University of Nebraska Kearney Athletic Training Education Program Technical Standards for Admissions

The University of Nebraska Kearney, UNK Athletic Training Education Program 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 UNK Athletic Training Education Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and abilities 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 admitted to the UNK Athletic Training Education Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be successfully advanced through the UNK Athletic Training Education Program.

Candidates for selection to the UNK Athletic Training Education Program must demonstrate:

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able distinguish deviations from the norm;
2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;
4. the ability to record 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 education program as outlined and sequenced including all clinical experiences;
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 UNK Athletic Training Education Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodation, they can meet the standards.

The Coordinator for Students with Disabilities will evaluate a student who states he/she could meet the UNK Athletic Training Education Program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review on whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences, and internships deemed essential to graduation. A reasonable accommodation does not guarantee student success in the program but rather a level playing field for success.

Compliance with the UNK Athletic Training Education Program’s technical standards does not guarantee a student’s eligibility for the BOC certification exam.

I certify that I have read and I 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 accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

__________________________________________  ________________________
Signature of Applicant                          Date
CONTRACT OF CONFIDENTIALITY
Compliance with the Health Insurance Portability and Accountability Act (HIPAA)

As an athletic training student at the University of Nebraska at Kearney, you are hereby advised that all information pertaining to athlete’s including, but not limited to, information contained in medical records is to be kept in the strictest confidence.

Access to all medical records shall be limited to those students who are required to have such access in order to perform their assigned duties within the UNK Athletic Training Department. No employee shall read the contents of an athlete’s medical record except as may be necessary for the performance of his/her assigned duties.

Requests for release of information, by the athlete to a third party, are the responsibility of the University Certified Athletic Trainers.

Athletes shall not be given the opportunity to look at the contents of their medical record unless the athlete’s attending health care provider or the athletic trainer supervisor is in attendance at the time of the viewing.

Athlete medical data contained in the medical computer system shall be treated according to the same rules as the paper medical record.

Violation of the above guidelines pertaining to confidentiality may be grounds for immediate dismissal of the student from the Athletic Training Education Program. Additionally, be informed that unauthorized release of confidential information may subject to civil action.

I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY TO THE CONFIDENTIALITY CONTRACT.

SIGNATURE: ________________________________________________

DATE: ___________________
UNIVERSITY OF NEBRASKA – KEARNEY
ATHLETIC TRAINING EDUCATION PROGRAM

FERPA CONSENT

By signing this consent form, you certify that you agree to disclose your education records to the UNK-ATEP Committee for the purposes of evaluating candidacy and entrance into the UNK Athletic Training Education Program.

You understand that this form is part of your academic record. These records are protected by the Family Educational Rights and Privacy Act of 1974 and they may not be disclosed without your consent.

You give your consent to disclose only to authorized representatives of this institution, the following documents:

- This form
- Final grades for all courses pertaining to candidacy or acceptance into the UNK Athletic Training Education Program.
- Any transcript from your high school, this institution, or any junior college or any other four-year institutions you have attended.
- Pre-college test scores and any appropriately related information and correspondence directly related to your candidacy, acceptance, & maintenance of your progression through the UNK Athletic Training Education Program.
- Records concerning your financial aid when pertinent to any scholarship application.

You agree to disclose these records only to determine your candidacy for acceptance or maintenance of your acceptance into the UNK Athletic Training Education Program, for the purpose of granting financial aid in the form of an athletic training education scholarship, & for inclusion in summary institution or program information to the Commission on Accreditation of Athletic Training Education.

__________________________    ______________________________
Date                                Signature of Athletic Training Student
Communicable Diseases Policy

Provided in the Special Medical Issues & Communicable Diseases Section of the Policies and Procedures Manual

Occasionally persons involved with athletic endeavor are exposed to communicable diseases. In the event a student-athlete, staff, or athletic training student becomes ill with a communicable disease, he/she should be referred to the appropriate health care professional. Once a diagnosis is made, the practitioner shall make all relevant recommendations with regard to further participation in either athletic or academic activities. If a student-athlete, staff member or athletic training student becomes ill with a communicable disease, he/she should report it to their coach, administrator, or clinical supervisor. Upon acquiring medical guidance, the effected person shall inform their coach, administrator or clinical supervisor the findings of their medical conditions. He/she should also discuss appropriate time for return to activity. Return to activity may require a signed release from the supervising physician or medical care provider. In the event the individual requires such a release, the signed form should be provided to the athletic training staff or administrator so that proper precautions for return can be followed. All individuals who have potentially been exposed shall be referred as the condition dictates. Any student-athlete, coach, athletic training staff member or athletic training student who has acquired any of the following diseases shall follow these guidelines.

Conjunctivitis, Diptheria, Herpes Simplex, Measles, Meningococcal disease, Gastrointestinal infections, Parvovirus, Poliomyelitis, Mumps, Pertussis, Influenza, Rabies, Rubella, Scabies, Staphylococcus aureus, Streptococcus infection, Tuberculosis.

I __________________________ have read and fully understand the UNK ATEP communicable disease policy. I will adhere to the policy and will act in good faith to comply with the intent and purpose for which it has been established.

Signature ___________________________ Date ___________________________
VERICATION OF VACCINATIONS

As an athletic training student at the University of Nebraska at Kearney, I understand that I may be unintentionally exposed to blood or other potentially infectious materials of the body that may put me at risk of acquiring a variety of infections. I also understand that if not properly immunized against other diseases, I may place others at risk of infection. I further understand that, if I contract some of these diseases such as Hepatitis B, there is a substantial risk of becoming acutely and/or chronically ill, and that there is a chance that the disease may be fatal. Please identify whether you have either received immunization for the diseases listed below or that I have actually contracted them at one time.

Rubeola (Hard or Red Measles):
   _____  Physician diagnosed measles OR
   _____  Laboratory evidence of measles immunity (Rubeola screen) OR
   _____  Adequate immunization (per physician records) with live measles vaccine on
          or after the first birthday.

Rubella (German Measles):
   _____  Laboratory evidence of immunity to rubella (rubella screen), OR
   _____  Documented immunization (physician’s record) with live rubella virus on
          or after the first birthday.

Tuberculosis (TB) Skin Test:
   _____  Documentation of a recent (with in 1 year) TB skin test.

Chickenpox:
   _____  Students who are uncertain of their immunity to chickenpox will need to either
          Begin vaccination with the Varicella vaccine (2 shots required) or have their
          immunity to chickenpox checked through a laboratory test (Varicella-IGG titer).
Additionally, I have been notified that vaccination for HBV is available and that I am responsible for obtaining this care should I so choose.

_____ I HAVE ALREADY RECEIVED THE HBV VACCINATION

Dates of immunizations: ________________________________

_____ I DO NOT CHOOSE TO RECEIVE THE HBV VACCINATION AND UNDERSTAND THAT I MAY BE AT RISK FOR CONTRACTING HBV IF INADVERTENTLY EXPOSED TO BLOOD OR OTHER POTENTIALLY INFECTIOUS BODILY MATERIALS.

_____ I WILL BE OBTAINING THE HBV VACCINATION WITHIN THE IMMEDIATE FUTURE AND WILL NOTIFY THE ATHLETIC TRAINING DEPARTMENT SUPERVISOR OF THE INITIATION OF THE VACCINATION SERIES.

**Attention**

*All students who will possibly have exposure to blood or body fluids during their time at Great Plains Regional Medical Center are required to have started the Hepatitis B vaccine series prior to beginning practice at Great Plains Regional Medical Center or to sign a Hepatitis B vaccine Declination Form.*

SIGNATURE: __________________________________________

Date: _______________________________
University of Nebraska at Kearney
Athletic Training Education Program
Agreement of Understanding

I __________________________ have been fully informed of the UNK policy governing academic dishonesty as identified in the UNK Student Handbook. I also understand the importance of maintaining academic integrity. I am fully aware that participating in any form of academic dishonesty can / will result in dismissal from the Athletic Training Education Program and / or further disciplinary action with the University of Nebraska at Kearney.

___________________________  ____________
Student’s name                  Date

___________________________  ____________
Witness                        Date