



EASTERN KENTUCKY UNIVERSITY

Serving Kentuckians Since 1906

College of Health Sciences
Department of Exercise and Sport Science
Athletic Training Program
www.athletictraining.eku.edu
Email: Eric.fuchs@eku.edu

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Richmond, Kentucky 40475-3102
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(859) 622-1254 (Fax)

MEMORANDUM

DATE: August 24, 2015
TO: Prospective Eastern Kentucky University Athletic Training Program Students
FROM: Dr. Eric J. Fuchs, ATC, EMT-B
Associate Professor & Director,
CAATE-accredited Athletic Training Program
RE: EKU Athletic Training Program Application Process

On the following pages you will find directions for completing the application process seeking entrance into the CAATE-accredited Athletic Training Program at Eastern Kentucky University.

IMPORTANT NOTICE *this will be the last accepted class into the BS in AT Program, as the BS in AT Program is transitioning to a MS in AT – Master of Science in Athletic Training. As part of this substantive change application to CAATE we must phase out the BS in AT Program. Any students not accepted into the BS in AT Program will have to complete a Bachelor's Degree in a related field and complete the pre requisites for the MS in AT Program, and make application to the MS in AT Program upon completion of a Bachelors Degree and the required pre-requisite courses.*

All of the specified components of the application process must be completed in and submitted to the EKU AT Program online through Verified Credentials QualifiedFirst[®] by **Friday, March 11, 2016**. All forms and documents that require signatures can be uploaded directly to your QualifiedFirst[®] account as:

- pdf forms
- jpg's or other files that you create by taking a digital picture (camera or smart phone)
- or faxed

All the directions to start the online process are provided here and on the website. Please note you must complete the forms and make sure you have completed the online application process, it is your responsibility to make sure these applications are complete.

All students whose application files are complete and submitted online by the application deadline, and meet the 2.5 Cumulative GPA will interview with members of the Athletic Training Interview Committee approximately 2-3 weeks following the application deadline. Candidates will be notified as to the date when their interview will take place via email. **Please note you must be available on the dates that the interview committee meets, failure to attend an interview will result in non-consideration for admission to the EKU AT Program.**

The Athletic Training Selection Committee can accept **approximately 24** students into the AT Program Annually, assuming there will be no changes in clinical placement site availability, and that all of the applicants meet the necessary criteria as stated in the University Catalog and the current edition of the *Athletic Training Education Program Student Handbook found on our website at www.athletictraining.eku.edu*. Additionally and as stated in the *Student Handbook*, students can re-apply into the AT Program the following year if they are not accepted during the semester they make initial application. Students re-applying for admission into the AT Program need to **resubmit all required materials**.

Should you have any questions regarding any aspect of the application process, or your eligibility to apply, please feel free to contact Dr. Eric J. Fuchs, ATC, EMT-B, Director at eric.fuchs@eku.edu or OFF: (859) 622 8173 or Dr. Tracy Spigelman, ATC, Clinical Coordinator at tracy.spigelman@eku.edu or OFF (859) 622 2134.

Thank you and good luck in becoming as Student in the EKU Athletic Training Program.



Eastern Kentucky University Athletic Training Program

Eastern Kentucky University has partnered with Verified Credentials to manage your program requirements including the following:

- Background Check
- Additional Requirements – ***See your Application packet for specific instructions on completing these found after this page***
 - Immunizations
 - CPR
 - Letter of Application
 - References
 - Internship Documents
 - Technical Standards
 - Assessment - DiSC Profile
 - Assessment – StrengthsFinder
 - HIPPA Forms
 - Student Checklist
 - Certification - EMT or First Aid

To access QualifiedFirst go to:

scholar.verifiedcredentials.com/eku

How It Works:

1. **Enter code for the program you will be attending** located above the “Get Started!” button on the right side of the page

Background Check and Additional Requirements Athletic Training Program
DDBGK-32364

2. Create an account
3. Enter all required information
4. Provide supporting documentation
5. Track your progress
6. Information will automatically be shared with your school

If you have any questions, our Client Services Team is ready to assist you. Please call us at 800.938.6090 or email us at ClientServices@verifiedcredentials.com.

EVALUATION PROCESS

Below are the components from which your application will be evaluated:

- A. GPA overall minimum of 2.5 cumulative GPA to apply by end of Spring Semester
- B. A grade of "C" or better in core Athletic Training Program required courses:
ATR 100, ATR 225, PHE 180, 212, BIO 171, and EMC 104.
- C. Successful completion of assigned clinical proficiencies in ATR 100
- D. Documentation of **100 observation hours** with an AT who is a preceptor use form at end of this packet to be completed by the athletic trainer or athletic trainers you have completed your hours with and upload to Verified Credentials **QualifiedFirst**[®].
- E. Complete Three (3) Reference Evaluations
- F. Application Letter
- G. Interview

**A rubric used to quantitatively measure each applicant's application materials (indicated above) can be found at the end of this document.*

NOTE: Students will be informed of their acceptance/non-acceptance status into the ECU Athletic Training Program via individual e-mail to their ECU email account as all official university correspondence occur via your ECU email account. These letters are sent shortly after final grades are posted in the Registrar's Office for the spring semester.

ITEMS TO SUBMIT AS PART OF THE APPLICATION PROCESS FOR ENTRANCE INTO THE ATHLETIC TRAINING PROGRAM AT EASTERN KENTUCKY UNIVERSITY

Requirement Descriptions		
Item	Description	QualifiedFirst [®] Requirement Section Name
1	<i>Criminal Record Background Check</i> <ul style="list-style-type: none">• Students must complete the College of Health Science required "Criminal Background Check" through the Verified Credentials QualifiedFirst[®] account.	Background Check

Requirement Descriptions

Item	Description	QualifiedFirst [®] Requirement Section Name
2	<p>Immunizations</p> <ul style="list-style-type: none"> • Vaccinations/Immunizations must be reviewed and signed off on by physician. This is a CAATE requirement. Also see the Physical Exam and Immunization Proof Documents requirement below. <ul style="list-style-type: none"> ○ Varicella Titer (Chicken Pox Immunity) ○ Rubella ○ Rubeola (Measles) ○ Mumps ○ Hepatitis B <ul style="list-style-type: none"> ▪ <i>Students must read and sign the “Hepatitis B Immunization Informed Consent/Refusal” Form if they choose or cannot get the Hepatitis B vaccination or enter their last titer draw date and upload proof of titer results.</i> ○ Tetanus ○ Tuberculosis <ul style="list-style-type: none"> ▪ All students entering the AT Program must complete an ANNUAL 2-Step PPD Intermediate Strength Skin Test while enrolled in the AT Program. Enter the dates and results for both TB skin tests and chest x-ray results, if needed. A reminder will be sent when you need to complete your next Skin test. ○ Influenza Vaccine <ul style="list-style-type: none"> ▪ This vaccine is seasonal and will be required annually, once you are accepted to the AT Program the system will automatically send you a notification for you to enter your Influenza vaccine date and proof during the season time for vaccination. There is a “Influenza Informed Consent/Declination Form” you can read and sign if you are unable to receive the vaccine due to allergies. Please note all our Clinical Affiliated sites require annual vaccination unless you are unable to receive for verified medical reasons i.e. allergic to egg whites etc.. 	<p>Immunizations:</p> <ul style="list-style-type: none"> • Varicella • MMR • Hepatitis B • Tetanus • Tuberculosis <p>Enter shot, Titer or other Dates</p> <p>Document upload NOT required – see “Physical Exam and Immunization Proof Documents requirement below</p>

Requirement Descriptions

Item	Description	QualifiedFirst [®] Requirement Section Name
3	<p><i>Physical Exam and Immunizations</i></p> <ul style="list-style-type: none"> • A Physical Examination (signed by your family physician (MD or DO), EKU campus physician (MD or DO), or a EKU Team Physician (MD or DO), or PA or NP, but <u>this must be on the EKU AT Program Provided Forms Below</u>). • NOTE that the vaccinations/immunizations portion of this Physical Exam form must be reviewed and signed off on by physician. This is a CAATE requirement. Please have the Medical Professional who completes your physical exam review your shot records as by signing the EKU- AT Program physical form the health care providers are stating you are current and up-to-date on all required vaccinations. This means you may need to have a copy of your shot records available at the time of your physical. • <i>Acceptable supporting documentation for immunizations include:</i> <ul style="list-style-type: none"> ○ <i>copy of shot records with dates</i> ○ <i>and/or proof of titer draw</i> 	<p>Miscellaneous: Medical History & Physical</p> <p>Document upload required – <u>EKU AT Program Provided Forms</u></p>
4	<p><i>Letter of Application</i></p> <ul style="list-style-type: none"> • Must be a 2-3 page, typewritten letter explaining, but not limited to, the below questions. <ul style="list-style-type: none"> ○ Why do you want to enter the Athletic Training Program at EKU? ○ What leadership abilities do you have to offer that would enhance the AT Program? ○ Why should you be selected to enter the AT Program? ○ What observations/experiences have you obtained that would make you an asset to the AT Program? • Address the letter to the Eastern Kentucky University AT Program Selection Committee. 	<p>Miscellaneous: Letter of Application</p> <p>Enter Date Received</p> <p>Document upload required</p>

Requirement Descriptions

Item	Description	QualifiedFirst [®] Requirement Section Name
5	<p>Reference Evaluations</p> <ul style="list-style-type: none"> • Submit three (3) reference evaluations signed and dated by deadline stated above in letter E • You must continue through the QualifiedFirst[®] Wizard to generate the custom fax cover sheet to provide to each of your references. Print 1 fax cover sheet for each reference so they can fax it into the system • You must complete the top one-third of the evaluation before giving the evaluation to the individuals named below. • Pick at least 1 from the list of Athletic Training faculty or Staff below Then, choose at least 1-2 other individuals for a total of three (3) references. (No family members may be used as a reference) <ul style="list-style-type: none"> ○ Dr. Eric Fuchs, ATC, EMT-B Director, AT Program ○ Dr. Tracy Spigelman, Coordinator, Clinical Education AT Program ○ Dr. Matthew Sabin, Assistant Professor, AT Program ○ Dr. Bobby Barton, Professor Emeritus/ Preceptor ○ Tara Bailey, Assistant Athletic Trainer/Preceptor ○ Tim Miesmer, Assistant Athletic Trainer/ Preceptor ○ Jacob Ryan, Interim Director Sports Medicine/Preceptor ○ Any Affiliated Clinical Site Preceptor ○ Advisor, Class Instructor, former coach etc <p>NOTE: a total of three (3) reference evaluations must be submitted</p>	<p>Miscellaneous: References</p> <p>Enter Description in the Details field</p> <p>FAX Document upload required</p>
6	<p>Observation Hour Forms</p> <p>Students must complete the Observation Hour Verification forms for all athletic trainers they completed their observation hours. All hours submitted must be equal to or greater than 100.</p>	<p>Miscellaneous: Internship Documents</p> <p>Enter Description in the Details field</p> <p>Document upload required</p>
7	<p>Technical Standards</p> <p>Students must read and sign the “Technical Standards” form.</p>	<p>Miscellaneous: Technical Standards</p> <p><i>Enter Date Received</i></p> <p>Electronically Sign or E-Sign this document after reading</p>
8	<p>Assessment – DiSC Profile</p> <p>Students must complete the DISC Profile once they receive their emailed link and upload the results to their QualifiedFirst[®] account. Students must purchase their individual DISC profile from http://www.daveramsey.com/store/budgeting-tools/online-tools/dave-ramseys-insights-disc/proddisc.html then save the PDF copy of their report to upload.</p>	<p>Miscellaneous: Assessment - DiSC Profile</p> <p><i>Enter Date received</i></p> <p>Document upload required</p>

Requirement Descriptions

Item	Description	QualifiedFirst [®] Requirement Section Name
9	<p>Assessment – Strengths Finder</p> <p>Students must complete StrengthsFinder 2.0 Online assessment and upload the results pages to their QualifiedFirst[®] account.</p> <p>Students must purchase the StrengthsFinder 2.0 Book (available in book store and elsewhere) must be a new book as the access code for the online 2.0 assessment is in the book and can only be used one time.</p>	<p>Miscellaneous: Assessment – StrengthsFinder <u>Enter Date Received</u> Document upload required</p>
10	<p>HIPPA and FERPA Forms and Notice of Confidentiality</p> <p>Students must complete and sign the Notice of Confidentiality and review of FERPA and HIPPA regulations.</p> <p>This is completed during ATR100 during the review of the Athletic Training Student Handbook and prior to starting directed observation experiences.</p>	<p>Miscellaneous: HIPPA Forms <u>Enter Date Expires</u> Read and Electronically Sign or E-Sign this Document</p>
11	<p>Student Handbook Acknowledgement</p> <p>Students must complete and sign the <i>Acknowledgement for reading the Student Handbook and Policies</i>.</p>	<p>Miscellaneous: Student Checklist <u>Enter Date Received</u> Electronically Sign or E-Sign this Document</p>
12	<p>CPR Certification</p> <p>Current CPR (Professional Rescuer or Healthcare Provider) certification is required. You must enter the date of expiration and upload a copy of the card (front and back) as proof. A reminder will be sent when the Certification is due (based on the expiration date).</p>	<p>Professional Certifications: CPR <u>Enter Date Received</u> <u>Enter Date Expires</u> <u>Enter State Issued</u> Document upload required</p>
13	<p>First Aid Certification or EMT – B Certification</p> <p>Current First Aid certification or you must obtain this prior to Fall Clinical start and a First Aid course will be offered on the Saturday before class start for recertification if needed. You must enter the date of expiration and upload a copy of the card (front and back) as proof. A reminder will be sent when the Certification is due (based on the expiration date).</p>	<p>Professional Certifications: First Aid or EMT-B Cert <u>Enter Date Received</u> <u>Enter Date Expires</u> <u>Enter State Issued</u> Document upload required</p>
14	<p>Athletic Training Student Applicant Admission Assessment Rubric</p>	<p>None – this item does not require any documentation within your QualifiedFirst[®] account.</p>

Requirement Descriptions

Item	Description	QualifiedFirst [®] Requirement Section Name
15	<p><i>Interview with AT Program Interview Committee</i></p> <ul style="list-style-type: none">• During the designated week, you will have an approximately 20 minute interview with the AT Program Interview Committee. The location of this interview will be posted and announced in advance.• Dress for all interviews as if you were interviewing for a job and make sure you are punctual and polite. (NOTE: Interviews must attend their assigned interview time or forfeit their application)• Sample Interview Evaluation provided below.	None – this item does not require any documentation within your QualifiedFirst [®] account.

Item 1: Criminal Record Background Check

Instructions: (Follow the below instructions to complete this requirement)

Eastern Kentucky University now requires background checks for all students entering programs in the Health Sciences. This is to ensure a safe clinical environment for both students and the public and to meet the contractual requirements of area healthcare facilities.

Eastern Kentucky University has worked with Verified Credentials, Inc. to establish an acceptable screening procedure. Students who fail to submit a background check cannot complete or maintain enrollment in any Eastern Kentucky University health program.

NOTE YOU MUST HAVE THIS COMPLETED BY THE MARCH 13th Deadline for Submission of the EKU AT Program Packet

Please follow the directions below for submitting your application to Verified Credentials:

- Browser access must be through Internet Explorer or Firefox
- Access website: <http://scholar.verifiedcredentials.com/eku>
- Enter your program code.
- Create an account
- Enter all required information
- Complete and sign disclosure.
- Review information, make payment selection and submit order.
- Provide supporting documentation
- Track your progress
- Information will automatically be shared with your school

Payment can be made by personal credit card (Visa, MasterCard, Discover Card) or PayPal.

Additional Payment Choices

You may also use a prepaid credit card, but make sure that there is enough value on the card to cover any handling charges incurred for use of the prepaid card as well as the cost of the background check.

Upon completion the results of the background screening, you will receive an email to let you know and you can log back into your QualifiedFirst® account to review the results. This information will also be shared with Eastern Kentucky University. If any information is found that would negatively affect your eligibility for a Health Sciences program, you will be given an opportunity to challenge the information through the Adverse Action process associated with Verified Credentials.

If you have any questions on the background screening process or results, please contact Verified Credentials Client Services at 800.938.6090.

It is important that you submit information in a timely fashion. Thank you for your prompt attention to this request.

Sincerely,

Dr. Eric J. Fuchs, ATC, EMT -B
Director, Athletic Training Education Program
Associate Professor & Associate Graduate Faculty Dept of Exercise & Sport Science
College of Health Sciences
Moberly Bldg. 109
521 Lancaster Ave.
Richmond, KY 40475
OFF: 859 622 8173 / FAX: 859 622 1254
Email: eric.fuchs@eku.edu / Website: www.athletictraining.eku.edu

Note: There is no document upload required for this requirement.

Item 2: Immunizations**Instructions:**

Continue to follow the prompts to enter your immunization information (shots, titers, waivers, etc.) into your QualifiedFirst[®] account.

Please note that your verified credentials account will send you a notification during influenza vaccination season for you to enter your proof of annual vaccination.

Note: There is no documentation upload required for each individual immunization.

Item 3: Physical Exam and Immunization (Page 1)

EASTERN KENTUCKY UNIVERSITY - ATHLETIC TRAINING EDUCATION PROGRAM - PHYSICAL

Name _____ Student ID # _____ Date of Birth _____
(Last Name, First Name, Middle Initial)

Home Address _____
(Street) (City) (County) (State) (Zip)

History: Please indicate if you have a history of any of the following. (Attach additional sheets if necessary)

Allergy _____ Muscular Disorders _____
Diabetes _____ Nervous Disorders _____
Epilepsy _____ Psychiatric Disorders _____
Heart Disease _____ Ear Disease or Defective Hearing _____
Kidney Disease _____ Eye Disease or Defective Vision _____
Lung Disease _____ Bone or Joint Injury or Disease _____
Menstrual Disorder _____ Other _____

Elaborate on any yes answers above: _____

Height _____ Weight _____ B.P. _____ Pulse _____ Vision R20/ _____ L20/ _____

Corrected? YES / NO Glasses Contacts Color Blind? YES / NO

Urine Analysis: Protein _____ Sugar _____

Physical: 1. General Appearance _____ 6. Abdomen _____
2. Eyes, Nose, Throat _____ 7. Hernia _____
3. Heart _____ 8. Neurological _____
4. Lungs _____ 9. Spine _____
5. Skin _____ 10. Musculoskeletal _____

Immunizations:

Disease	Titer Date & Result	Immunization Date(s) or TB Skin Test Date & Result / Chest X-Ray Date & Result		
Tetanus		1		
Hepatitis B		1	2	3
Varicella (Chicken Pox)		1	2	
MMR (Measles, Mumps and Rubella)		1	2	
Tuberculosis		1	2	X-Ray
Influenza				

In addition to the above immunizations, I have reviewed this individuals Immunization Record and Verify that all Immunizations are current and up-to-date regarding current required vaccination

Check One

____ At the time of examination, this person is free from physical defects that might interfere with the performance of his/her duties, except as noted above, as is physically able to participate in the Athletic Training Education Program.

____ This student requires a follow-up evaluation with the following medical specialist prior to participation in the Athletic Training Education Program.

Cardiologist* Orthopaedist* Other* _____

Date of Physical Exam _____ Physician's Signature _____

**Students requiring a follow-up evaluation must provide a copy of the Specialist's recommendation regarding the student's physical ability to participate in the Athletic Training Education Program to the Eastern Kentucky University Student Health Center.*

Note: This is the document for the Medical History & Physical requirement and should be uploaded to your QualifiedFirst® account.

Item 3: Physical Exam and Immunization (Page 2)

**EASTERN KENTUCKY UNIVERSITY
CAATE-Accredited Athletic Training Education Program**

**HEPATITIS B IMMUNIZATION
Informed Consent and Declination Form**

Hepatitis is inflammation of the liver which may be caused by several viruses, one of which is Hepatitis B. The Hepatitis B virus has been detected in almost all body fluids and secretions including blood, saliva, semen, vaginal fluid, breast milk, tears and urine of someone infected with Hepatitis B. Although contact with infected blood is the most common way in which the virus is transmitted, it can also pass through cuts, scrapes or breaks in the skin or mucous membrane.

A carrier of Hepatitis B is someone who may or may not show signs of liver disease, but who continues to carry the Hepatitis B virus in the body and, therefore, can transmit to others.

A Hepatitis B virus infection may be mild or more severe. Death is uncommon in the early stages of infection. Chronic infection develops in 6-10 percent of patients who become carriers. This chronic infection may last for years, possibly for life, and it may lead to cirrhosis and liver cancer.

There is not a treatment or drug available that can kill the Hepatitis B virus. In most cases the body's own defense mechanism will eliminate the infection. In health care workers, the risk of acquiring Hepatitis B is determined mainly by their degree of exposure to blood.

Hepatitis B vaccine is recommended for persons at high risk of contracting Hepatitis B. It will not prevent Hepatitis caused by other agents such as Hepatitis A virus or Hepatitis non A, non B virus.

Hepatitis B immunization should be withheld in the presence of:

1. Any serious active infection except when a physician believes withholding the vaccine entails a greater risk.
2. Hypersensitivity (allergy) to yeast or any components of the vaccine (alum, thimerosal, mercury derivative, aluminum hydroxide, formaldehyde).
3. Pregnancy or breast-feeding.
4. Severe heart/lung problems.

Hepatitis B vaccine is generally well-tolerated. As with any vaccine there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials. There may be a local reaction at the injection site such as soreness, pain, tenderness, itchiness, redness, black/blue mark, swelling, and warmth or nodule formation. Other reactions may include low grade fever, fever over 102 degrees (uncommon), general arthralgia or rash neurological disorders.

The vaccine consists of three injections. The first dose is at an elected time, the second dose one month later and the third dose six months after the first dose. Full immunization requires three doses of the vaccine over a six month period to confer immunity. However, the duration of the protective effects of the Hepatitis B vaccine is presently unknown and the need for boosters is not yet defined.

Students enrolled in the Athletic Training Education Program are encouraged to obtain their own immunizations prior to the start of their freshman year. The cost shall be incurred by the student. If a student so desires, he/she may decline by signing the appropriate form and submitting it to the Clinical Coordinator's office by the start of his/her first clinical experience prior to entering the AT Program.

Note: If signed this is the document for the Waiver option for the Hepatitis B immunization requirement and should be uploaded to your QualifiedFirst® account.

Item 3: Physical Exam and Immunization (Page 3)

**EASTERN KENTUCKY UNIVERSITY
CAATE-Accredited Athletic Training Education Program**

Please Complete only if you are DECLINING the Hepatitis B Shot and do not have proof of recent titer

HEPATITIS B VACCINE DECLINATION

If you select to decline then this Option Must Be Completed Annually

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at my own expense. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious material and want to be vaccinated with the Hepatitis B vaccine, I can receive, at my own expense, the vaccination series.

Signed

Date

Printed Name

EKU ID Number

Note: If signed this is the document for the Waiver option for the Hepatitis B immunization requirement and should be uploaded to your QualifiedFirst® account.

Item 3: Physical Exam and Immunization (Page 3)

**EASTERN KENTUCKY UNIVERSITY
CAATE-Accredited Athletic Training Education Program**

Please Complete only if you are DECLINING the Annual Flu Vaccine

INFLUENZA VACCINE DECLINATION

If you select to decline the Influenza Vaccine then this Option Must Be Completed Annually

I understand that due to my occupational exposure to patients, blood or other potentially infectious materials, I may be at risk of acquiring influenza infection. I have been given the opportunity to be vaccinated with Influenza vaccine annually at my own expense. However, I am decline Influenza vaccination at this time due to a medical reason supported by my primary care provider (MD, DO, PA or NP) or due to any of the following guidelines;

- Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine; or to a vaccine component, including egg protein
- Allergic to Eggs or Egg Whites
- History of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination

I understand that by declining this vaccine, I continue to be at risk of influenza infection.

Signed

Date

Printed Name

EKU ID Number

Note: If signed this is the document for the Waiver option for the Influenza immunization requirement and should be uploaded to your QualifiedFirst® account.

Item 4: *Letter of Application*

Instructions:

- Must be a 2-3 page, typewritten letter explaining, but not limited to, the below questions.
 - Why do you want to enter the Athletic Training Program at EKU?
 - What leadership abilities do you have to offer that would enhance the AT Program?
 - Why should you be selected to enter the AT Program?
 - What observations/experiences have you obtained that would make you an asset to the AT Program?

- Address the letter to the Eastern Kentucky University Athletic Training Selection Committee.

Note: Upload the Letter of Application document to your Verified Credentials QualifiedFirst® account to: Miscellaneous Section: Letter of Application requirement.

Item 5: Reference Evaluations

Instructions (for the student):

- Submit three (3) reference evaluations signed and dated by deadline stated above
- You must continue through the QualifiedFirst® wizard to generate the custom fax cover sheet to provide to each of your references. Print 1 fax cover sheet for each reference.
- You must complete the top one-third of the evaluation before giving the evaluation to the individuals named below.
- Pick **at least 1 from the list of Athletic Training faculty or Staff below** Then, choose at least **1-2 other** individuals for **a total of three (3) references**. (No family members may be used as a reference)
 - Dr. Eric Fuchs, ATC, EMT-B Director, AT Program
 - Dr. Tracy Spigelman, Coordinator, Clinical Education AT Program
 - Dr. Matthew Sabin, Assistant Professor, AT Program
 - Dr. Bobby Barton, Professor Emeritus/ Preceptor
 - David Green, MS, ATC, Director, ECU Sports Medicine
 - Tim Miesmer, Assistant Athletic Trainer/ Preceptor
 - Tara Bailey, MS, ATC, Assistant Athletic Trainer/Preceptor
 - Jake Ryan, MS, ATC, Assistant Athletic Trainer/Preceptor
 - Any Affiliated Clinical Site Preceptor
 - Advisor, Class Instructor, former coach etc.

NOTE: a total of three (3) reference evaluations must be submitted

Instructions for the Reference Provider:

- Review and complete the student-provided Reference Evaluation Document. Use a separate page for any additional comments.
- Once you have completed the Reference Evaluation Document and any additional pages with comments, use the QualifiedFirst® custom fax cover sheet that the student-provided, and fax the documents. .
- Note that the pages should be ordered:
 - Fax coversheet
 - Reference Evaluation Form
 - Any additional comment pages

IMPORTANT HOW TO SUBMIT PLEASE Submit this form and any additional documents via fax using the fax coversheet provided by the student, this will allow your reference to be directly uploaded to the students' online application. If you have any questions regarding this process please contact Dr. Eric J. Fuchs, ATC, EMT at eric.fuchs@eku.edu or 859 622 8173

Item 5: Reference Evaluations

**REFERENCE EVALUATION FOR ADMISSION TO THE
EASTERN KENTUCKY UNIVERSITY ATHLETIC TRAINING PROGRAM**

SECTION 1: CANDIDATES PLEASE COMPLETE SECTION I: WITH YOUR INFORMATION

Name:	Class:
Home Address:	Phone:
School Address:	Phone:
Major:	
Identify The Evaluating Individual By Checking The Appropriate Space:	
<input type="checkbox"/> Applicant Advisor	<input type="checkbox"/> Biology 171
<input type="checkbox"/> Atr/Phe____ (?) Instructor	<input type="checkbox"/> Other Instructor
<input type="checkbox"/> Clinical Supervisor	<input type="checkbox"/> Other
<input type="checkbox"/> Athletic Coach	<input type="checkbox"/> Student Self Evaluation

SECTION 2: TO BE COMPLETED BY REFERENCE

On the basis of the information which I have concerning this candidate, he/she ranks as follows on the characteristics which are considered as being indicative of a successful athletic trainer (utilize the back of this form to substantiate all below average ratings).

Criteria	Above Average	Average	Below Average	No Opportunity to Observe
Enthusiasm				
Speech				
Health & Vitality				
Appearance/Personal Hygiene				
English Proficiency				
Judgment				
Self Confidence				
Leadership				
Integrity				
Initiative				
Punctuality				
Creativity				
Responsibility/Dependability				
Emotional Stability				
Rapport with Students				
Rapport with Faculty				
Accepts Criticism				
Maturity				

Comments: (Please write comments on an attached page and fax in with this page so records stay together.)

Printed name of evaluator: _____

Signature of evaluator: _____ Date _____

IMPORTANT HOW TO SUBMIT PLEASE Submit this form and any additional documents via Fax using the Fax coversheet provided by the student, this will allow you reference to be directly uploaded to the students' application file online. Please if you have any questions concerning this process contact Dr. Eric J. Fuchs, ATC, EMT at eric.fuchs@eku.edu or 859 622 8173

Item 6: Observation Hours Forms

**DIRECTED OBSERVATION VERIFICATION FORM
EASTERN KENTUCKY UNIVERSITY
ATHLETIC TRAINING PROGRAM**

AT Program Candidates' Name (Printed or Typed) _____

AT's Name (Printed Legibly) _____

AT's State of License _____ and State License or Credential Number _____

AT's BOC Number: _____

I verify that _____ observed _____ hours of Athletic training at

_____.

He/she was here from (Dates: MM/DD/YY) _____ to _____.

Signature of AT _____ Date: _____

Note: This is the document for the Internship Documents requirement and should be uploaded to your QualifiedFirst® account. You may need to upload multiple forms to reach your 100-hour requirement.

Item 7: Technical Standards (Page 1 of 2)

EASTERN KENTUCKY UNIVERSITY - COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF EXERCISE AND SPORT SCIENCE
TECHNICAL STANDARDS FOR ATHLETIC TRAINING PROGRAM

The Athletic Training Program at Eastern Kentucky 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 establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the Commission on Accreditation of Athletic Training Education {CAATE} and state regulations. The following must be attainable by all students admitted to the Athletic Training Education Program.

Compliance with the program's technical standards does not guarantee a student will successfully complete the program and meet degree requirements nor achieve a passing score on the BOC (Board of Certification) examination or to become licensed as an athletic trainer in the commonwealth of Kentucky by the Board of Medical Licensure.

The following must be demonstrated for a student to participate in the educational program:

- Assimilate, analyze, and synthesize information; integrate concepts and problem solve; and formulate appropriate therapeutic judgments while distinguishing deviations from the norm.
- Read patient (athlete) charts, instructions related to the use of all equipment and supplies, and instrument panels and print outs generated by various pieces of equipment (i.e., isokinetic therapy equipment).
- Detect the presence of various bodily fluids, ascertain the presence of biological abnormalities according to visual cues (i.e., erythema {redness}), and differentiate various topical applications.
- Read, write, and communicate in the English language to facilitate effective communication including assessments and providing treatment information to patients (athletes), physicians, clinical staff, peers, and others charged with patient care functions. Candidates must also demonstrate the ability to communicate with individuals of diverse cultural and social origins and establish levels of rapport consistent with competent professional practice.
- Be able to verbally communicate effectively and appropriately and discern instrument alert signals and timing devices.
- Demonstrate competency in areas including, but not limited to: emergency management (i.e. rescue breathing, CPR, and airway management) and first aid techniques (i.e. wound care, splinting, patient transportation); applying supportive devices (i.e. taping, bracing, wrapping, equipment fitting); assessing joint/extremity motion, strength, and stability; utilizing therapeutic modalities (i.e. ultrasound and muscle stimulation equipment); and passive/active-assisted mobility/strength restoring techniques while utilizing accepted guidelines. Candidates must use equipment and supplies accurately and safely during such circumstances.
- Traverse about on-campus and affiliated site clinical settings and render assistance to patients (athletes) acutely disabled on an athletic field or court.
- Problem solve, maintain composure, and react expediently yet effectively in emergency and other stressful circumstances. Must be able to recognize situations and then take appropriate steps. The student must be able to function effectively. Demonstrate the perseverance, diligence, and commitment to complete the athletic training education program as outlined and sequenced. This will include experiences beyond the confines of the Eastern Kentucky University campus for which the student must provide their own transportation.
- Candidates for selection to the athletic training program at Eastern Kentucky University will be required to verify that they understand and meet these technical standards or that they believe, with certain reasonable accommodations, they can meet the standards.

Item 7: Technical Standards (Page 2 of 2)

The Eastern Kentucky University Office of Equal Opportunity (see below) in conjunction with additional offices and departments' on-campus and as appropriate will evaluate a student who states he/she could meet the 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 a 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.

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 without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program. **Moreover, if at anytime I am enrolled in the AT Program, I become unable to meet the Technical Standards, I understand it is my responsibility to report this to the AT Program Director, so that my status can be reviewed and potential accommodations can be developed.**

Signature of Applicant

Date

Signature of Faculty Witness

Date

ONLY SIGN / COMPLETE THIS SECTION I f REQUESTING ACCOMODATIONS

Students requesting accommodations.

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Eastern Kentucky University Office of Equal Opportunity (see below) to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program. Moreover, if at anytime I am enrolled in the AT Program, I become unable to meet the Technical Standards, I understand it is my responsibility to report this to the AT Program Director, so that my status can be reviewed and potential accommodations can be developed.

Signature of Applicant

Date

Signature of Faculty Witness

Date

The Disabilities Coordinator at Eastern Kentucky University is Ms. Teresa Belluscio. She can be contacted at (859) 622-2933 or at the Case Annex Room 202.

Eastern Kentucky University is an Equal Opportunity/Affirmative Action employer and educational institution and does not discriminate on the basis of age, race, color, religion, sex, sexual orientation, disability, national origin or Vietnam era or other veteran status, in the admission to, or participation in, any educational program or activity which it conducts, or in any employment policy or practice. Any complaint arising by reason of alleged discrimination should be directed to the Equal Opportunity Office, Eastern Kentucky University, Jones Building, Room 106, Coates CPO 37A, Richmond, Kentucky 40475-3102, (859) 622-8020 (V/TDD), or the Director of the Office for Civil Rights, U.S. Department of Education, Philadelphia, PA.

Revised 5/2012

Note: This is the document for the Technical Standards requirement and should be read and then electronically signed in your QualifiedFirst® account.

Item 8: Assessment – DiSC Profile

Instructions:

Students must complete the DiSC Profile once they have completed their DISC Profile.

Students must purchase their individual DISC profile from <http://www.daveramsey.com/store/budgeting-tools/online-tools/dave-ramseys-insights-disc/proddisc.html> then save the PDF copy of their report to upload.

Note: The results of the DISC Profile assessment should be uploaded to your QualifiedFirst® account.

Item 9: Assessment – StrengthsFinder

Instructions:

Students must complete StrengthsFinder 2.0 online assessment.

Students must purchase the StrengthsFinder 2.0 Book (available in book store and elsewhere) must be a new book as the access code for the online 2.0 assessment is in the book and can only be used one time.

Note: The results of the StrengthsFinder 2.0 online assessment should be uploaded to your QualifiedFirst® account.

Item 10: *HIPPA and FERPA Forms and Notice of Confidentiality (Page 1 of 3)*

Instructions:

Students must complete and sign the Notice of Confidentiality and review of FERPA and HIPPA regulations.

This is completed during ATR100 during the review of the Athletic Training Student Handbook and prior to starting directed observation experiences.

CONFIDENTIALITY AND SECURITY

All students accepted into the AT Program are required to read and then sign the “Confidentiality and Security Agreement”. This agreement was written to make students aware of patient and facility confidentiality issues, as well as other federal and state laws protecting confidential information. A copy of this document is found in the *Appendices*. Students must review and sign this agreement each year while matriculating through the AT Program and prior to beginning any clinical experiences. For a detailed explanation of the privacy policies, please refer to the descriptions below.

Understanding HIPAA and FERPA

Patients have certain rights to privacy and confidentiality- you must safeguard these rights and do so in an orderly manner. There are two governing agencies that reside over safeguarding patients’ rights and these are **HIPAA** and **FERPA**. The sections below describe both of these agencies in detail.

FERPA, which stands for the **F**amily **E**ducational **R**ights and **P**rivacy **A**ct of 1974, helps protect the privacy of students’ records. This act protects the rights of currently enrolled students regardless of their age or parental dependency status.

The records that **FERPA** does protect against are those that can personally identify the student and those that are maintained by the University. However there are documents that are not included in an educational record which include:

- Sole possession records or private notes held by educational personnel which are not accessible or released to other personnel.
- Law enforcement or campus security records which are solely for law enforcement purposes.
- Records relating to individuals who are employed by the institution unless employment is contingent upon school attendance.
- Records relating to treatment provided by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional and disclosed only to individuals providing treatment.
- Records of an institution that contains only information about an individual obtained after that person is no longer a student at that institution.

Note: This is the document for the HIPPA requirement and should be read by you and then electronically signed acknowledging you have read and understand the document in your QualifiedFirst® account.

Item 10: HIPAA and FERPA Forms and Notice of Confidentiality (Page 2 of 3)

Keep in mind that the university can disclose what is called "Directory information". This information includes:

- Student name, address, telephone and email.
- Date and place of birth.
- Major and field of study,
- Participation in officially recognized activities and sports.
- Weight and height of members of athletic teams.
- Dates of attendance, degrees, and awards received.
- Most recent previous institution attended

Many of you may be a student in a clinical rotation that utilizes the HIPAA act versus the FERPA act. It is pertinent that you understand the HIPAA act in these instances.

HIPAA which stands for the **Health Insurance Portability and Accountability Act** unifies and standardizes these rights and pairs the patients' rights with responsibilities on the organization's parts to safeguard those rights. The information that HIPAA safeguards is Protected Health Information or PHI. This information includes any information that relates to the health of the patient and can be used to identify the individual.

This includes anytime a health professional is dealing with:

- A mental or physical condition.
- Treatment for a mental or physical condition
- Payment for treatment or,
- If the information can be tied to a specific individual you are dealing with PHI.

The health professionals must:

- Recognize when he or she is dealing with PHI.
- Be aware of his or her surroundings when he or she is discussing PHI.
- Learn to understand and uphold the rights of the patients.
- Know the identity of the person who is requesting access to PHI- and understand the basis for allowing or denying that request.

HIPAA is a comprehensive law addressing the many components of the business of health care. Within this law the patient has the right too:

- **Be informed of organization privacy practices.** Organizations must gather an outline of their policies into a document called the Notice of Privacy Practices (NPP). The patients must receive a copy of this document and there must be a written record of the patients receiving this document.
- **Have their information kept confidential and secure.** The organization must take reasonable efforts to keep the patients' health information from being distributed to unauthorized persons.
- **Get a copy of their record.** Patients can ask for, and receive, a copy of their health record. This request should be in writing and the organization has the right to charge a reasonable fee and, in some specific cases, to refuse this request.
- **Ask to amend their record.**
- **Ask for special consideration in communication.** Patients can request, for example, that they not be called at home or not be send written reminders for appointments.
- **Restrict access to their record.**

Note: This is the document for the HIPAA requirement and should be read and then electronically signed in your QualifiedFirst® account.

Item 10: HIPPA and FERPA Forms and Notice of Confidentiality (Page 3 of 3)

CONFIDENTIALITY AND PRIVACY AGREEMENT

Eastern Kentucky University
Athletic Training Program
Statement of Confidentiality

I, _____, understand the importance of confidentiality while working or observing at any of the on-campus or off-campus sites of Eastern Kentucky's University's Athletic Training Program. I will not discuss any patients and/or family members who I may observe. I also understand that breaking confidentiality is a violation of professional ethics and may result in a grade reduction, reprimand, recommendation for probationary status, or removal from the assigned faculty.

Print Name: _____

Signature: _____

Note: This is the document for the HIPPA requirement and should read then you electronical sign your acknowledgement and understanding of this document in your QualifiedFirst® account.

Item 11: *Student Handbook Acknowledgement*

Instructions:

Students must complete and sign the Acknowledgement for reading the Student Handbook and Policies.

STUDENT AGREEMENT

**EASTERN KENTUCKY UNIVERSITY - COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF EXERCISE AND SPORT SCIENCE**

ATHLETIC TRAINING PROGRAM

I received a copy of the *Athletic Training Program Student Handbook*. The entire contents of this Handbook discussing the policies and procedures of the Athletic Training Program have been read and understood.

I intend to comply fully with the policies and procedures stated above and in the *Athletic Training Program Student Handbook* as prescribed by the AT Program and Eastern Kentucky University. Failure to follow the above rules, regulations, and guidelines can result in disciplinary measures, and/or not completing the major in the desired time frame. I also understand my rights and responsibilities of a student in the Eastern Kentucky University Athletic Training courses and/or clinical experiences.

Student's Full Name (Printed) _____

Student Signature _____

Date _____

Revised ASH 8/2011

Note: This is the document for the Student Checklist requirement and should be read and then you electronically sign acknowledging your understanding willingness to follow the requirements as outlined in the student handbook in your QualifiedFirst® account.

Item 12: CPR Certification**Instructions:**

Current CPR (Professional Rescuer or Healthcare Provider) certification is required. You must enter the date of expiration and upload a copy of the card (front and back). A reminder will be sent when the certification is due for renewal (based on the expiration date).

Note: Upload a copy of the CPR card (front and back) to your QualifiedFirst® account.

Item 13: First Aid Certification or EMT – B Certification for State of Kentucky**Instructions:**

Current First Aid certification or EMT- B Certification must be obtained prior to Fall Clinical start and a First Aid course will be offered on the Saturday before class start for recertification if needed. You must enter the date of expiration and upload a copy of the card (front and back). A reminder will be sent when the certification is due for renewal (based on the expiration date).

Note: Upload a copy of the First Aid card (front and back) or your EMT –B Certification Card to your QualifiedFirst® account.

Item 14: NATA Membership Card**Instructions:**

You must become a member of the NATA after admitted to the AT Program. You will need to get your membership in the NATA follow the following directions after Aug. 1 of 2015 to become a member free until dues renewal fee in January. Please note you must be current and upload current card and type in expiration date of the current card on file on verified credentials.

Note: Upload a copy of your current NATA Membership card to your QualifiedFirst® account.

Item 15 – Athletic Training Student Applicant Admission Assessment Form

Eastern Kentucky University - Athletic Training Program Athletic Training Student Applicant Admission Assessment Form

Applicant Name: _____ Student ID# _____

Semester Applied: Spring 20_____

Criteria	Points Possible	Points
Overall GPA	4.00 - 3.75 = 45 Pts	____ (Maximum of 45pts)
	3.74 - 3.50 = 40 Pts	
	3.49 - 3.25 = 35 Pts	
Pre-Requisite Course Grades	PHE 212 _____ A = 5pts/ B =3 pts/C =1 pts	____ (Maximum of 30 pts)
	ATR 100 _____ A = 5pts/ B =3 pts/C =1 pts	
	BIO 171 _____ A = 5pts/ B =3 pts/C =1 pts	
	ATR 225____ A = 5pts/ B =3 pts/C =1 pts	
	EMC104 / EMC 110 or EMT-B equivalency/ license _____ Pass (P) = 5 pts (EMC 104 is a P/F course)	
	PHE 180 _____ A = 5pts/ B =3 pts/C =1 pts	
DO Hours 100 Completed FORM COMPLETED & TURNED IN WITH APPLICATION	25 Points for 100 Hours Completed 15 Points for 50 Hours Completed 0 (Zero) for anything <50 Hours	____ (25, 15 or 0 pts)
Interview	15 Points (Avg. of all Interviewers Scores)	____ (Maximum of 15pts)
(115 Points Maximum) TOTAL SCORE		

All applicants must achieve the **MINIMUM ACCEPTANCE SCORE OF 75 POINTS** on this Eastern Kentucky University AT Program Prospective Student Admission Assessment form to be considered for acceptance. All Eastern Kentucky University AT Program candidates will be ranked according to the assessment form score. Available slots within the AT Program’s clinical phase will be filled according to this prioritized listing of candidates starting with the top score downward. If there is a tie score and there are not enough slots to admit all the students with a tie into the AT Program, then a tie breaker will be used. Applicants will be rank ordered from the highest to lowest based upon the documented evidence provided in their application file. AT Program Applicants not being accepted may re-apply for admission during the next available application period.

Provisional Admission Status

Students may be provisionally accepted into the AT Program by the Program Director upon approval of the clinical coordinator providing that they have no more than two deficiencies of the required admission standards, can complete these deficiencies by the end of their 3th semester in the AT Program and still have a minimum of 75 score on the above admission rubric, and agree to meet all the following requirements to address deficiencies which would be outlined in the conditional admissions letter.

In order to move from “provisional” status to full admission status the following criteria must be met:

1. Obtain an overall GPA of 2.5 or higher next semester (NOTE: remember that a 2.75 GPA is required to graduate from our program).
2. Earn a letter grade of “C” or higher in all classes required for completion of the AT Program that you will be taking next semester.
3. Earn a letter grade of “B” or higher in the practicum course in which the student is enrolled during their semester of provisional admission.
4. Complete all clinical proficiencies that are required as part of the practicum course and/or ATR lab course in which the student is enrolled during their semester of provisional admission.
5. Complete all program deficiencies as outlined in admission letter’ by the end of the students 3rd semester in the AT Program.

Note: This document is NOT uploaded to your QualifiedFirst® account.

Item 16 – Athletic Training Program Sample Interview Evaluation

EKU Athletic Training Program Sample Interview Evaluation

Student Name _____

Date _____

Using the scale below, choose the single best response for each criteria or question based on your assessment of the candidate's answer.

	Strongly Disagree -1	Disagree -.5	Neutral 0	Agree .5	Strongly Agree 1	Not Applicable/ No basis to judge NA
Adequately described his/her personal background (i.e., family, high school activities, hobbies, etc.) openly and freely.	-1	-.5	0	.5	1	NA
Adequately described and has a clearly understanding of his/her professional aspirations for the future.	-1	-.5	0	.5	1	NA
Provided good reasons why he/she should be accepted into the AT Program.	-1	-.5	0	.5	1	NA
Provided apparent evidence that he/she is a good manager of his/her time and could handle an increased time commitment	-1	-.5	0	.5	1	NA
Overall, appears to be as good as or better than other students his/her level.	-1	-.5	0	.5	1	NA
Demonstrated good verbal communication skills.	-1	-.5	0	.5	1	NA
Appropriately described the role and responsibilities of a certified athletic trainer to a layperson.	-1	-.5	0	.5	1	NA
Demonstrated above average leadership skills and leadership ability.	-1	-.5	0	.5	1	NA
Adequately identified areas in which they need to improve and has an appropriate plan to address these weaknesses.	-1	-.5	0	.5	1	NA
Demonstrated an understanding of and willingness to adhere to all clinical requirements and responsibilities of the AT Program.	-1	-.5	0	.5	1	NA

Student is adequately and appropriately able to respond the questions below:

Please describe the worst decision you've ever made. How did you handle the situation? What, if anything, would you do differently?	-1	-.5	0	.5	1	NA
Describe the type of people you find the most enjoyable to work with and why.	-1	-.5	0	.5	1	NA
What approach do you take in getting people to accept your ideas, suggestions, or goals?	-1	-.5	0	.5	1	NA
Describe at least one aspect of the athletic training profession that you consider a positive and one you consider a negative.	-1	-.5	0	.5	1	NA
If you were the only person in the athletic training room and an athlete of the opposite sex came in with a groin injury, how would you handle the situation?	-1	-.5	0	.5	1	NA

Comments: _____

Evaluator Signature _____

Total Points _____ / 15

Note: This document is NOT uploaded to your QualifiedFirst® account.