FOREWORD

The purpose of this document is to assist each of us in becoming knowledgeable about the current trends in athletic training education. In addition, this manual will outline how these trends are reflected in the Hofstra University Athletic Training Education Program.

It is the intent of the Health Professions and Kinesiology Department and faculty of the Athletic Training Education Program to assist in developing a more consistent clinical experience for all athletic training students independent of their clinical assignment or Clinical Instructor (CI). This consistency revolves around appropriate supervision, regular formal and informal feedback and consistent assessment of students' clinical proficiencies among other topics and skills.

This is an on-going process and we look to each of you and your respective professional and life experiences to aid us in shaping the Athletic Training Education Program so that it reflects our mission and goal of developing outstanding future athletic training professionals.
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ATHLETIC TRAINING EDUCATION PROGRAM APPROVED
CLINICAL INSTRUCTOR/CLINICAL INSTRUCTOR
RESPONSIBILITIES
ACI and CI Minimum Qualifications & Basic Responsibilities

According to the Commission on Accreditation for Athletic Training Education (CAATE) those allied health care professionals interested in supervising and/or teaching athletic training students in the clinical setting must meet minimum standards. Standard B3 of the Standards for the Accreditation of Entry Level Athletic Training Education Programs (Standards) clearly defines the required qualifications1.

Approved Clinical Instructors Qualifications:
- Be credentialed in a health care profession
- Be an ATC© or appropriately credentialed health care professional for a minimum of one year
- Not be currently enrolled in an entry-level athletic training program at the institution
- Attend an initial ACI training that includes the following areas:
  - Learning styles and instructional skills
  - Review of Athletic Training Education Competencies
  - Evaluation of student performance and feedback
  - Instructional skills of supervision, mentoring and administration
  - Program/institution-specific policies, procedures and clinical education requirements
  - Legal and ethical behaviors
  - Communication skills
  - Appropriate interpersonal relationships
  - Appropriate clinical knowledge and skills
- Be trained/retrained by the institution’s CIE at least once every three years

ACI Basic Responsibilities:
- Provide instruction and/or evaluation of the Athletic Training Educational Competencies
- Provide assessment of athletic training students’ clinical proficiency
- Have regular communication with the appropriate ATEP administrator
- Demonstrate understanding of and compliance with the policies and procedures of the ATEP

Clinical Instructor Qualifications:
- Be a credentialed health care professional
- Be appropriately credentialed for a minimum of one year

1 Standards available at: [http://www.caate.net/imis15/CMDownload.aspx?ContentKey=7e04fac4-5a22-4635-8a0f-6a22d9410a81&ContentItemKey=7fdcc273-ec0c-4b24-b829-a68c7b335bf2](http://www.caate.net/imis15/CMDownload.aspx?ContentKey=7e04fac4-5a22-4635-8a0f-6a22d9410a81&ContentItemKey=7fdcc273-ec0c-4b24-b829-a68c7b335bf2), pages 4-5.
If credentialed for less than one year, the program must develop and document the implementation of a plan for supervision of that CI by an experienced, credentialed CI
• Not currently enrolled in the athletic training education program at the institution

**CI Responsibilities:**
• Supervise the students during clinical and/or field experiences
• Have regular communication with the appropriate ATEP administrator
• Demonstrate understanding of, and compliance, with the policies and procedures of the ATEP

**KEY POINT**
The most important thing to remember is that only ACIs can teach/instruct ATS and formally evaluate ATS on clinical proficiencies. ACIs are afforded this ability by regularly participating in ACI training requirements.
ACI Responsibilities “Quick View”

Annual Responsibilities:
1. ACI are expected to participate in a retraining session annually, usually a 2-4 hour requirement, CEUs provided.
2. ACI are expected to complete an in-person performance review with Clinical Coordinator.
3. ACI are welcome to consider participation in annual ATS preseason activities.

Semester Responsibilities:
1. ACI are expected to schedule and hold an individual meeting with each student being supervised prior to start of clinical experience.
2. ACI are expected to complete necessary formal evaluations (mid and final) in a timely fashion during the semester.
3. ACI should communicate regularly with Clinical Coordinator regarding ATS progress as necessary.

Monthly Responsibilities:
1. ACI are invited as appropriate to nominate one of their students for ATS of the Month (ATSoM)

Weekly Responsibilities:
1. ACI are expected to log into ATrack® and approve ATS hours logged
2. ACI are expected to facilitate assessment clinical proficiencies and submit scores in ATrack®
CI Responsibilities “Quick View”

Annual Responsibilities:
1. CI are expected to complete an in-person performance review with Clinical Coordinator.
2. CI are welcome to consider participation in annual ATS preseason activities.

Semester Responsibilities:
1. CI are expected to schedule and hold an individual meeting with each student being supervised prior to start of clinical experience.
2. CI are expected to complete necessary formal evaluations (mid and final) in a timely fashion during the semester.
3. CI should communicate regularly with Clinical Coordinator regarding ATS progress as necessary.

Monthly Responsibilities:
1. CI are invited as appropriate to nominate one of their students for ATS of the Month (ATSoM)

Weekly Responsibilities:
1. CI are expected to log into ATrack® and approve ATS hours logged
Compensation

Hofstra University and the Athletic Training Education Program provide compensation for those ACI/CI who meet minimum supervision requirements. Compensation includes a monetary stipend or university credit voucher and free continuing education units for annual training sessions attended by ACIs. Compensation is provided for PESP 171C-E and PESP 195. It has been determined by the university administration that ATS enrolled in PESP 171A, PESP 171B and PESP 176 do not complete enough hours requiring supervision for compensation.

\textit{ACI/CI Employed by Hofstra University}

An ACI/CI employed by Hofstra University is eligible for a predetermined stipend per student supervised in each of the following courses: PESP 171C, PESP 171D and PESP 171E. The stipend will be requested by the ATEP at the end of each semester (fall, spring) and will be reflected your paycheck shortly thereafter.

\textit{ACI/CI Employed by Other Clinical Sites:}

An ACI/CI employed an affiliated clinical site is eligible for a 1.5 credit voucher per student supervised in each of the following courses: PESP 171C, PESP 171D, PESP 171E and PESP 195. The vouchers are intended to allow you to take graduate courses at Hofstra University free of cost. The voucher is valid for 18 months following its issue and must be used with the following guidelines:

- If you are not currently matriculated in a graduate program at Hofstra University, you must be admitted by the Office of Graduate Admissions.
- This certificate may not be used for independent studies, student teaching, School of Law, School of Medicine, online MBA, executive MBA, individually supervised thesis or dissertation courses, or January Session courses.
- The University reserves the right to exclude this certificate from use in relation to any specific course in its sole discretion.
- This certificate must be presented no later than the initial payment deadline for the semester in which you intend to redeem the certificate. If registration occurs after the initial payment deadline of a semester, this certificate must be submitted at the time of registration, except that if registration occurs online after the initial payment deadline of a semester, this original certificate must be received by the end of the next business day by the Office of the Bursar/Student Accounts located in 206 Memorial Hall.
- This certificate is transferable when the endorsement procedures below have been completed. Hofstra University reserves the right to deny certificate redemption where it is unable to confirm that appropriate transfer procedures have been followed. This certificate is only transferable one time.
- Employees of Hofstra University are not eligible to use this certificate.
- This certificate must be signed by the registrant.
• This certificate may not be replaced or extended.
• No credits or refunds of the certificate value will be given under any circumstances, including where the certificate is unused, used for fewer credits than the total certificate value, or where the holder withdraws from the course to which the certificate is applied.
• Redemption of this certificate may affect the registrant’s financial aid package and may reduce his or her award.
• This certificate may not be used to pay a past due balance.
ATHLETIC TRAINING EDUCATION PROGRAM
CURRICULUM INFORMATION
Athletic Training Education Program Mission

The mission of the Hofstra University Athletic Training Education Program (ATEP) is to develop future professionals in the field of athletic training through a strong academic program and clinical experience in the management of health care problems associated with physical activity. The professional preparation includes development in evidence-based practice; prevention and health promotion; clinical examination and diagnosis; acute care of injury and illness; therapeutic interventions; psychosocial strategies and referral; healthcare administration; and professional development and responsibilities following guidelines developed by the National Athletic Trainers’ Association and the Commission on Accreditation of Athletic Training Education (CAATE). The ATEP prepares scholarly practitioners, who, through strong didactic and clinical experiences will be able to work with diverse populations in both traditional and non-traditional settings.

Program Goals and Objectives
ATEP goals align most closely to the "Athletic Training Education Competencies (5th ed.)" as developed by the NATA in conjunction with CAATE. While some of the general information is presented here, you should refer to the full document for more specific details regarding the Competencies.

Major Content Areas:
- Evidence-Based Practice
- Prevention and Health Promotion
- Clinical Examination and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Interventions
- Psychosocial Strategies and Referral
- Healthcare Administration
- Professional Development and Responsibilities

Foundational Behaviors of Professional Practice:
These are key basic behaviors that cut across all aspects of the practice of athletic training and assessed consistently throughout a student’s educational experience.

- Primacy of the patient
- Team approach to practice
- Legal practice
- Ethical practice
- Advancing knowledge
- Cultural competence
- Professionalism

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3 Athletic Training Education Competencies (5th ed.) page 9
Athletic Training Education Program Curriculum

Program Description:
The Athletic Training Education Program (ATEP) is a 128 credit hour degree program that leads to a Bachelor of Science Degree in Athletic Training.

The ATEP is accredited by the Commission on Accreditation of Athletic Training Education (CAATE) signifying that it meets the standards required to prepare students for the Board of Certification, Inc. Examination and a professional career as an Athletic Trainer.

This program prepares students for a career in the profession of athletic training by providing learning experiences that assist students in gaining knowledge and hands-on experience required to be successful in the field.

The program has two main components, the academic course work and the clinical education component. Freshmen and entering transfer students primarily engage in academic course work during the first year of enrollment (Pre-athletic Training Student Phase). Once students are admitted to the program (Professional Athletic Training Student Phase), academic course work and clinical education are completed simultaneously. Entrance into the Professional Athletic Training Phase is competitive.

The academic component including 64 liberal arts credit, allows for knowledge to be gained in the areas of human anatomy and physiology, exercise physiology, nutrition, and analysis of human movement. In addition, core courses intended to address knowledge specific to the profession of athletic training are offered (see listing).

The clinical education component requires 1000 hours (Maximum of 1350 hours) of documented experience over a minimum of 5 semesters 2 1/2 years). This time is intended to provide the student with hands-on experience under the direct supervision of an Athletic Trainer or other qualified health care professionals.

Clinical experiences expose the student to various types of athletic injuries, equipment intensive sports, general medical conditions, and both male and female athletes. Clinical rotations can occur on the Hofstra University campus as well as other off-campus locations including other colleges, high schools, or local professional sport facilities.

ATEP Electronic Bulletin
http://bulletin.hofstra.edu/preview_program.php?catoid=53&poid=4914&returnto=3019
Admission to Athletic Training Education Program:

**Pre-Athletic Training Phase**
Students in the pre-athletic training phase are eligible to apply to the professional phase of the athletic training program after they have successfully completed BIO 103; PESP 161, 169 with grades of C- or better. Students must maintain a 2.5 overall grade point average and a 2.75 grade point average within the athletic training major.

**Professional Phase**
Admission to the professional phase of the program is competitive. To apply for acceptance into the professional phase of the athletic training program, students must submit an application, a personal essay, two letters of recommendation, official transcripts, current CPR and First Aid certificates, physical and immunization records, and complete a Technical Standards Form available from the Health Professions and Kinesiology Department. Applicants may also interview with the Program Coordinator and other faculty members.

Upon the recommendation of the athletic training program coordinator, final admission to the professional phase of the program will be granted by the chairperson of the Health Professions and Kinesiology Department. Students will receive written notice of their acceptance into the program. Applicants who do not meet the program requirements will be counseled about other academic programs.

**Hofstra ATEP Continuation Standards**
Upon completion of Level II of the Professional Phase of the program, all athletic training majors must meet the following criteria to continue in the professional phase of the athletic training program:

1. Maintain a cumulative grade point average of 2.5 or better in all course work and a cumulative grade point average of 2.75 and a grade of C- or better in all athletic training major courses indicated by the symbol “+”. Students who do not maintain the required average(s) will be placed on academic probation for one semester. In the event the student fails to meet program requirements after the one semester academic probation period they will be removed from the professional phase of the program. Only students matriculated in the professional phase of the athletic training program are eligible to enroll in the following courses: PESP 171A, 171B, 171C, 171D, 171E, 174, 175, 176 and 195.

2. Completion of clinical experience courses. Students are required to complete a series of clinical experiences that are course co-requisites to required courses and are described in course syllabi. Students must earn grades of C- or better to progress to the next clinical level.
**PROBATION (Additional Information)**
The Program Coordinator will notify any ATS placed on academic probation because of an inability to meet the continuation standards of the program of their status in writing and the steps necessary to be removed from the probationary status will also be outlined. One of these steps may include submitting regular progress reports to the Program Coordinator.

Any ATS placed on academic probation will also be restricted to the minimum allowable number of clinical hours required for the currently enrolled clinical course and as designated by the Program Coordinator. Students will also not be allowed to travel during this period. These restrictions can be lifted at the discretion of the Program Coordinator provided the progress reports submitted by the ATS show evidence of satisfactory academic performance.

**Clinical Education (General)**
Satisfactory completion of a minimum of 1,000 clinical hours (maximum of 1,350 hours) with the following restrictions:

1. 75% of clinical hours must be under the direct supervision of a certified athletic trainer.
2. Students will have exposure to upper- and lower-extremity injuries in addition to equipment-intensive sports and general medical conditions for both male and female athletes.
3. Students should expect to travel with respective clinical assignments. This could include travel by bus and plane in addition to weekend travel.
4. Students will have clinical assignments in off campus settings and will need to provide either their own transportation or use public transportation.
5. All clinical hours must be accumulated in a period of not less than two, and no more than five years.
ATEP Courses Listing:
Curriculum Courses: 128 Total Credits

Core Athletic Training Courses:
Human Anatomy & Physiology I
Human Anatomy & Physiology II
Structural & Mechanical Kinesiology
Physiology of Exercise
Applied Exercise Physiology: Health & Fitness
Biology of Human Nutrition
First Aid for Activity Professionals
Resistance Training Techniques & Progressions
Functional Anatomy for Injury Assessment
Sport Safety & Use of Protective Equipment
Care & Prevention of Athletic Injuries
Sports Nutrition
Evaluation & Management of Injury I
Evaluation & Management of Injury II

Assessment Procedures for Athletic Trainers
Assessment of Physical Fitness
Principles & Theories of Therapeutic Exercise
Therapeutic Modalities
Pathology of Injury & Illness in Athletic Training
Pharmacology for Athletic Trainers
Organization & Administration in Athletic Training
Advanced Topics in Athletic Training

Clinical Education Courses:
Clinical Experience in Athletic Training A-E (5 courses)
Clinical Experience in Athletic Training of Preseason Activities
Field Experience in Sports Medicine

General Education Requirements:
Composition I
Composition II
Speech Requirement
Introduction to Psychology
Contemporary Society
Overview of Computer Science
Health Psychology & Behavioral Medicine
3 Semester Hours of Social Science Elective (select from specific course options)
6 Semester Hours of Humanities Electives
4 Semester Hours of Natural Science Elective
3 Semester Hours of Math Elective
3 Semester Hours of Statistics or Research Elective
12 Semester Hours of Liberal Arts Elective
# Athletic Training Program Course Progression

## LEVEL I: PRE—ATHLETIC TRAINING PHASE

### 1st Fall Semester

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Name</th>
<th>s.h.</th>
<th>Sem</th>
<th>Grade</th>
<th>Comments</th>
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<tbody>
<tr>
<td>BIO 103*</td>
<td>Anatomy &amp; Physiology I</td>
<td>3</td>
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<tr>
<td>PESP 172**</td>
<td>Functional Anatomy For Inj. Assess.</td>
<td>3</td>
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<tr>
<td>WSC 1</td>
<td>Composition I</td>
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<tr>
<td>SOC 4</td>
<td>Contemporary Society</td>
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<td>SPCM 1, 7,</td>
<td>Speech Requirement</td>
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**TOTAL 15**

### 1st Spring Semester

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<td>BIO 105**</td>
<td>Anatomy &amp; Physiology II</td>
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<td>PESP 61**</td>
<td>First Aid for Activity Professionals</td>
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<tr>
<td>PESP 161 *</td>
<td>Care &amp; Prevention of Ath. Injuries</td>
<td>3</td>
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<tr>
<td>PESP 169*</td>
<td>Sport Safety &amp; Protective Equip.</td>
<td>3</td>
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<td>Offered in Spring only</td>
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<td>WSC 2</td>
<td>English Composition II</td>
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<td>LA Elective</td>
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**TOTAL 17**

* Required for Pre-Athletic Training Majors for application to professional phase of AT program
** Strongly recommended for all Pre-Athletic Training Majors

## LEVEL II: PROFESSIONAL ATHLETIC TRAINING PHASE

### 2nd Fall Semester

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<th>Course No.</th>
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<tr>
<td>PESP 171A</td>
<td>Clinical Experience in AT</td>
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<td>PESP 106</td>
<td>Kinesiology</td>
<td>3</td>
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<td>PESP 163A</td>
<td>Evaluation &amp; Mgmt of Injury 1</td>
<td>3</td>
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<td>PESP 173</td>
<td>Assessment for Athletic Trainers</td>
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<td>PSY 1</td>
<td>Introduction to Psychology</td>
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<td>Math Elect.</td>
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**TOTAL 15**

### 2nd Spring Semester

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<td>Clinical Education in AT</td>
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<tr>
<td>PESP 163B</td>
<td>Evaluation &amp; Mgmt of Injury 2</td>
<td>3</td>
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<tr>
<td>BIO 106</td>
<td>Physiology of Exercise</td>
<td>3</td>
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<tr>
<td>CSC 5</td>
<td>Overview of Computer Science</td>
<td>3</td>
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<tr>
<td>BIO 50</td>
<td>Human Nutrition</td>
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<td>Humanities</td>
<td>Elective</td>
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**TOTAL 16**

### 2nd or 3rd Summer III Semester

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<td>PESP 176</td>
<td>Clinical Experience for Preseason</td>
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**TOTAL 16**
### LEVEL III: PROFESSIONAL ATHLETIC TRAINING PHASE

#### 3rd Fall Semester

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<tr>
<td>PESP 171C</td>
<td>Clinical Education in AT</td>
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<td>PESP 191</td>
<td>Sports Nutrition</td>
<td>3</td>
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<td>PESP 192</td>
<td>Therapeutic Modalities</td>
<td>3</td>
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<td>PESP 194</td>
<td>Assessment of Physical Fitness</td>
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<td>PSY 89</td>
<td>Health Psychology and Behavioral Medicine</td>
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<td>Statistic or Research Req.</td>
<td>Math 8, BIO 100, SOC 81, PSY 40 (4 cr), or SOC180 (4 cr)</td>
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TOTAL 17

#### 3rd Spring Semester

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<th>Course No.</th>
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<tr>
<td>PESP 171D</td>
<td>Clinical Education in AT</td>
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<td>PESP 190</td>
<td>Principles of Therapeutic Exercise</td>
<td>4</td>
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<td>PESP 193</td>
<td>Resistance Exercise Techniques &amp; Progressions</td>
<td>2</td>
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<td>PESP 196</td>
<td>Applied Exercise Physiology</td>
<td>3</td>
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<tr>
<td>Social Science Elective</td>
<td>PSY 11, PSY 25, PSY 26, PSY 27, PSY 54, PSY 57, PSY 60, PSY 63, SOC 8, SOC 10, SOC 34 or SOC 104</td>
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<tr>
<td>PESP 102A</td>
<td>Organization &amp; Administration</td>
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</tbody>
</table>

TOTAL 17

### LEVEL IV: PROFESSIONAL ATHLETIC TRAINING PHASE

#### 4th Fall Semester

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Name</th>
<th>s.h.</th>
<th>Sem</th>
<th>Grade</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PESP 171E</td>
<td>Clinical Experience</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanities</td>
<td>Elective</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PESP 174</td>
<td>Pharmacology for Athletic Trainers</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PESP 175</td>
<td>Pathology of Injury &amp; Illness in AT</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>LA Elective</td>
<td></td>
<td>3</td>
<td></td>
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</table>

TOTAL 15

#### 4th Spring Semester

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Name</th>
<th>s.h.</th>
<th>Sem</th>
<th>Grade</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PESP 195</td>
<td>Field Experience in Sports Medicine</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PESP 168</td>
<td>Advanced Topics in AT, PESP 168A, 168B or 168C (1 credit each)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NS Elective</td>
<td>Natural Science Elective</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>LA Elective</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA Elective</td>
<td></td>
<td>3</td>
<td></td>
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</tbody>
</table>

TOTAL 17
ATEP CLINICAL EDUCATION PROGRAM INSTRUCTION
Clinical Education Program Description

The following is a summary of clinical experience courses and corresponding clinical hour requirements:

<table>
<thead>
<tr>
<th>First Year of Clinical Education (Level II)</th>
<th>Credits</th>
<th>Minimum Hours</th>
<th>Maximum Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PESP 171A Clinical Experience in Athletic Training</td>
<td>1</td>
<td>100</td>
<td>150</td>
</tr>
<tr>
<td>PESP 171B Clinical Experience in Athletic Training</td>
<td>1</td>
<td>100</td>
<td>150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Year of Clinical Education (Level III)</th>
<th>Credits</th>
<th>Minimum Hours</th>
<th>Maximum Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PESP 171C Clinical Experience in Athletic Training</td>
<td>2</td>
<td>150</td>
<td>200</td>
</tr>
<tr>
<td>PESP 171D Clinical Experience in Athletic Training</td>
<td>2</td>
<td>150</td>
<td>200</td>
</tr>
<tr>
<td>*PESP 176 Clinical Experience in Athletic Training For Preseason Activities</td>
<td>1</td>
<td>100</td>
<td>150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Year of Clinical Education (Level V)</th>
<th>Credits</th>
<th>Minimum Hours</th>
<th>Maximum Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PESP 171E Clinical Experience in Athletic Training</td>
<td>3</td>
<td>200</td>
<td>250</td>
</tr>
<tr>
<td>PESP 195 Field Experience in Sports Medicine</td>
<td>3</td>
<td>200</td>
<td>250</td>
</tr>
</tbody>
</table>

*This course is taken in the summer EITHER during the second or third clinical year

Students engaging in clinical experiences will be directly supervised by a healthcare professional (usually a certified athletic trainer) who serves Approve. Clinical Instructor (ACI) or Clinical Instructor (CI) for the academic program.

The student's total clinical experience hours are completed at a variety of sites including Hofstra University interacting directly with our Division I varsity athletic programs, as well as any number of off-campus clinical sites ranging from other colleges, high schools, clinics or professional sports teams. When developing clinical assignments the primary consideration is meeting the clinical education requirements as outlined by CAATE, which means any student could be assigned at an off-campus site at any time if it meets the educational and/or professional needs of the student.

Each student will gain clinical experience with both men's and women's team sports, upper and lower extremity injuries, general medical conditions an equipment intensive sports. Students will also gain experience in practice, game and travel situations. In addition students gain experience in a variety of clinical settings that could include a high school, rehabilitation clinic, or a physician's office among others based on available affiliated clinical sites.
Clinical Experience Courses will be satisfactorily completed with the following restrictions:

1. All clinical hours must be under the direct supervision of a certified athletic trainer. (Or other allied health professional with approval of the Program Coordinator). A minimum of 75% of all clinical hours must be under the direct supervision of a certified athletic trainer.

2. Students will have exposure to upper and lower extremity injuries, in addition to equipment intensive sports and general medical conditions for both male and female athletes.

3. Students should expect to travel with respective clinical assignments. This could include travel by bus and plane in addition to weekend travel.

4. Students will have clinical assignments in off campus settings and will need to provide either their own transportation or use public transportation.

5. All clinical hours must be accumulated in a period of not less than two, and no more than five years.

**Clinical Level Descriptions**

**Level II Clinical Experience:**
Students participating in the Level II experience are assigned to various clinical rotations throughout the year. Assignments predominately occur during the fall and spring semesters, but the Clinical Coordinator may make an assignment during the intercession as deemed necessary. Rotations will be broken up into 5-week segments and each student is assigned to various ACIs at Hofstra University and other off-campus sites. Students have brief periods designated as off time. Students are expected to complete a total of 6 on-campus physician clinics (4 general medical/2 orthopedic) throughout the academic year.

**Level III Clinical Experience:**
Students participating in the Level III experience will be assigned to 1 or 2 clinical assignments with an ACI throughout the academic year (primarily fall and spring semesters) depending on the needs of each student. If a student is assigned with an ACI who has responsibilities between semesters, it is expected that the student will arrange clinical experience hours to meet their clinical education requirement for their course, but are NOT required to accumulate hours during the intercession period. Students will also be expected to complete a total of 6 on-campus physician clinics (4 general medical/2 orthopedic) throughout the academic year.
**Level IV Clinical Experience:**
Students participating in the Level IV experience will be assigned to 1 or 2 clinical assignments with an ACI/CI throughout the academic year (primarily fall and spring semesters) depending on the needs of each student. If a student is assigned with an ACI/CI who has responsibilities between semesters, it is expected that the student will arrange clinical experience hours to meet their clinical education requirement for their course, but are NOT required to accumulate hours during the intersession period. Students will be expected to complete a total of 3 on-campus physician clinics (2 general medical/1 orthopedic) throughout the academic year as part of PESP I71E. In addition to these requirements each Level IV student will be assigned to complete a 3-week primary care sports medicine experience and an 8-10 week off campus clinical experience as part of PESP I95.

**Technical Standards for Admission to ATEP**

<table>
<thead>
<tr>
<th>Students will be required to complete this form during the ATEP application process and on an annual basis as long as the student remains active in the professional phase of the ATEP. These standards are a key to helping ensure a student’s success in the clinical education program. Should you be supervising or otherwise interacting with a student who you have concerns about their ability to meet these standards please contact the Program Coordinator or Clinical Coordinator immediately.</th>
</tr>
</thead>
</table>

The Athletic Training Educational Program at Hofstra 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 Commission on Accreditation of Athletic Training Education (CAATE) and the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer as well as meet the expectations of the program's accrediting agency. The following abilities and expectations must be met by all students admitted to the Athletic Training Educational 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 the program.

Compliance with the program’s technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Educational 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 to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.

3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.

4. The ability to record the physical examination and 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.

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.

9. The ability to correctly perform cardiopulmonary resuscitation.

10. The ability to safely and effectively remove an injured athlete from the field/court/arena of play.

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

The Dean of University Advisement, 101 Memorial Hall, will evaluate a student who states s/he 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 s/he 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 as to whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the education process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I verify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that meet each of these standards

  without accommodation _____
  with accommodation _____

I understand that if I am unable to meet these standard, I will not be admitted into the program.

Signature of Applicant ____________________________ Date __________
Print ________________________________
Clinical Education Program Philosophy

In order for the ATS’ clinical experience to be a successful one it is important that each student have a very clear understanding of what is expected, how s/he will be evaluated and how often and in what forms s/he will be evaluated. To make that more clear I have included excerpts from The One Minute Manager by Ken Blanchard and Spencer Johnson⁴.

The idea of the One Minute Manager contains three components:

- One Minute Goal Setting
- One Minute Praisings
- One Minute Reprimands

By using these three components and the One Minute Manager philosophy it is hoped that it will help you have a more directed and positive clinical experience with your assigned student(s). If you know what his/her goals are, what s/he needs to do to meet them and whether or not s/he being successful the time spent in the athletic training facility will be more productive and better prepare you for your career as a professional.

Remember the best productivity comes from focusing not on just *quality OR quantity, it is about quality AND quantity.*

**One Minute Goal Setting**

1. Agree on ATS’ goals
2. Show/explain what good behavior looks like
3. ATS will write out each of your goals on a single sheet of paper using less than 250 words and review with you
4. Encourage ATS to read and re-read each goal regularly, which requires only a minute or so each time you do it
5. Take a minute every once and a while out of your day to comment on ATS performance
6. See whether or not ATS behavior matches ATS goal

**Tips & Pointers:**

- Goal setting will be the foundation of this process
- If utilized correctly it will be very clear to both you and the ATS what the expectations for the experience are
- 80% of your important results will come from 20 % of your goals... meaning you will only need a few specific goals to get the results you are looking for

---

⁴ Excerpts from, *The One Minute Manager* by Ken Blanchard & Spencer Johnson
• Goals should include a specific description of what acceptable/appropriate performance is

**THIS IS WHY IT IS CRITICAL TO REQUEST AND REVIEW THE ATS GOAL SHEET DURING THE INITIAL MEETING PRIOR THE START OF ANY CLINICAL EXPERIENCE.**

**One Minute Praisings**

1. Tell ATS **up front** that you are going to let them know how they are doing
2. Praise ATS immediately
3. Tell ATS what they did right- be specific
4. Tell ATS how good you feel about what they did right, and how it helps the program and the other people that work as a part of it
5. Stop for a moment of silence to let them "feel" how good you feel
6. Encourage them to do more of the same
7. Shake hands or touch people in a way that makes it clear that you support their success in the program *(take cues from students/staff on using physical contact)*

**Tips & Pointers:**

- Break the habit of catching ATS doing things wrong and turn it around and make it positive
- Making **brief** physical contact when praising makes it feel as though you both are on the same side and are sincere *(where appropriate, see above)*
- Provided consistently, positive feedback reduces anxiety about regular clinical evaluations and allows ATS to become confident in what to expect

**One Minute Reprimand**

1. Tell ATS **beforehand** that you are going to let them know how they are doing and in no uncertain terms
2. Reprimand ATS immediately

**First half of the reprimand:**

1. Tell ATS what they did wrong- be specific
2. Tell ATS how you feel about what they did wrong- and in no uncertain terms
3. Stop for a few seconds of uncomfortable silence to let them "feel" how you feel

**Second half of the reprimand:**

1. Shake hands, or touch them in a way that lets them know you are honestly on their side *(note important cues relative to physical contact and act accordingly)*
2. Remind them how much you value them
3. Reaffirm that you think well of them but not of their performance in this situation
4. Realize that when the reprimand is over, it's over

Tips & Pointers:
- Be sure to follow up the reprimand with a praising, pointing out a mistake and not helping the student to devise a solution, pointing out what he/she usually does well is counter productive
- It's absolutely imperative that the reprimand is immediate
- Deal with the behavior, do not attack the person
- The reprimand should take about 30 seconds and the praising should take the remaining 30 seconds
- Deal with a situation and move on, don't use the past to talk about the present

Why it works
1. Students are what get programs results, invest in them and the results will improve
2. Goal setting is particularly important because students will be more motivated to perform if you know what to aim for and what the expectations are... don't assume students know what goals you have or what you expect
3. Providing regular feedback is a major motivator... it allows students to know whether s/he is on track to achieve his/her goals, if s/he need to change them, or come up with new ones
4. Everyone is a potential winner
5. Being praised allows you to know you are meeting your goals and students are performing the behaviors that will allow them to be successful.
6. Disciplining as close to the inappropriate behavior as possible is more likely to affect future behavior and allow you to be able to take in the constructive criticism.
7. Being tough on the behavior and then praising the person is a more effective motivational tool than praising first and reprimanding second.
Clinical Education Student Expectations  
(Also available on each clinical education course syllabi)

1. Students will review and accept the responsibility of an athletic training student as stated in the Athletic Training Student Handbook. Students are expected to present themselves in a professional manner at all times while representing the Program and the University. This includes, but is not limited to, behavior, language, appearance and demeanor. (See Dress Code for Athletic Training Students)

2. Students will maintain a current membership with the National Athletic Trainer's Association as stated in the Athletic Training Student Handbook.

3. Schedule to meet with the assigned ACI prior to the start date of the clinical rotation (AT LEAST one week in advance).

4. Students who engage in team travel with the assigned ACI are expected to follow the rules and regulations established by the affiliated clinical site's Department of Athletics.

5. Students are expected to provide their own transportation to clinical assignments with ACIs who reside at off-campus affiliate sites.

6. Students assume all liability relating to travel and transportation associated with clinical experience courses.

7. Students are expected to fulfill the clinical experience hour requirements as assigned regardless of weather conditions or extenuating circumstances. Students will engage in clinical experiences outdoors and during inclement weather.

8. Students are expected to maintain confidentiality of all medical information, be it verbal or written. Students are expected to abide by the Confidentiality Statement located in the Athletic Training Student Handbook.

9. Students are expected to provide payment of materials fee prior to the start of the Level II (III or IV) clinical experience for athletic training related clothing and supplies. In addition, students are required to pay an annual liability insurance fee of $16.00.

10. Students are expected to remain current in the American Red Cross CPR for the Professional Rescuer certification. An opportunity for annual recertification will be provided by the HPK Dept. free of charge, with the exception of the American Red Cross CPR $27.00 fee per certification card.
11. Students are expected to complete annual training regarding universal precautions and bloodborne pathogens. Training in the guidelines set forth by the Occupational Safety and Health Administration will be provided annually by the ATEP.

12. Students are expected to attend educational seminars that occur outside of regularly scheduled clinical experience hours.

13. Students are accountable for the timely submission of all evaluations, Clinical Proficiency Manual modules, contact hour logs and all other documents required for successful completion of the clinical experience course.

14. Students are responsible for reading and understanding the Technical Standards form.

15. Students understand that failure to fulfill the expectations and course requirements as stated in the course syllabi can result in a failing grade for the course as well as academic suspension and/or dismissal from the Program.
POLICIES AND PROCEDURES FOR HOFSTRA UNIVERSITY AND ATEP CLINICAL EDUCATION PROGRAM
Hofstra University Grade Appeal Policy

According to Faculty Policy Series #42, students have the right to appeal a grade when they believe that the grade was based on factors other than the student's academic performance in the course. The stages of the appeal process are as follows:

1) Appeal to the Instructor
   As soon as possible following the assignment of the grade, the student must communicate with the instructor and explain concerns about the grade, seeking a resolution.

2) Appeal to the Chair
   If the problem is not resolved, the student may submit a written statement to the Chair of the Department, detailing the argument for a change of grade, specifically identifying and documenting those factors (other than academic performance) which the student believes affected the grade. The student must submit this written statement within 15 days following the start of the fall or spring semester immediately following the semester in which the disputed grade was assigned. The Chair will forward a copy of this statement to the instructor. The Chair will meet with the instructor and student in an effort to mediate a resolution and respond, in writing, to the student within 15 days from receipt of appeal.

3) Appeal to the Dean
   If the problem is not resolved, the student may appeal to the Dean by submitting a written statement. The Dean will meet with the Chair, the instructor and the student, in an effort to mediate a resolution and respond in writing to the student within 15 days from receipt of appeal.

4) Appeal to an Ad Hoc Committee
   If the problem is not resolved and the student wishes to continue the appeal, the Dean, in consultation with the department chairperson, will establish an Ad Hoc Appeal Committee. The committee will include three faculty and a non-voting representative from the Dean's office.

   The committee shall begin with the presumption that the course grade was assigned correctly and the burden of proof shall lie with the student. The committee shall have the authority to investigate the appeal fully. Within 15 days after the appointment, the Ad Hoc Committee will issue its decision. If the committee determines that the course grade was based on factors other than the student's academic performance in the course, the faculty members of the committee may determine a new grade and submit a change of grade.

5 Available at: http://www.hofstra.edu/academics/colleges/soeabs/soeabs_appeal.html
5) Appeal to the Provost
If the problem is not resolved, the student may appeal to the Provost. In all appeals to the Provost, the Provost shall begin with the presumption that the Appeal Committee's determination is correct. If the Provost determines that there is cause for reconsideration, the Provost (or designee) shall reconvene and chair (without vote) the Hoc Grade Appeal Committee to review the case. The Committee's final determination upon reconsideration shall be forwarded to the President.
Athletic Training Education Program Non-Discrimination Policy

The Athletic Training Education Program (ATEP) as part of Hofstra University has a continued commitment to extend equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, age, national or ethnic origin, physical or mental disability, marital or veteran status in admission to and continuation in the ATEP. The ATEP faculty, administrators and clinical instructors understand the value and importance of “difference” and strive represent that within the ATEP.

For more information check out:

Equal Opportunity Statement: http://www.hofstra.edu/About/Policy/policy_eoe.html

Diversity Mission Statement:
http://www.hofstra.edu/pdf/about/administration/provost/prov_diversity.pdf

Or contact:
Equal Rights & Opportunities Officer
C/O Office of Legal Affairs and General Counsel
101 Hofstra University
Hempstead, NY 11549
Phone: (516) 463-7310,

Dean of Students
243 Student Center
200 Hofstra University
Hempstead, NY 11549
Phone: (516) 463-6913

Services for Students with Disabilities Office
212 Memorial Hall
Hofstra University
Hempstead, NY 11549
Phone: (516) 463-7075
General Clinical Education Policies

1. All Athletic Training Students (ATS) are expected to abide by the NATA Code of Ethics as you are part of the athletic training staff, not the team as well as other national, state and local standards that govern the practice of athletic training. Your performance and behavior should reflect this.

   ACI/CI are also expected to abide by the Code of Ethics and other professionally relevant legal and ethical guidelines. Additionally all ACI/CI should be aware that modeling appropriate behavior relative to ethical and legal guidelines is an important teaching/learning tool for ATS assigned to you.

2. All Athletic Training Students (ATS) are required to maintain a current membership with the National Athletic Trainers' Association during their enrollment in the Professional Phase of the ATEP.

   ACI/CI who are ATs are not required to be members, but should be sure to promote the advantages of being part of the professional organization as appropriate.

3. All Athletic Training Students (ATS) will be expected to contact and meet with their upcoming ACI/CI at least one week prior to beginning your clinical assignment. This meeting should include a review of your completed goals sheet and the expectations for the experience.

   ACI/CI should request a printed copy of the ATS goal sheet to facilitate the discussion of experience expectations. An “Initial Meeting Checklist” is available on ATrack to assist in this process. Any ACI/CI who has not met with an ATS in a formal fashion prior to the start of a semester should contact the Clinical Coordinator (CC) immediately.

4. Make all attempts to avoid scheduling classes, meetings, etc. during manual athletic training facility hours (2p - 6p Monday to Friday), while not all teams practice during this time, many do. Students wishing to enroll in a course during this time must receive ATEP faculty approval.

   ACI/CI should inform students of your expected work schedule as soon as reasonable, especially if it falls outside of this recommendation so that the student has time to make any potential adaptations to his/her class and/or work schedule in an effort to maximize the clinical experience.

5. Professional dress is expected in the athletic training facility at all times. All athletic training students (ATS) must be dressed in appropriate uniform or clothing to work an event or while completing your clinical experience.
ACI/CI should be familiar with Hofstra’s defined dress code and/or clearly delineate any dress expectations to the ATS during the initial meeting. ATS not following the policy consistently should be reported to the CC.

6. A week is defined as 7 days from Monday to Sunday. Each ATS must receive one day off per week that is determined in advance in consultation with his/her ACI/CI.

ACI/CI should work with ATS to designate at least one day per week as “OFF” where clinical experience hours are not expected. Whenever possible the use of travel days should be avoided as the designated “OFF” day. The intention is to provide the ATS a day on campus to take care of other commitments.

7. ATS should be under the direct supervision of an ACI/CI at all times. Direct supervision is defined as being in close audio and visual contact in order to intervene on behalf of the patient.

ACI/CI should ALWAYS be able to intervene on behalf of the patient when supervising an ATS. Further definition of this is available in Appendix A. Any questions about this policy should be directed to the CC.

8. Any clinical hours obtained during an intersession period or other periods that are not directly associated with a clinical course and its required clinical hours are considered VOLUNTARY and cannot be mandated (See Volunteer Hours Policy).

ACI/CI should direct any student interested in completing volunteer hours to the Program Coordinator and/or Clinical Coordinator for approval. Any student on academic probation is not allowed to complete volunteer hours.

9. ATS could be assigned to an off-campus location at any time. Transportation to and from clinical sites is the responsibility of the ATS.

Any questions regarding this policy and ATS travel with an athletic team should be directed to the CC in advance of the expected travel.

10. Each affiliated site may have policies and procedures beyond what are listed here. It is the responsibility of the ATS to be aware of these policies and abide by them when attending a clinical experience at an off-campus affiliation.

ACI/CI are responsible for making sure any additional site specific policies you have are distributed and discussed with the ATS during the initial meeting. Any materials you would like to make generally available can be provided to the CC for distribution to ATS.
Using Appropriate Terminology as Provided by NATA

ATC Terminology
NATA's policy is not to use the ATC acronym as a noun. ATC is an acronym that describes a credential, not a person, and it should only be used following the name of a certified individual. Using the ATC acronym as a noun inhibits the Board of Certification's ability to protect the ATC credential against misuse. In other words, NATA and the BOC cannot protect the copyright on the ATC mark if it becomes known as a common noun.

Physical activity removed from mission statement
The NATA districts and the board of directors have voted to remove the term "physical activity" from the NATA mission statement. The new statement for NATA is:
"The mission of the National Athletic Trainers' Association is to enhance the quality of health care provided by certified athletic trainers and to advance the athletic training profession."

Definition of Athletic Training
Athletic training is practiced by athletic trainers, 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.

Athletic trainers deliver rehabilitation services under a physician's guidelines.
Guidelines are general directions and descriptions that lead to the final outcome, thereby allowing the athletic trainer to rely on clinical decision making in constructing the rehabilitation protocol. Protocol are rigid step-by-step instructions that are common in technical fields and do not allow flexibility and/or clinical decision making.

Athletic trainers function under a physician's direction.
The terms "direction" and "supervision" mean two different things. Most importantly, supervision may require the on-site physical presence of the physician and that the physician examines each and every patient treated by an athletic trainer. Direction, on the other hand, requires contact and interaction, but not necessarily physical presence.

Athletic trainers refer to the population that receive their services as patients or clients.
Athletes comprise a significant proportion of the population who receive care from athletic trainers. However, once an athlete (or any other individual) becomes injured, he or she is a patient. The term "client" should be used for situations where individuals receive athletic training services — usually preventive in nature — on a fee-for-service basis.

6 Taken from NATA website: http://www.nata.org/athletic-training/terminology
Athletic trainers refer to Secondary School and College-based work spaces as facilities or clinics. The term "Athletic Training Room" does not appropriately recognize the health care services that are delivered within its walls. It may be impractical to find a "one term fits all" descriptor to describe this area, and each institution/facility will use the most appropriate term for their venue.

**Athletic trainers should not utilize the term "board certified."**

In medicine, the definition of "Board Certified" is a process to ensure that an individual has met standards beyond those of admission into licensure and has passed specialty examinations in the field. Various medical professional organizations establish their own board certification examinations. While the term "Board Certified" is recognizable within the heath care and medical communities, based on the above definition, the entry-level examination does not fit the criteria of being Board Certified. The recommended use is "certified athletic trainer."

ACI/CI are expected to demonstrate the correct use of this terminology when referring to Athletic Trainers or the athletic training profession, especially when supervising ATS. Modeling this behavior and expecting it in return from the ATS is key in reflecting the athletic training profession in the most accurate and professional manner possible.
Initial Meeting Guidelines

Each ATS is required to meet in person with his or her ACI/CI no less than one week prior to the start of his or her clinical experience. This meeting is critical for defining and clarifying the expectations for the entire clinical experience for both the ACI/CI and ATS. Copies of the Initial Meeting Checklist, CP Module Book and ATS Goal Sheet are available on ATrack®.

Documents the ATS should bring to the meeting are:
- A copy of the completed ATS Goal Sheet
- A copy of your current class schedule
- A copy of your work and/or athletics schedule (as appropriate)
- A copy of your current Clinical Proficiency (CP) Module Book

Topics to be discussed at this meeting include:
- Review and clarify any ATS expectations and policies as they relate to your facility and the ATS Handbook
- Discuss your specific expectations related to communication, professional behavior, attendance, travel, and facility specific policies and procedures
- Discuss EAP for your facility
- Discuss ATS Goal Sheet and how you both will cooperate to achieve these goals as well as any other specific clinical education expectations you have for the ATS
- Develop a specific attendance schedule in cooperation with ATS
- Develop a plan (maybe even schedule) for completing CP Modules and other AT course lab assignments

ACI/CI should contact the CC immediately if an ATS has not contacted, scheduled and completed this meeting in advance of starting a scheduled clinical education experience. ATS is notified of assigned experiences for the next academic year prior to leaving campus for the summer.

<table>
<thead>
<tr>
<th>Experience Start</th>
<th>Contact Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td>Initial: May</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>Initial: December</td>
</tr>
<tr>
<td>Summer I/II</td>
<td>Initial: April</td>
</tr>
<tr>
<td>Summer III</td>
<td>Initial: May</td>
</tr>
</tbody>
</table>
Direct Supervision Guidelines

ATEP direct supervision guidelines at Hofstra University were developed in line with Section J of the CAATE Standards (2008) and the Strategic Alliance Statement on Athletic Training Student Supervision included below. All ATS participating in a clinical education experience course (PESP 171A – E, PESP 176, and PESP 195) must be directly supervised by an appropriately trained ACI/CI at all times. Direct supervision is defined as:

1. ACI/CI is physically present, having the ability to intervene on behalf of the athletic training student to provide on-going and consistent education. The ACI/CI should have a consistent interaction with ATS that allows for providing direction and correcting inappropriate actions.

2. Physically present is further defined as being in the immediate physical vicinity and having the ability to maintain visual and vocal contact with the ATS. Vocal contact is defined as the ability to communicate using a reasonable voice with the ATS without the assistance of an electronic device (cell phone, radio, etc.).

3. Any ATS not under the direction supervision of a Hofstra University approved ACI/CI cannot participate in patient care and must discontinue clinical experience hours until appropriate supervision can be provided.

4. Should an ACI/CI need to leave the facility for an extended period of time (>5 minutes) the ATS must accompany ACI/CI.

5. An ATS should never take the place of a certified Athletic Trainer.

6. Any ACI/CI found to be in violation of this policy during a clinical site visit will have ATS immediately removed from the clinical site. Additional disciplinary action will be taken on a case-by-case basis.

7. Any ACI/CI witnessing another ACI/CI in violation of this policy should report it to the ATEP PC or CC immediately.

Strategic Alliance Statement on Athletic Training Student Supervision

The leadership of the Strategic Alliance, which includes the Commission on Accreditation of Athletic Training Education (CAATE), the National Athletic Trainers’ Association (NATA), and the

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7 Joint Statement on Student Supervision found via: http://www.caate.net/imis15/CAATE/Newsletters/CAATE/Newsletters/Newsletters.aspx?hkey=a2884e6b-57b8-4804-a524-3ecd5a7fd234, select “Student Supervision”.

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Board of Certification, Inc. (BOC), has concluded that it is both appropriate and necessary to issue this formal statement to remind institutions, supervisors and students that athletic training students should provide services to patients only when directly supervised by the appropriate personnel. This includes athletic training students who travel with athletic teams.

According to the 2008 Standards for the Accreditation of Entry-Level Athletic Training Education Programs, “an approved clinical instructor or clinical instructor must be physically present and have the ability to intervene on behalf of the athletic training student to provide on-going and consistent education.”

The Strategic Alliance has a vested interest in student supervision, an issue that transcends educational programs and impacts the profession of athletic training as a whole. The CAATE is involved from an educational standpoint, the BOC is involved from the regulatory perspective, and the NATA is concerned about issues affecting the athletic training profession.

Athletic training services should be provided only by BOC-certified or otherwise regulated personnel or by students under the direct supervision of such personnel. Athletic training students should only travel with teams when directly supervised at all times by appropriately credentialed athletic trainers. The practice of an unsupervised student providing athletic training services replaces licensed athletic training staff with unregulated personnel. This is illegal in most states, and the practice is contrary to the safety and welfare of patients. Additionally, it is not in the best interests of the profession and therefore cannot be supported by the Strategic Alliance.

The direct supervision of athletic training students is in the best interest of the institutions, supervisors, students, and patients. It is required under the CAATE education standards. As stated above, the Standards stipulate a clinical instructor must be physically present and able to interact with an athletic training student at the site of the clinical experience.

The Strategic Alliance acknowledges that critical thinking and independent clinical decision-making are at the heart of good clinical supervision. Direct supervision does not preclude students’ ability to learn and exercise those key skills. Clinical instructors and supervisors should allow students the appropriate freedom to engage in critical thinking and decision-making in a suitable environment. Above all, supervision by an instructor or supervisor must be adequate to ensure that each patient receives competent and quality care and to ensure compliance with the relevant state practice act. Failure to provide adequate supervision could expose the institution and regulated professionals to liability.

The Strategic Alliance is evaluating clinical education from several perspectives and is developing additional models and tools. This collective effort will assist athletic training students and classroom and clinical instructors.
Grievance Policy and Procedures for Approved Clinical Instructors/Clinical Instructors

As an ACI/CI, you have many responsibilities when supervising students. These are outlined in the ACI/CI Handbook and reviewed as part of regular training procedures. Should you be unable to meet your responsibilities as an ACI/CI with respect to a given student, one of the following may take place:

- ATS being removed from the clinical experience assignment until retraining can occur
- A change in the ATS clinical experience assignment for remainder of clinical experience
- Suspension of eligibility to supervise ATS

If an incident does occur, you may grieve the process by completing the following procedures:

- You must present your issue in a typed letter to the Program Coordinator that identifies your concern(s)
- The Program Coordinator will hold a meeting with the ACI to verify the issues outlined in the letter
- The Program Coordinator will then take one of three routes of action depending on what s/he feels is the most appropriate given the situation. These actions are:
  1. Call for an individual meeting with the ATS and the Program Coordinator.
  2. Call for a meeting with the ACI/CI, ATS and Program Coordinator.
  3. Call for a meeting with the ACI/CI, ATS, Program Coordinator and Department Chair.

The meeting will be designed to bring forth the issues of the ACI/CI and allow the ATS the opportunity to give his/her insights to the situation. At the conclusion of the meeting, a decision will be made on how to proceed (i.e. change in assignment, continuing in current assignment, probation, follow-up meeting). The final decision will be made in consultation with the Chair of the Department. The ACI/CI will be notified in writing within one week following the initial meeting as to their status.

There may also be times when there is a conflict between the ACI/CI and the ATS. It is the ACI/CI’s right to petition for removal of an ATS from the clinical site. The procedure for this is the same as outlined above. The final decision will be made in consultation with ACI/CI by the Program Coordinator and Department Chair.
Grievance Policy and Procedures for Athletic Training Students

As an athletic training student, you have many responsibilities, both clinically and academically. These are outlined in the Athletic Training Student Handbook as well as clinical education course syllabi (PESP 17IA - E, PESP 176 and PESP 195). Should you not meet your responsibilities as an ATS, one of the following may take place:

- Being removed from the clinical education assignment
- A change in the clinical education assignment
- Discontinuation of the clinical component of the academic program

If an incident does occur, you may grieve the process by completing the following procedures:

- You must present your issue in a typed letter to the Program Coordinator that identifies your concern(s)
- The Program Coordinator will hold a meeting with the student to verify the issues outlined in the letter
- The Program Coordinator will then take one of three routes of action depending on what s/he feels is the most appropriate given the situation. These actions are:
  1. Call for an individual meeting with the ACI/CI and the Program Coordinator.
  2. Call for a meeting with the ACI/CI, ATS and Program Coordinator.
  3. Call for a meeting with the ACI/CI, ATS, Program Coordinator and Department Chair.

The meeting will be designed to bring forth the issues of the student and allow the ACI/CI the opportunity to give his/her insights to the situation. At the conclusion of the meeting, a decision will be made on how to proceed (i.e. change in assignment, continuing in current assignment, probation, follow-up meeting). The final decision will be made in consult with the Chair of the Department. The student will be notified in writing within one week following the initial meeting as to their status.

There may also be times when there is a conflict between the athletic training student and the ACI/CI. It is the students’ right to petition for a new ACI/CI. The procedures for this are the same as outlined above. There is, however, no guarantee that the student will be re-assigned to a different ACI/CI.

The ACI/CI also has the right to petition for removal of an athletic training student from his/her clinical site. The procedures are the same for the ACI/CI that has been outlined above. All final decisions will be made in consult by the Program Coordinator and Chair of the Department.
**Hours Availability & Off Day Policy**

ATEP faculty advises ATS during each registration period to refrain from registering for non-AT requirements during the hours of 2p – 6p, Monday through Friday. ATS who schedule liberal arts courses during this time are expected to select an alternate section or course that falls outside of this time. The only exception to this policy is for students of junior status or higher that are attempting to complete the necessary pre-requisites for an advanced health/medical degree. These students are often required to take science courses where laboratories are scheduled during afternoon hours as dictated by the Departments that manage these courses.

The Hofstra ATEP defines a week as Monday through Sunday. During this defined week ATS are expected to have a minimum of ONE (1) day off. The intention of this policy is to give the ATS the opportunity to address other commitments and responsibilities outside of his/her clinical education. This is expectation is in line with the CAATE Standards which require appropriate and comparable relief time for athletic training students relative to other programs on campus. This day off will be determined with the following guidelines in mind:

1. The day off does not have to be the same day every week.

2. An ATS should not go more than 10 days with a day off.

3. The ACI/CI should avoid using a team travel day (where ATS is participating) as the designated day off. This circumvents the intention of the policy.
Confidentiality Statement for ATS

As previously mentioned, patient medical information is private. Any information you hear regarding a patient's medical health, whether in the athletic training facility, on the road, during an on-campus physician clinic or in another health care facility must remain confidential. This includes not speaking to the media, in any case.

Specifically, confidentiality of medical information is guaranteed by Health Insurance Portability and Accountability Act (HIPAA). This act describes information that is deemed Protected Health Information (such as name, social security number, or contact information) and sets the regulations as to how the privacy of the medical information should be protected. For example, you should not discuss a patient's medical information without permission from the patient, or leave their medical file out in community areas where others could read the information.

If you have concerns about whether information regarding a patient should be disclosed consult with your ACI/CI. Otherwise, use care when talking about your experiences and DO NOT violate the confidentiality of a patient's medical information.

For further detailed information regarding HIPAA you can go to the following link:

http://www.hhs.gov/ocr/privacy/hipaa/understand/summar.html

ACI/CI must not only abide by these regulations as a professional expectation, but should monitor the behavior of your assigned ATS to ensure compliance as well.
Drug, Alcohol and Tobacco Statement

Athletic Training is a profession that concerns itself with all aspects of a patient's health. We lead by example as well as by instruction. It is the responsibility of athletic trainers to demonstrate a healthy and fit lifestyle.

Hofstra University's Athletics Department has an Athletic Health and Safety Program that addresses the needs of Hofstra student-athletes. This is a comprehensive program of education, counseling and substance abuse testing. It is designed to support all members of Hofstra Universities Athletic Department. All members of the Athletic Training staff are part of this department.

Hofstra University's athletic training students are encouraged to attend the annual substance abuse, and rape awareness seminars that are presented to Hofstra University student-athletes. Counseling is available to the Athletic Training Students as needed. Athletic Training Students are also subject to probable cause referral for substance abuse, or other health problems, as included in the University Athletic Health and Safety Program.

The use of illegal drugs or substances by Hofstra University athletic training students is forbidden. The use of such substances will result in possible termination of one's participation in clinical education experience with Hofstra University's Athletic Department and other clinical affiliates. Consumption of alcoholic beverages is prohibited while traveling with athletic teams. Tobacco in any and all of its forms is banned at any and all athletic events and facilities, or whenever you are representing the Hofstra University ATEP.

All questions and concerns regarding this policy, or the Athletic Health and Safety Program, should be addressed to the Program Coordinator and Head Athletic Trainer.

ACI/CI should monitor the behavior of your assigned ATS to ensure compliance.
Dress Code for Athletic Training Students

General Expectations for all Clinical Experience Sites

1. Athletic Training Students (ATS) should arrive at their clinical experience site appropriately dressed and ready begin their clinical experience. Do not expect to change into the appropriate uniform upon arrival to the clinical site.

2. ATS will be allowed to wear only clothing bearing the logo of the institution or organization at which you are completing your clinical experience. You should be identifiable as an ATS associated with your assigned clinical site.

3. When wearing casual business attire not emblazoned with the appropriate logo (generally khakis and a polo shirt or sweater) name brand clothing with large graphic logos are not allowed (Gap, RocaWear, American Eagle, etc.).

4. Attire must be neat and clean, not excessively baggy, saggy, or tight. Additionally, clothing should not be worn or altered (ex.: ragged or cut off shorts). Shirts must always be tucked in and all shorts must have enough length to reach the mid-thigh.

5. NO jeans, stretch pants, or clothing with logos or writing across the seat of the pants or shorts are allowed. NO tank tops, all shirts must have some sort of sleeve and appropriately cover your mid-rift.

6. NO open-toed shoes or sandals. Typically, sneakers are appropriate for most clinical education sites, except where professional business attire is required and dress shoes would be expected.

7. Jewelry should be kept to a minimum in order not to interfere with your ability to provide treatment.

8. ATS should be aware that uniform clothing should allow for easy movement during completion of clinical education activities such as lifting, stretching patients, and bending down. Additionally, clothing should not be revealing during these activities and be aware that it is possible clothing could become damaged or stained.

9. These are the minimum standards ATS are expected to uphold, if your ACI/CI or affiliate clinical site has a higher standard, it is within their right to do so. See the Clinical Coordinator for any concerns regarding the Dress Code.
Specific Clinical Site/ Activity Expectations:

HOFSTRA UNIVERSITY

1. Hofstra University attire or casual business dress- is required at all times unless otherwise stated by your ACI/CI. Hofstra University follows ALL Dress Code General Expectations.

2. Hofstra University Attire includes:
   a. HU AT Polo Shirt
   b. HU AT T-shirt
   c. HU AT Hoodie
   d. HU Sweatshirt
   e. HU Team Shirt
   f. HU AT Jacket
   g. HU Windpants (must be appropriate col. s: blue, white, yellow)
   h. HU Mesh Shorts
   i. HU Sweatpants (**At ACI/CI discretion only**)
   j. NO OTHER SWEATPANTS ALI OWED

3. During rehabilitation hours and practice student- are expected minimally be in casual business dress wearing khakis or cargo pants with a polo or sweater. Windpants will be allowed assuming they are the appropriate color (practice only). Sneakers are also expected.

4. During on-campus physician clinics ATS must ear appropriate Hofstra University attire with khakis and sneakers.

5. Dress during games and travel with athletic teams will be clearly delineated by the ACI/CI at the beginning of your clinical experience.
   a. This can vary from ACI to ACI depending on the expectations of the athletic team s/he is associated with.
   b. In some instances Hofstra University attire will be sufficient, while in others professional business attire may be expected (shirt & tie).

PHYSICAL THERAPY CLINICS & GENERAL ATHLETIC TRAINING FACILITIES

1. All affiliated sites minimally follow ALL Dress Code General Expectations.

2. Appropriately logoed attire (logo appropriate to your clinical site) or casual business dress is required at all times unless otherwise stated by your ACI/CI.

3. Sneakers are appropriate unless otherwise stated by your ACI/CI.
**PRACTICE, INCLUDING OUTSIDE**

1. All affiliated sites minimally follow ALL Dress Code General Expectations.

2. Appropriately logoed attire (logo appropriate to our clinical site) or casual business dress is required at all times unless otherwise stated by your ACI/CI.

3. Sneakers are appropriate unless otherwise stated by your ACI/CI.

4. For ATS completing clinical education activities outside you should dress appropriately for weather and field conditions. These conditions along with information provided by your ACI/CI should be your guide in appropriate use of your mesh shorts, t-shirts or windpants and alternative footwear.

**GAMES**

1. All affiliated sites minimally follow ALL Dress Code General Expectations.

2. Specific dress requirements for game experience can vary significantly depending on the affiliated clinical site and athletic contest being covered. Specific uniform instructions will be clearly delineated by the ACI/CI at the beginning of your clinical experience.

3. Requirements can range from appropriately logoed attire with khakis and sneakers to business professional (shirt & tie) with dress shoes.

**GENERAL MEDICAL FACILITIES (Most commonly ProHEALTH)**

1. All affiliated sites minimally follow ALL Dress Code General Expectations specifically related to neatness and cleanliness of uniform.

2. Business professional attire is required at all times.
   a. For men
      i. Includes a collared dress shirt (and a tie where requested), dress pants and dress shoes
   b. For women
      i. Includes a blouse and slacks or a dress (length at least at mid-thigh) and dress shoes

**TRAVEL EXPERIENCES**

1. All affiliated sites minimally follow ALL Dress Code General Expectations.

2. Specific dress requirements for travel can vary significantly depending on the affiliated clinical site and athletic team traveling. Specific uniform instructions will be clearly delineated by the ACI/CI at the beginning of your clinical experience.
3. Requirements can range from appropriately logoed attire with khakis and sneakers to business professional (shirt & tie) with dress shoes.

ACI/CI are well within their rights to delineate more specific guidelines as appropriate. This should be done during the initial meeting with the ATS. Consistent violation of Dress Code should result in removal of ATS from clinical experience and immediate notification of CC. If your facility/employer has a documented policy you wish to share please provide a copy to the CC for distribution to the ATS.
ATS Travel Policies

Generally, ATS will be expected to follow ALL travel responsibilities as outlined by the ACI/CI they will be traveling with and their associated athletic team. Specifics may vary slightly depending on the team and the ACI/CI, but the following items are expected of ALL ATS. Traveling with a team in a unique opportunity and while academics should always come first students are highly encouraged to take advantage of an opportunity to travel with a given assignment.

Dress Code
See "Dress Code for Athletic Training Students" for specifics regarding the dress code and the expectations for ATS when traveling with assigned athletic teams. Generally, students will be allowed to dress as their assigned team dresses for travel.

Rooming Expectations
ATS will often have to share a room with another individual while traveling with an athletic team for a weekend of competition. The ATS can room with athletes or team managers depending how the coach makes the rooming assignments. However, ATS should not be rooming with full-time Athletic Department staff members.

Curfew
ATS will follow their assigned team's policy on curfew. ACI/CIs may also have their own expectations for curfew, please check with your ACI/CI to clarify any curfew expectations.

Alcohol Consumption
The ATS will NOT be allowed to consume alcohol when traveling.

Social Visiting
On occasion while traveling, a team will travel to an area where the ATS may have friends or family. With permission from your ACI/CI and the Coach of your assigned athletic team the ATS may be allowed to have dinner or spend other time with friends and/or family, but there may be specific expectations. Those expectations may include length of time you may out, where you may go in relation to where the team is staying, or if you would be allowed to leave the hotel. The ATS will NOT be allowed to spend time in a friend and/or family's home or allow friends to stay overnight in your assigned room.

Driving to Events in Close Proximity
There are times that ATS will be assigned to teams/affiliated clinical sites with away competitions in the local area and would like to consider driving themselves to the event. If you choose to attend an away event by driving independently of the team you will NOT be considered an ATS and will not be allowed to function as such, you are only allowed to be a
spectator. If your intention is to log clinical experience hours and to function as an ATS you MUST travel with your assigned team.

**Championship Events**

In the event that your assigned team qualifies for a championship event (CAA or NCAA) there may be roster, travel or other restrictions that may affect your role with the team. ACI/CIs are highly encouraged to keep their assigned ATS as involved as possible, but in some cases the ATS may not be able to travel to events or be on the sidelines during the event. ACI/CIs will work with coaches to notify you in a timely manner of the role you will be able to play. If your assigned team has invited you to travel, but due to roster restrictions you will not be able to be on the sidelines and you choose to travel with the team you will be expected to act professionally at all times, including while sitting in the stands during the event. If you choose to drive yourself to an event that is relatively close to Hofstra refer to "Driving to Events in Close Proximity" above.
Recording & Tracking Clinical Hours

ATS Requirements & Expectations:
All athletic training students MUST document all hours accrued under the direct supervision of an Approved Clinical Instructor (ACI) or Clinical Instructor (CI). Proof of these hours is required for course credit in PESP 17IA-E and PESP 176, PESP 195. Proof of these hours (minimum of 1000) is also required in order to be eligible for graduation from Hofstra University.

Each athletic training student will maintain an electronic hour log via ATrack®. Students are required to enter hours at least once every 7 days. ATrack® will not allow the submission of any hours not dated (and completed) within the last 7 days and therefore the ATS will not receive credit for any hours not submitted in a timely fashion. Required information includes: 1) date, 2) time in, 3) time out, 4) location, and 5) event. ATrack® will automatically total your completed hours and these hours will be reflected on your 'Dashboard' upon approval by your ACI/CI.

Criteria for Claiming Hours

1. Record all necessary information required by ATrack® as described above, including your arrival and departure.
2. While traveling with an athletic team, ATS should record hours that are being spent attending to athletic training duties. Time spent on the bus or at meals does not constitute athletic training duties.
3. Any questions about whether or not time or hours spent doing clinical education activities related to the ATEP can be counted toward the hour requirement should be directed to the Clinical Coordinator.

ACI/CI Requirements & Expectations:
ACI/CI will be expected to approve clinical hours for his/her assigned ATS on a weekly basis using the ATrack(s) system. Additional guidelines and recommendations are as follows:

1. All hours approved by ACI/CI must meet the criteria listed above. Any hours that do not meet these criteria should not be approved unless permission is obtained from the CC.

2. Any corrections or deletion of approved or pending ATS hours can only be made by an ATrack® administrator. Should correction/deletion be required please contact the CC and your request will be handled promptly.

3. ACI/CI should be aware of the minimum and maximum hour requirements for assigned ATS and be sure ATS is making satisfactory progress toward completion without exceeding the requirement.

4. Any concerns about an ATS progress relative to clinical education hours, whether ATS is struggling to meet or expects to exceed requirement should be brought to the CCs attention immediately.
Volunteer Clinical Hours Policy

ATS who have completed the maximum number of hours permitted in a clinical education course are not permitted to perform any additional hour unless:

1. ATS is not on probation;
2. The regular season has ended;
3. The ATS makes a request in writing to the ATEP Program Coordinator requesting permission to perform volunteer hours, and;
4. All clinical experience course forms including, modules, student and ACI/CI performance evaluations, and hour logs have be submitted to the Clinical Coordinator.

If the request to perform volunteer hours is approved the student is limited to only 10 hours per week of contact with the ACI. The student may discontinue volunteering at any time for any reason. VOLUNTEER HOURS ARE DISCOURAGED DURING EXAM PERIODS!

ATS Illness & Clinical Hours Policy

ATS who become ill, are evaluated and diagnosed with a contagious condition (not already covered by Hofstra University Risk Management Policies [see Blackboard]) are expected to notify his/her ACI/CI. The ATS will refrain from clinical experience activities until it is determined that he/she is no longer contagious and at risk of spreading the condition to others, particularly patients and/or clients. Any questions should be directed to the Program Coordinator and/or Clinical Coordinator.

ACI/CI are expected to send any ATS who is considered contagious home should the ATS attempt to attend clinical experience hours. In the case of other illnesses that are not obviously contagious at the time the ATS arrives at the clinical site the ACI/CI should use his/her discretion when requiring an ATS to go home. Where necessary the CC should be notified of any significant situation where an ATS was sent home due to illness.
Clinical Proficiency Module Assessments & Clinical Lab Assignments [ACIs ONLY]

Each ATS will have a number of clinical proficiency modules that s/he will need to be assessed on during any given clinical education course. Additionally, some core athletic training courses may require the completion of clinical lab assignments and/or skills checklist. The expectations for the completion of these items are as follows:

1. Upon beginning a clinical experience ATS will notify his/her ACI of the clinical proficiencies (and clinical lab assignments as appropriate) you wish to complete during the semester.
   a. It is the ATS responsibility to complete all clinical assignments in a timely manner
      In other words, this is addressed at the initial meeting. The ACI should know which module book is to be completed and how many assessments are included.

2. ATS should set up a schedule to complete clinical proficiency modules and other clinical lab assignments. ACIs are not required to assess clinical proficiency modules or other clinical lab assignments at the last minute.
   a. ACIs who are surprised with a request to complete a clinical proficiency module or clinical lab assignment 1 - 2 days before it is due will turn you away.
      The ACI should set up a schedule with the ATS at the initial meeting, where appropriate, but ATS should expect to initiate assessment process as necessary. ACI is within his/her rights to deny the ATS completion of an assessment if this time guideline is not met. If ATS repeatedly violates this guideline notify the CC.

3. ATS should perform as many clinical proficiency modules a possible on actual patients. When an opportunity arises with a patient, ATS should get ACIs attention and ask him/her to assess you. When assessing ATS ACIs should document in ATrack whether assessment was completed on an actual patient.
   ACI should be familiar enough with CP modules for semester that s/he can maximize the use of real-time situations when assessing the ATS skill set. Timely submission of scores on ATrack® is key. In the comment box it should be stated whether the assessment was “mock” or “real”.

4. Emphasize with ATS to take advantage of down time in the athletic training facility to be assessed where appropriate.
Clinical Evaluations

The following guidelines should be followed when completing clinical evaluations on ATS as part of the clinical education courses:

1. Copies of each of the clinical evaluations are available in ATrack® and on Blackboard. ACI/CI should review the relevant evaluation(s) at the beginning of the semester.

2. ACI/CI will evaluate each assigned ATS a minimum of TWO (2) times during a semester, except for PESP 176 where there will be only ONE (1) formal evaluation. All evaluations will be completed electronically using ATrack®.

3. ACI/CI should expect to complete evaluations when the ATS has completed 50%-60% and 100-110% of his/her clinical hours or by the declared due date, whichever comes first. See below for clinical hour guidelines.

4. The due dates for these evaluations are stipulated by the course syllabus. The ATS is responsible for communicating the relevant due dates to you. This due date is the last possible date the evaluation should be in the ATrack® system.

5. ACI/CI are expected to meet with assigned ATS in person to discuss the evaluation. Each ACI/CI is required to verify this by checking the appropriate box on the bottom of the electronic clinical evaluation.

6. ACI/CI should confirm that each ATS has completed his/her evaluation of his/her assigned ACI/CI prior having review meeting.

<table>
<thead>
<tr>
<th>Clinical Education Course</th>
<th>Mid-term Eval</th>
<th>Final Eval</th>
</tr>
</thead>
<tbody>
<tr>
<td>PESP 171A (5 week rotation)</td>
<td>n/a</td>
<td>50 – 75 hours</td>
</tr>
<tr>
<td>PESP 171B (5 week rotation)</td>
<td>n/a</td>
<td>50 – 75 hours</td>
</tr>
<tr>
<td>PESP 176 (semester)</td>
<td>n/a</td>
<td>100 – 150 hours</td>
</tr>
<tr>
<td>PESP 171C (semester)</td>
<td>75 – 90 hours</td>
<td>150 – 200 hours</td>
</tr>
<tr>
<td>PESP 171D (semester)</td>
<td>75 – 90 hours</td>
<td>150 – 200 hours</td>
</tr>
<tr>
<td>PESP 171E (semester)</td>
<td>100 – 115 hours</td>
<td>200 – 250 hours</td>
</tr>
<tr>
<td>PESP 195 (semester)</td>
<td>85 – 100 hours*</td>
<td>170 – 220 hours*</td>
</tr>
</tbody>
</table>

*This experience requires 30 hours for a general medical rotation, leaving 170 – 220 hours for the remaining clinical experience, leading to the total hour range of 200 - 250.
Athletic Training Student of the Month (ATSoM) Procedure

In recognition of outstanding clinical work the ATEP faculty and the Hofstra University ACI/CIs will nominate and select a recipient based on the nominating criteria. There will be one selection per month from August through May, unless there is no one that meets the criteria or more than one person that are equally appropriate selections. Once an ATS is selected they will not be excluded from being selected again during the academic year. All ATS Levels will be eligible for nominations assuming each nominee meets the minimal criteria.

**ATS Nominating Criteria**
1. ATS must currently be in good academic standing within the ATEP (not on probation)
2. ATS must be performing at an outstanding level in the clinical setting based on level in program (expectations may be slightly different for Level II, III, IV) as determined by ACI/CI
3. ATS must be consistent and dependable in performance in clinical setting (on-time, dressed appropriately, shows initiative)

**Selection Process**
1. The Program Coordinator/Clinical Coordinator will solicit nominations from ACI/CIs via email at the beginning of each month for the previous month.
2. Those ACI/CI wishing to nominate an ATS will submit to the faculty via email with a written statement as to why s/he is nominating a particular ATS.
3. Nominations will then be redistributed for a final vote by ACI/CI.
4. ACI/CI then vote for an ATS based on the nominations received.
5. The ATS who receives the most votes will be awarded "ATS of the Month"
APPROVED CLINICAL INSTRUCTOR/CLINICAL INSTRUCTOR EXPECTATIONS AND EVALUATION STANDARDS
Standards and Criteria for Evaluation of Approved Clinical Instructors

Standard 1.0 (Legal and Ethical Behavior)

The approved clinical instructor (ACI) demonstrates legal and ethical behavior that meets the expectations of members of the profession of athletic training.

Criterion 1.1: The ACI holds the appropriate credential (National Athletic Trainers’ Association Board of Certification certification and state license, registration, certification, or exemption, if applicable) as required by the state in which the individual provides athletic training services.

Criterion 1.2: The ACI provides athletic training services that are defined by the Role Delineation Study and within the scope of the respective state practice act (if applicable).

Criterion 1.3: The ACI provides athletic training services that are consistent with state and federal legislation. Examples include equal opportunity and affirmative action policies, the Americans with Disabilities Act (ADA), the Health Insurance Portability and Accountability Act (HIPAA), and the Family Educational Rights and Privacy Act (FERPA).

Criterion 1.4: The ACI demonstrates ethical behavior as defined by the NATA Code of Ethics and the NATA Board of Certification Standards of Professional Practice.

Standard 2.0 (Communication Skills)

The ACI demonstrates effective communication skills.

Criterion 2.1: The ACI communicates with the Program Director and/or Clinical Education Coordinator regarding athletic training student progress toward clinical education goals at regularly scheduled intervals determined by the athletic training education program.

Criterion 2.2: The ACI uses appropriate forms of communication to clearly and concisely express himself or herself to athletic training students, both orally and in writing.

Criterion 2.3: The ACI provides appropriately timed and constructive formative and summative feedback to athletic training students.

Criterion 2.4: The ACI facilitates communication with athletic training students through open-ended questions and directed problem solving.

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**Criterion 2.5:** The ACI ensures time for ongoing professional discussions with the athletic training student in the clinical setting.

**Criterion 2.6:** The ACI communicates with athletic training students in a non-confrontational and positive manner.

**Criterion 2.7:** The ACI receives and responds to feedback from the Program Director and/or Clinical Education Coordinator and athletic training students.

**Standard 3.0 (Interpersonal Relationships)**

The ACI demonstrates appropriate and professional interpersonal relationships.

**Criterion 3.1:** The ACI forms appropriate and professional relationships with athletic training students.

**Criterion 3.2:** The ACI models appropriate and professional interpersonal relationships when interacting with athletic training students, colleagues, patients/athletes, and administrators.

**Criterion 3.3:** The ACI appropriately advocates for athletic training students when interacting with colleagues, patients/athletes, and administrators.

**Criterion 3.4:** The ACI is a positive role model and/or mentor for athletic training students.

**Criterion 3.5:** The ACI demonstrates respect for sex, racial, ethnic, religions, and individual differences when interacting with people.

**Criterion 3.6:** The ACI has an open and approachable demeanor to athletic training students when working in the clinical setting.

**Standard 4.0 (Instructional Skills)**

The ACI demonstrates effective instructional skills.

**Criterion 4.1:** The ACI collaborates with the Program Director and/or Clinical Education Coordinator to plan learning experiences.

**Criterion 4.2:** The ACI implements, facilitates, and evaluates planned learning experiences with athletic training students.
Criterion 4.3: The ACI understands the athletic training students’ academic curriculum, level of didactic preparation, and current level of performance relative to the goals of the clinical education experience.

Criterion 4.4: The ACI takes advantage of teachable moments during planned and unplanned learning experiences by instructing skills or content that is meaningful and immediately applicable.

Criterion 4.5: The ACI employs a variety of teaching styles to meet individual athletic training students’ needs.

Criterion 4.6: The ACI helps athletic training students progress toward meeting the goals and objectives of the clinical experience as assigned by the Program Director and/or Clinical Education Coordinator.

Criterion 4.7: The ACI modifies learning experiences based on the athletic training students’ strengths and weaknesses.

Criterion 4.8: The ACI creates learning opportunities that actively engage athletic training students in the clinical setting and that promote problem solving and critical thinking.

Criterion 4.9: The ACI encourages self-directed learning activities for athletic training students when appropriate.

Criterion 4.10: The ACI performs regular self-appraisal of his or her teaching methods and effectiveness.

Criterion 4.11: The ACI is enthusiastic about teaching athletic training students.

Criterion 4.12: The ACI communicates complicated and detailed concepts in terms that students can understand based on their level of progression within the athletic training education program.


Standard 5.0 (Supervisory and Administrative Skills)
The ACI demonstrates effective supervisory and administrative skills.

Criterion 5.1: The ACI directly supervises athletic training students during formal acquisition, practice, and evaluation of the Entry-Level Athletic Training Clinical Proficiencies.

Criterion 5.2: The ACI intervenes on behalf of the athlete/patient when the athletic training student is putting the athlete/patient at risk or harm.
Criterion 5.3: The ACI encourages athletic training students to arrive at clinical decisions on their own according to their level of education and clinical experience.

Criterion 5.4: The ACI applies the clinical education policies, procedures, and expectations of the athletic training education program.

Criterion 5.5: The ACI presents clear performance expectations to athletic training students at the beginning of and throughout the learning experience.

Criterion 5.6: The ACI informs athletic training students of relevant policies and procedures of the clinical settings.

Criterion 5.7: The ACI provides feedback to athletic training students from information acquired from direct observation, discussion with others, and review of athlete/patient documentation.

Criterion 5.8: The ACI treats the athletic training students’ presence as educational and not as a means for providing medical coverage.

Criterion 5.9: The ACI completes athletic training students’ evaluation forms requested for the athletic training education program in a timely fashion.

Criterion 5.10: The ACI provides the Program Director and/or Clinical Education Coordinator with requested materials as required for the accreditation process.

Criterion 5.11: The ACI collaborates with athletic training students to arrange quality clinical education experiences that are compatible with the students’ academic schedules.

Standard 6.0 (Evaluation of Performance)
The ACI effectively evaluates athletic training students’ performances.

Criterion 6.1: The ACI notes the athletic training students’ knowledge, skills, and behaviors as they relate to the specific goals and objectives of the clinical experience.

Criterion 6.2: The ACI communicates with the Program Director and/or Clinical Education Coordinator regarding implementing and/or clarifying the athletic training education program’s performance-evaluation instruments.

Criterion 6.3: The ACI records student progress based on performance criteria established by the athletic training education program and identifies areas of competence as well as areas that require improvement.
Criterion 6.4: The ACI approaches the evaluation process as constructive and educational.

Criterion 6.5: The ACI communicates with the Program Director and/or Clinical Education Coordinator in a timely manner when an athletic training student needs remediation.

Criterion 6.6: The ACI and athletic training students participate in formative (ie, ongoing specific feedback) and summative (ie, general overall performance feedback) evaluations.

Standard 7.0 (Clinical Skills and Knowledge)
The ACI demonstrates clinical skills and knowledge that meet or exceed the athletic training education competencies and clinical proficiencies.

Criterion 7.1: The ACI is capable of teaching and evaluating the clinical proficiencies that are particular to the setting or environment.

Criterion 7.2: The ACI’s knowledge and skills are current and support care decisions based on science and evidence-based practice.

Criterion 7.3: The ACI maintains his or her clinical skills and knowledge through participation in continuing education programs.

Explanation of How Standards Assessed

1. ACI are expected to consistently meet all 7 standards to remain eligible to host and supervise ATS.
2. CI are expected to meet all standards except Standard 4. CI are not expected to evaluate clinical proficiencies which excludes this standard.
3. ATS use evaluation developed using these standards to provide feedback on their clinical experiences. Evaluations are completed at the end of each 5-week rotation or at the midway point and end of the clinical experience.
4. Clinical Coordinator uses an evaluation developed using these standards to assess ACI/ATS experience during announced and unannounced clinical site visits.
ATHLETIC TRAINING EDUCATION PROGRAM
TECHNOLOGY REQUIREMENTS
ATrack® Requirements

ATrack® is a database that allows the ATEP to manage each student's clinical proficiency test data for the duration of their enrollment in the ATEP. Additionally, ATrack® allows for tracking of clinical hours and completion of ATEP evaluations and surveys all in one, easy to use location. Students will be able to view their clinical proficiency results, up-to-date clinical hour totals, and written feedback on their performance. This software is easily accessible from any web browser or device that has access to the Internet (including smartphones and tablets).

Access and use of this software is required of all student enrolled in the ATEP as part of all clinical education courses. All ACI/CI also required to use and be familiar with the ATrack® system. ACI/CI are expected to use the system regularly to approve clinical hours, score clinical proficiencies, and complete clinical evaluations on assigned ATS. Several reference documents are also available via the “My Documents” section of “My Portfolio”.

Free access to the ATrack® system will be available to all Hofstra ATEP approved ACI/CI. For those that are NATA members the easiest way to create an account is to use your NATA member number, which is as part of your initial ACI/CI training. For all others a login number is generated for use.

ACI/CI are trained in the use of this software via an online training module included in the initial ACI training program. Additional resources will be available via Blackboard.

To access ATrack®:

http://www.atrackonline.com
Blackboard Requirements

The Athletic Training Education Program utilizes Blackboard to disseminate information and provide resources to students and staff associated with the ATEP. Specifically, students who are in the professional phase of the ATEP will have access to this page as well as course instructors and ACI/CIs who are supervising students in the clinical setting. The title of the page, "Athletic Training Education Program" should appear on your Blackboard page under courses enrolled in. If this course is not available please notify the Clinical Coordinator immediately so that the situation can be rectified.

For Students:
ATS should check the site regularly for event and important date announcements as well as access to many of the resources made available here. Resources include printable copies of ATEP evaluations now available electronically on ATrack®, contact information for ACI/CIs, current job postings, scholarship, internship and fellowship opportunities as well as other relevant sports medicine information.

This site may be used to send emails to various groups of students and/or staff people. If you do not use your Hofstra University issued email address regularly you MUST go in a set up your Hofstra account so that it will forward all emails to the e-mail account of your choosing. If you have questions on how to do this contact the help desk at 3-7777.

For ACI/CIs:
An account is created for each ACI/CI expected to supervise ATS. This site is a repository for training information and resources that is used with the ATS and your development as an ACI/CI. ACI/CI can expect to access this site in order to prepare for annual ACI retraining. You can also find contact information for the ATS and other important ATEP documents.

An account is created using an email provided by ACI/CI and then a username and password will be generated for you by Faculty Computing Services (FCS). Any time you have any issues related to your account (forgot your username or password) you can contact FCS at 516-463-6894. When contacting FCS be sure to let him/her know you are a supervisor for the ATEP.

To access Blackboard:
https://hofstra.blackboard.com/webapps/login/

More Information About FCS
http://www.hofstra.edu/About/IT/itfcs/index.html
APPENDICES
APPENDIX A

GLOSSARY: ATHLETIC TRAINING EDUCATION

Ability to Intervene: The CI or ACI is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being “physically present.”

Academic Catalog/Bulletin: The official publication of the institution that describes the academic programs offered by the institution. This may be published electronically and/or in paper format.

Academic Plan: The plan that encompasses all aspects of the student’s academic classroom and clinical experiences.

Adequate: Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.

Administrative Support Staff: Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.

Affiliate (Affiliated Setting): Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATEP for clinical experiences.

Affiliation Agreement: A formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as the memorandum of understanding.

Allied Health Care Professional: Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Paramedic, Occupational Therapist, Optometrist, Orthotist, Pharmacist, Physical Therapist, Physician Assistant, Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty. Same as other health care professionals.

9 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs accessed January 2012 via http://www.caate.net/imis15/CMDownload.aspx?ContentKey=7e04fac4-5a22-4635-8a0f-6a22d9410a81&ContentItemKey=7fdcc273-ec0c-4b24-b829-a68c7b335bf2, page 15 - 19
**Approved Clinical Instructor (ACI):** An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The ACI may not be a current student within the ATEP.

**Appropriate Credential:** An appropriate credential refers to a practice credential (i.e. a state license, state certification or state registration) that is required for the individual to practice his/her specific health care or medical profession within the state housing the ATEP. Where indicated, an appropriate credential is a required qualification of the program director, the medical director, approved clinical instructor (ACI), and the clinical instructor (CI) regardless of whether the individual is currently practicing his/her profession.

**ATEP:** Athletic Training Education Program.

**ATEP Faculty:** BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.

**Athletic Training Facility/Clinic:** The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.

**Athletic Training Student (ATS):** A student enrolled in the athletic training major or graduate major equivalent.

**Clinical Coordinator:** The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATEP. The clinical coordinator position is currently recommended, but not required by the Standards.

**Clinical Education:** The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of an ACI/CI.

**Clinical Experiences:** Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.

**Clinical Instruction Site:** The location in which an ACI or CI interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATEP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.

**Clinical Instructor (CI):** An individual identified to provide supervision of athletic training students during their clinical experience. An ACI may be a CI. The ACI may not be a current student within the ATEP.
**Clinical Instructor Educator (CIE):** The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training. If more than one individual is recognized as a CIE for an ATEP, then at least one of those individuals must be a BOC Certified Athletic Trainer.

**Clinical Plan:** The plan that encompasses all aspects of the clinical education and clinical experiences.

**Clinical Ratio:** The ratio of ACI or CI to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed eight students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.

**Communicable Disease Policy:** A policy, developed by the ATEP, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC.

**Contemporary Instructional Aid:** Instructional aids used by faculty and students including, but not limited to, computer software, AED trainers, and Epi-Pen trainers.

**Contemporary Information Formats:** Information formats used by faculty and students including electronic databases, electronic journals, digital audio/video, and computer software.

**Didactic Instruction:** See: Formal classroom and laboratory instruction.

**Direct Patient Care:** The application of professional knowledge and skills in the provision of health care.

**Direct Supervision:** Supervision of the athletic training student during clinical experience. The ACI and or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

**Directed Observation Athletic Training Student:** A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.

**Distance Education:** Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media.
Distance education does not include clinical education or the participation in clinical experiences. Same as remote education.

**Equitable:** Not exact but can be documented as comparable with other similar situations or resources.

**Expanded Subject Area:** Subject matter that should constitute the academic “core” of the curriculum. It must include, but not be limited to the following areas: assessment of injury/illness, exercise physiology, first aid and emergency care, general medical conditions and disabilities, health care administration, human anatomy, human physiology, kinesiology/biomechanics, medial ethics and legal issues, nutrition, pathology of injury/illness, pharmacology, professional development and responsibilities, psychosocial intervention and referral, risk management and injury/illness prevention, strength training and reconditioning, statistics and research design, therapeutic exercise and rehabilitative techniques, therapeutic modalities, weight management and body composition.

**Formal Instruction:** Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.

**Full-time Faculty:** Recognized by the sponsoring institution as a full-time member of the faculty with all responsibilities and voting privileges as other designated full-time faculty and documented in institutional faculty delineations.

**Funding Opportunities:** Opportunities for which students may participate for reimbursement, but that do not require the students to utilize athletic training skills, to replace qualified staff, and are not required of the academic program.

**General Medical Experience:** Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.

**Geographic Proximity:** Within a vicinity to allow for annual inspection, review, and documentation of meeting all academic requirements by the ATEP faculty/staff.

**Learning Over Time (Mastery of Skills):** The process by which professional knowledge and skills are learned, integrated, and evaluated. This process involves initial formal instruction and evaluation of knowledge and skill as defined by the NATA Educational Competencies, followed by a time of sufficient length to allow for practice and integration of discrete knowledge and skill into a demonstration of comprehensive clinical (actual or simulated) proficiency. Clinical proficiencies must be evaluated by Approved Clinical Instructors (ACIs)
Major: In documents of the institution (catalogue, web pages, etc.) where majors are listed, athletic training must be listed as a major. The designation as a major must be consistent with institutional and system wide requirements.

Master Plan: The plan of the ATEP that encompasses all aspects of student education and learning in both the clinical and didactic settings.

Medical Director: The physician (MD or DO) who serves as a resource for the programs director and ATEP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.

Memorandum of Understanding: See: Affiliation agreement.

Other Health Care Personnel: See: Allied health care personnel.

Outcome Assessment Instruments: The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the ATEP mission, goals, and objectives of the program. Instruments also must be designed to collect data and feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.

Outcomes: The effect that the ATEP has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.

Physical Examination: An examination performed by an appropriate health care provider (MD, DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.

Physically Interact: See: Ability to intervene and physically present.

Physically Present: See: Ability to intervene.

Physician: A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.

Pre-Professional Student: A student who has not yet been admitted formally into the ATEP. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training Student.
**Professional Development:**
Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services, that allow for the continuation of eligibility for professional credentials.

**Program Director:** The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the ATEP.

**Remote Education:** See Distance education.

**Service Work:** Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.

**Sponsoring Institution:** The college or university that awards the degree associated with the ATEP and offers the academic program in Athletic Training.

**Sufficient:** See: Adequate.

**Team Physician:** The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.

**Technical Standards:** The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATEP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.
APPENDIX B

ATEP APPLICATION REQUIREMENTS & ACCEPTANCE GUIDELINES
Including Physical Examination Policy & Technical Standards

The following is a description of admissions packet items that needs to be completed before you can be considered eligible to begin clinical experience rotations.

Information Sheet: This is designed to give the athletic training faculty background information on the candidate.

Essay: A one page essay on a topic to be assigned by the Program Coordinator.

Two (2) Letters of Recommendation: These letters may be from current or past employers, professors, coaches or individuals who may comment on the candidate. The candidate may not, however, receive a letter of recommendation from current Hofstra University Athletic Training Staff members or the ATEP faculty (Program Coordinator, Clinical Coordinator).

Official Transcripts: Each candidate must submit an official transcript from all previous institutions attended, as well as their current transcript from Hofstra University.

Proof of Current CPR & First Aid Cards: Each candidate must show proof of holding a current CPR and First Aid card. Make a copy of your current card and include it with the rest of the admissions packet. If you are currently enrolled in PESP 61 please write a note stating you are currently enrolled in the course.

Proof of Physical Exam and Immunization Records: Each candidate must have proof of a physical exam. This exam must include proof of immunizations. You may get a copy of the form you submitted to Hofstra University's Student Wellness Center when you applied to the institution by obtaining a copy directly from the Student Wellness Center. PLEASE NOTE: A blank copy of this form is included in this packet and includes the technical standards form that must also be reviewed by a physician. (see below for further explanation)

Interview: An interview with the Program Coordinator, Clinical Coordinator and a representative from the Athletic Training faculty and/or staff will be scheduled with each candidate. This will assist in determining the student's professional knowledge, proficiency and competence in athletic training as well as long-term professional goals.

Technical Standards Form: The Athletic Training Education Program (ATEP) at Hofstra 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. The technical standards set forth by the ATEP establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer as well as meet the expectations of the program’s accrediting agency (Commission on Accreditation for Athletic Training Education [CAATE]). The form outlines the abilities and expectations that must be met by all candidates admitted to the ATEP. In the event a candidate is unable to fulfill these technical standards, with or without reasonable accommodation, the candidate will not be admitted into the program. **PLEASE NOTE:** Candidate must verify his/her own status as well as have it verified by a physician, as this form is completed as part of the physical exam. (see page 19 for form)

**Final Eligibility for Clinical Education Courses:** Final eligibility for the clinical education component of the ATEP will be contingent upon:

a. Successful completion of BIO 103, PESP 161, and PESP 169 with a course grade of C- or better
b. Cumulative GPA as follows:
   a. Professional education courses: 2.75 or better
   b. Overall GPA: 2.5 or better
c. Completion of all observation hours (40) as delineated by PESP 169
d. Demonstrate competency in:
   a. Prophylactic taping procedures
   b. **OSHA standards and guidelines**
   c. Equipment fitting
e. Candidate has completed and submitted all paperwork regarding entrance into the clinical education courses as part of the ATEP

**Final Acceptance into the Clinical Education Courses:** Final acceptance into the clinical education courses will be based on the rank candidates earn in comparison to all other candidates who have applied for admission and met the stated eligibility requirements. The ranking system is as follows:

- Required Course GPA: 30%
- Overall GPA: 25%
- Interview: 20%
- Essay: 15%
- Letters of Rec.: 10%

**TOTAL 100%**

The top ranked candidates will be accepted into the ATEP. The number of candidates selected ranges between 12 – 15 and depends on available space in the program. *This means although you may meet all the eligibility criteria it is possible that you may not be accepted into the Clinical Education Courses.*
If you have any questions regarding this admission packet please contact Professor Clemons at 516-463-5196. The final day to submit the completed admission packet will be posted outside Professor Clemons’ office. Only completed packets will be accepted.

**PHYSICAL EXAMINATION POLICY & TECHNICAL STANDARDS**

All Athletic Training Students are required to submit a completed Physical Exam Forms and Technical Standards Form with the ATEP Application Packet (described above). The Physical Exam Forms include the following elements:

1. Hofstra Wellness Center Medical History and Consent Forms
2. Physician’s Examination Form (requires Health Care Provider’s signature)
3. Immunization Record (requires Health Care Provider’s signature)
4. Technical Standards Form for Admission (requires Health Care Provider’s signature)

Medical History, Physical Exam Form, and Immunization Records should be completed and within 6 months of the application. Technical Standards Forms will be completed at the time of the application. The Physical Exam Form, Immunization Records, and Technical Standards Form must be completed and signed by an MD, DO, NP or PA. All documents are to be submitted with the ATEP Application Packet.

Student’s Medical History, Physical Exam Forms and Technical Standards Forms will be reviewed by the ATEP Program Coordinator and Clinical Coordinator. Information will remain confidential and will be kept in the student’s confidential academic file, located in the Clinical Coordinator’s office.

A full copy of the current ATEP Application is available on the ATEP website:

APPENDIX C

LEGAL AND ETHICAL PRACTICE GUIDELINES FOR ATHLETIC TRAINERS

NATA CODE OF ETHICS

PREAMBLE
The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession.

The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

PRINCIPLE 1:
Members shall respect the rights, welfare and dignity of all.
   1.1 Members shall not discriminate against any legally protected class.
   1.2 Members shall be committed to providing competent care.
   1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party involved in the patient's care without a release unless required by law.

PRINCIPLE 2:
Members shall comply with the laws and regulations governing the practice of athletic training.
   2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
   2.2 Members shall be familiar with and abide by all National Athletic Trainers' Association standards, rules and regulations.
   2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
   2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:
Members shall maintain and promote high standards in their provision of services.
   3.1 Members shall not misrepresent, either directly or indirectly, their skills,

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training, professional credentials, identity or services.

3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.

3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skill and knowledge.

3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.

**PRINCIPLE 4:**
Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2 National Athletic Trainers' Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3 Members shall not place financial gain above the patient's welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
Introduction

The mission of the Board of Certification Inc. (BOC) is to provide exceptional credentialing programs for healthcare professionals. The BOC has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers’ Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as "Athletic Trainer" from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and reaccreditation by the National Commission for Certifying Agencies (NCCA). The NC A is the accreditation body of the National Organization for Competency Assurance.

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

I. Practice Standards

Preamble

The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers. Compliance with the Standards is mandatory.

The Standards are intended to:

- assist the public in understanding what to expect from an Athletic Trainer
- assist the Athletic Trainer in evaluating the quality of patient care
- assist the Athletic Trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:

- prescribe services
- provide step-by-step procedures

BOC, Inc. Standards of Professional Practice found at:
• ensure specific patient outcomes

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 Standards at all times.

**Standard 1: Direction**
The Athletic Trainer renders service or treatment under the direction of a physician.

**Standard 2: Prevention**
The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

**Standard 3: Immediate Care**
The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

**Standard 4: Clinical Evaluation and Diagnosis**
Prior to treatment, the Athletic Trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

**Standard 5: Treatment, Rehabilitation and Reconditioning**
In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment 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. Assessment measures to determine effectiveness of the program are incorporated into the program.

**Standard 6: Program Discontinuation**
The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient's status.

**Standard 7: Organization and Administration**
All services are documented in writing by the Athletic Trainer and are part of the patient's permanent records. The Athletic Trainer accepts responsibility for recording details of the patient's health status.
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 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, www.bocatc.org.

Code 1: Patient Responsibility

The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare
1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice
1.4 Maintains the confidentiality of patient information in accordance with applicable law
1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
1.7 Exercises reasonable care, skill and judgment in all professional work

Code 2: Competency

The Athletic Trainer or applicant:

2.1 Engages in lifelong, professional and continuing educational activities
2.2 Participates in continuous quality improvement activities
2.3 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards
3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care
3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care
3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by
him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education

3.6 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 him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education

3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful

3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials

3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public

3.10 Complies with all confidentiality and disclosure requirements of the BOC

3.11 Does not take any 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 of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity

3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion

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

**Code 4: Research**

The Athletic Trainer 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 rights and well being of research subjects

4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

**Code 5: Social Responsibility**

The Athletic Trainer or applicant:
5.1 Uses professional skills and knowledge to positively impact the community

*Code 6: Business Practices*

The Athletic Trainer or applicant:

- 6.1 Refrains from deceptive or fraudulent business practices
- 6.2 Maintains adequate and customary professional liability insurance
NEW YORK STATE EDUCATION DEPARTMENT
ATHLETIC TRAINING PRACTICE ACT

§8350. Introduction.
This article applies to the profession of athletic training. The general provisions of all professions contained in article one hundred thirty of this chapter shall apply to this article.

§8351. Definition.
As used in this article "athletic trainer" means any person who is duly certified in accordance with this article to perform athletic training under the supervision of a physician and limits his or her practice to secondary schools, institutions of postsecondary education, professional athletic organizations, or a person who, under the supervision of a physician, carries out comparable functions on orthopedic athletic injuries, excluding spinal cord injuries, in a health care organization. Supervision of an athletic trainer by a physician shall be continuous but shall not be construed as requiring the physical presence of the supervising physician at the time and place where such services are performed.
The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

§8352. Definition of practice of athletic training.
The practice of the profession of athletic training is defined as the application of principles, methods and procedures for managing athletic injuries, which shall include the preconditioning, conditioning and reconditioning of an individual who has suffered an athletic injury through the use of appropriate preventative and supportive devices, under the supervision of a physician and recognizing illness and referring to the appropriate medical professional with implementation of treatment pursuant to physician's orders. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.
The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

§8353. Use of the title "certified athletic trainer".
Only a person certified or otherwise authorized under this article shall use the title "certified athletic trainer".

§8354. State committee for athletic trainers.
A state committee for athletic trainers shall be appointed by the board of regents, upon the recommendation of the commissioner and shall assist on matters of certification and professional conduct in accordance with section six thousand five hundred eighty of this title. The committee shall consist of five members who are athletic trainers certified in this state. The committee shall assist the

12 Taken directly from the Office of the Professions available at: http://www.op.nysed.gov/prof/at/article162.htm
state board for medicine in athletic training matters. Nominations and terms of office of the members of the state committee for athletic trainers • all conform to the corresponding provisions relating thereto for state boards under article one hundred thirty of this chapter. Notwithstanding the foregoing, the members of the first committee need not be certified prior to their appointment to the committee.

§8355. Requirements and procedure for professional certification.
For certification as a certified athletic trainer under this article, an applicant shall fulfill the following requirements:
1. Application: file an application with the department;
2. Education: have received an education including . bachelor's, its equivalent or higher degree in accordance with the commissioner's regulations;
3. Experience: have experience in accordance with the commissioner's regulations;
4. Examination: pass an examination in accordance with the commissioner's regulations;
5. Age: be at least twenty-one years of age; and
6. Fees: pay a fee for an initial certificate of one hundred dollars to the department; and a fee of fifty dollars for each triennial registration period.

§8356. Special provisions.
A person shall be certified without examination provide that, within three years from the effective date of regulations implementing the provision of this article, the individual:
1. files an application and pays the appropriate fees to the department; and
2. meets the requirements of subdivisions two and five of section eight thousand three hundred fifty-five of this article and who in addition:
   a. has been actively engaged in the profession of athletic training for a minimum of four years during the seven years immediately preceding the effective date of this article; or
   b. is certified by a United States certifying body acceptable to the department.

§8357. Non-liability of certified athletic trainers for first aid or emergency treatment.
Notwithstanding any inconsistent provision of any general, special or local law, any certified athletic trainer who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary athletic training equipment, to a person who is unconscious, ill or injured shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such athletic trainer. Nothing in this section shall be deemed or construed to relieve a certified athletic trainer from liability for damages for injuries or death caused by an act or omission on the part of an athletic trainer while rendering professional services in the normal and ordinary course of his or her practice.
§8358. Separability.

If any section of this article, or part thereof, shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impaired, impair or invalidate the remainder of any other section or part thereof.
APPENDIX D

ATEP CLINICAL EDUCATION DOCUMENTS

The most up-to-date version of all clinical education documents and forms are available on ATrack® or the Athletic Training Education Program Blackboard page.

Forms Available on ATrack®:
ATS Goal Sheet
PESP 171A Clinical Evaluation
PESP 171B Clinical Evaluation
PESP 171C Clinical Evaluation
PESP 171D Clinical Evaluation
PESP 171E Clinical Evaluation
PESP 176 Clinical Evaluation
PESP 195 Clinical Evaluation

Documents Available on ATrack®:
Initial Meeting Checklist
SMART Goal Sheet
Current Semester Clinical Journal Assignments
PESP 171A Clinical Proficiency Module Book
PESP 171B Clinical Proficiency Module Book
PESP 171C Clinical Proficiency Module Book
PESP 171D Clinical Proficiency Module Book
PESP 171E Clinical Proficiency Module Book
PESP 176 Clinical Proficiency Module Book

Documents Available on Blackboard:
All documents available on ATrack® are also available on Blackboard
Clinical Site Emergency Action Plans
Hofstra University Communicable Disease Policies
ATEP Course Syllabi
ACI Handbook
Athletic Training Education Competencies (5th edition)
ATHLETIC TRAINING EDUCATION STANDARDS AND COMPETENCY DOCUMENTS

Athletic Training Educational Competencies (5th edition)
http://www.nata.org/education/competencies

CAATE Standards of Accreditation of Entry-Level Athletic Training Education Programs
http://www.caate.net/imis15/CAATE/Forms/CAATE/Forms/Forms.aspx?hkey=1ec27fcc-9a33-4d74-8660-975d67e610a0

Click “CAATE Standards”