of the religious organization or denomination to be kept in a confidential manner.

The physician-patient or husband-wife privilege is not permitted.

Inclusion of Reporter’s Name in Report
Not addressed in statutes reviewed.

Disclosure of Reporter Identity
Citation: Ann. Code § 63.2-1514
Any person who is the subject of an unfounded report who believes that the report was made in bad faith or with malicious intent may petition the court for the release of the records of the investigation or family assessment. If the court determines that there is a reasonable question of fact as to whether the report was made in bad faith or with malicious intent and that disclosure of the identity of the reporter would not be likely to endanger the life or safety of the reporter, it shall provide to the petitioner a copy of the records of the investigation or family assessment.