ATHLETIC TRAINING PROGRAM

STUDENT HANDBOOK
I. Introduction

II. Mission Statement

III. Educational Objectives

IV. Department of Exercise Health and Sport Sciences

V. Athletic Training Program

VI. Athletic Training Personnel

VII. Clinical Education

VIII. Clinical Experience and Clinical Course Requirements

IX. Documenting Clinical Hours

X. Dress Code Policy

XI. Code of Conduct for the Athletic Training Student

XII. Communicable Disease Policy

XIII. Student Employment Policy

XIV. Transfer Policy

XV. Additional Resources

Appendices
I. INTRODUCTION

Welcome to the University of Southern Maine’s (USM) Commission on Accreditation of Athletic Training Education (CAATE) accredited Athletic Training Program (ATP). This handbook is designed to provide athletic training students (ATSs) with the policies, procedures, responsibilities, expectations, and guidance for professional conduct while at USM. In addition, academic progression and requirements to successfully complete the ATP are outlined. The ATS is responsible for completely learning and comprehending this manual and, upon receiving it, accepts full responsibility for adhering to all program requirements (Appendix K). Ultimately, this manual is intended to educate, guide, and protect the ATS and should be used as a reference.

II. MISSION STATEMENT

The mission of the University of Southern Maine Athletic Training Program is to deliver a comprehensive learning experience that will prepare students to excel as entry-level athletic trainers and productive professionals. This program specializes in providing an incremental clinical examination model, emphasis in causal injury treatment, and abundance of active learning opportunities. The program exposes students to a variety of health care settings, practitioners, and patient populations. The Program is committed to ensure instruction is evidence supported and competency acquisition and mastery of proficiencies are assessed using quality instruments.

III. EDUCATIONAL OBJECTIVES

Goal 1:

Provide students with an optimal classroom experience.

Objectives:
1) Apply an incremental clinical examination model which will effectively instruct the student in the ability to evaluate injuries or illnesses.
2) Repetitively employ circumstances that demand communication and documentation skills.
3) Develop coursework providing an expanded application of manual treatment skill acquisition.
4) The demonstration of administrative functions for preparation in supervisory roles.
5) Assess competencies using quality instruments.

Goal 2:

Provide students with an optimal clinical education.

Objectives:
1) Arrange a variety of job settings as clinical sites.
2) Emphasize professional behavioral strategies.
3) Create hands-on learning situations for skill training.
4) Expose students to a variety of patient populations.
5) Students will observe and assist a variety of health care providers.
6) Assess student proficiencies in an authentic environment.
Goal 3:
Provide students with service learning opportunities.

Objectives:
1) Employ community service learning opportunities.
2) Promote civic engagement.

Goal 4:
Integrate exposure to undergraduate research opportunities.

Objectives:
1) Select coursework that provides information regarding the research process and critiquing its quality.
2) Develop coursework which requires case reports.
3) Employ assignments which require the review and presentation of literature.
4) Provide opportunities for students to engage in experimental studies.

IV. DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES

The Department of Exercise, Health, and Sport Sciences (EHSS), housed in USM’s College of Science, Technology, and Health, offers degrees in athletic training, exercise science, and health sciences. These innovative programs offer students the opportunity to gain clinical experience while using the most advanced sports medicine equipment available. Upon completion of the curriculum, the athletic training program graduate will be eligible to challenge the Athletic Trainers’ Board of Certification (BOC) Inc., examination.

V. ATHLETIC TRAINING PROGRAM

The athletic training major focuses on the care and well-being of the physically active individual. A Certified Athletic Trainer (AT) is educated in the prevention, recognition, evaluation, treatment, and rehabilitation of injuries that occur as a result of athletic participation and physical activity.

The ATS is a unique member of USM’s sports medicine team. As a result of the knowledge gained in the classroom and through practical experience, ATSs provide immediate and follow-up care to physically active individuals under the direct supervision of an AT. This care allows the injured individual to return to participation as soon as possible within the limits of the injury.

USM’s ATP offers appropriate academic course work to prepare the ATS to challenge the BOC examination. Academic courses are designed to challenge students in the traditional classroom and laboratory settings and help develop a solid theoretical knowledge base, critical thinking skills, and professional skills.

The academic curriculum prepares students to become ATs and is designed to address the profession’s professional standards as described by the CAATE, the NATA, and BOC.

The ATS is expected to be familiar with the major’s required academic courses and with the suggested sequencing of these courses. Academic advising further provides students direction with regard to selection and sequencing of courses and with retention, progression and graduation requirements.

(Appendix K, L)
VI. ATHLETIC TRAINING PERSONNEL

USM’s ATP consists of numerous athletic training and medical personnel who contribute a variety of experiences and educational backgrounds to make a strong and dynamic ATP. Athletic training education and service personnel include the Athletic Training Program Director, Clinical Coordinator, EHSS faculty, Preceptors, Medical Director, Sports Medicine Physicians and Fellows, USM Student Health Services personnel, USM’s Head and Assistant Athletic Trainers and Athletic Training Students.

Athletic Training Program Director (ATP PD):
The ATP PD is a BOC certified, State of Maine licensed, AT and EHSS faculty member who oversees USM’s CAATE accredited ATP. The PD is responsible for all administrative aspects of the program, the recruitment, selection and retention of students, academic and career advising, teaching, scholarship, and curriculum development.

Clinical Coordinator (CC):
The CC is a BOC certified, State of Maine licensed, AT and EHSS faculty member who oversees all clinical components of USM’s ATP. This includes regularly communicating with Preceptors, students and faculty to ensure a positive clinical experience.

Preceptor:
A Preceptor is a BOC certified, State of Maine licensed, AT, or other qualified state licensed health care professional who teaches, evaluates, and supervises ATSs during the student’s clinical experiences. A Preceptor provides formal instruction and evaluation of clinical proficiencies in in clinical education experiences.

Faculty:
Faculty members of the ATP are ATs and other health care and academic professionals who are responsible for providing classroom instruction, academic advising, and career counseling for ATSs. These faculty members, who maintain high standards both in and out of the classroom, provide students with opportunities to develop skills in the areas of strategizing, problem solving, communication, and documentation to incorporate into their professional education.

Head Athletic Trainer (HAT):
USM’s HAT, a BOC Certified, State of Maine licensed, AT is responsible for overseeing the care provided to USM’s student-athletes and serves as an on-site AT for home athletic events. The HAT is also a Preceptor who evaluates and monitors the clinical progress of ATSs assigned to him/her.

Assistant Athletic Trainers (AATs):
USM’s AATs are BOC Certified, State of Maine licensed, ATs who assist the HAT in providing care to USM’s student athletes. They also serve as Preceptors for students enrolled in the ATEP. The AATs evaluate and monitor the clinical progress of the ATSs assigned to him/her.

Medical Director:
USM’s Medical Director is a Medical Doctor (MD) who provides medical oversight for the ATP. The Medical Director acts as a resource and expert for the medical content of the ATP in both formal classroom and supervised clinical experiences.

Sports Medicine Physicians and Fellows:
Sports medicine physicians and fellows are MDs and Doctors of Osteopathic Medicine who provide medical care for USM’s student-athletes. These physicians also provide educational opportunities to the
ATSs through their evaluations of USM student-athletes in the clinical portion of the ATP and as guest lecturers in the didactic portion of the curriculum.

University of Southern Maine’s Student Health Services (SHS):
USM’s SHS personnel, which include Registered Nurses and Nurse Practitioners, along with the sports medicine physicians, assist in the pre-participation examinations for all student athletes. SHS also serves as a referral link for non-athletic injuries or illnesses, counseling and management for eating disorders, and consultations for any other general medical conditions that the HAT and/or AATs deem appropriate. Registered Nurses and Nurse Practitioners also serve as preceptors when ATSs complete a clinical rotation through SHS.

Athletic Training Students:
ATSs are formally enrolled and declared majors in USM’s ATP. These students are held to the highest academic and professional standards. They are expected to follow the standards of the NATA, USM’s ATP and those set forth by program’s clinical affiliations. Each student is responsible for meeting and maintaining the retention and progression requirements of the ATP. ATSs are encouraged to maintain their own records in this regard. ATSs are expected to strive for and maintain excellence in the classroom, clinical, and professional settings.

VII. CLINICAL EDUCATION
CAATE accreditation standards require that the clinical part of the ATP occur across a minimum of two continuous academic years. At USM, this experience includes the completion of five clinical education courses, in a semester-based program. Supervision of the clinical experience is defined as daily personal/verbal contact at the site of supervision between the ATS and the Preceptor. The Preceptor plans, directs, advises, and evaluates the student’s athletic training experience and must be physically present in order to intervene on behalf of the patient. Furthermore, completion of proficiencies in the clinical setting must occur in a one-on-one fashion between the ATS and Preceptor.

To assure compliance with CAATE’s spirit of directed supervision, the following on-campus areas are considered separate venues with regard to directed supervision:

1. Main floor of Hill Gymnasium and the Athletic Training Facility
2. Wrestling Room
3. Field House
4. Ice Arena
5. All weather turf field (soccer, field hockey, lacrosse)
6. Baseball and Softball Fields
7. Paula Houglim (Bailey Hall) Field
8. Gorham High School Track and Field, and Tennis Courts
9. Athletic Training Laboratory
10. USM Gorham Fitness Center

USM’s ATP requires the completion of 715 – 850 supervised clinical hours, under the auspices of a Preceptor, within a five semester clinical sequence.

USM ATSSs obtain clinical hours in multiple settings. These include: 1) USM’s athletic training facilities, 2) high schools, 3) colleges, and 4) USM’s SHS. Upon graduation, each student gains clinical education experiences with individual and team sports, sports requiring protective equipment, patients of different genders, non-sport patient populations, upper extremity conditions, lower extremity conditions, and general medical conditions.
Sequencing of clinical rotations:

Students who meet the course pre-requisites enroll in SPM 210 during the fall semester, a process which typically commences with the student’s 2nd year of study. As a requirement of this course, each student obtains 40 to 50 supervised hours in a variety of clinical settings. Upon completion of SPM 210, students who meet the course pre-requisites enroll in the following sequence of clinical courses: SPM 270 (spring 2nd year); SPM 370 (fall 3rd year); SPM 371 (spring 3rd year). During each of these experiences students complete 150 minimum/175 maximum clinical hours. While enrolled in SPM 470 during the fall semester of the 4th year, students complete a minimum of 225, and a maximum of 275, clinical hours. As part of this hour requirement students complete 50 to 75 clinical hours in a pre-season setting and a 15 hour clinical rotation at USM’s SHS. In SPM 470, students are also required to complete clinical hours helping with pre-participation screenings occurring across the fall semester. Across all clinical courses, students are assigned to complete clinical hours under the direct supervision of a Preceptor. During the completion of the requisite clinical hours, the ATS practices, performs, and is evaluated on proficiencies by his/her supervising Preceptor. These proficiencies are associated with the clinic course the student is enrolled.

VIII. CLINICAL EXPERIENCE AND CLINICAL COURSE REQUIREMENTS

A. Clinical Experience Requirements and Student Responsibilities

1. Meet all Clinical Education Requirements. (Appendix K)

2. Assigned to a Preceptor based on the student’s previous clinical assignments and experiences needed for graduation (ie individual and team sports, sports requiring protective equipment, patients of different genders, non-sport patient population, upper extremity conditions, lower extremity conditions, and general medical conditions).

3. Submits a semester schedule proposal to the CC in advance of beginning a clinical experience rotation. The CC determines the clinical schedule and provides a copy to the Preceptor. (Appendix D)

4. Evaluated by a Preceptor after one (1) month and at the end of the semester (Appendix E). At the same time, the ATS evaluates the Preceptor (Appendix F) and the clinical experience/site (Appendix G). The student also performs self-evaluation (Appendix H)

5. Assures correspondence between CC and Preceptor through proper documentation when schedule changes are proposed due to unplanned events.

6. Reports to CC any request to travel to away athletic contests with the Preceptor. The Preceptor reserves the exclusive right in permitting ATS travel. At minimum throughout the entire clinical course sequence, the ATS will document 1 travel experiences with football and 1 travel experience with a USM athletic team.

B. Clinical Course Requirements

1. All Athletic Training Clinical Courses (SPM 270, 370, 371, 470) are graded as percentages assigned to a letter grade. A full description of the USM’s letter grading policy can be found in the University catalog.

2. To meet minimum course requirements, the ATS:
i. Completes 40 minimum/50 maximum, clinical hours for SPM 210.
ii. Completes 150 minimum/175 maximum, clinical hours for SPM 270, 370, and 371. Furthermore, a minimum of 10 hours a week must be completed during these experiences.
iii. Completes 225 minimum/275 maximum, clinical hours for SPM 470, with 10 hours a minimum completed each week across the experience. Fifteen hours of this experience will occur at USM SHS whereas 50 to 75 hours will occur during the month of August in a pre-season athletic venue.
iv. Does not receive more than three (3) unexcused tardy, absent or inappropriately dressed citations per semester (definitions outlined in VIII, 3).
v. Meets passing criteria of all assigned proficiencies and any other course assignments as determined by the clinical course instructor.

3. Definitions:
   i. Unexcused tardy/absence is determined by the Preceptor in accordance to the clinical experience schedule established by the CC. A minimum of 24 hours of advanced notice is expected for proposed schedule changes. Citations appear on the ATS evaluation.
   ii. Inappropriate attire is determined by the Preceptor. Citations appear on the ATS evaluation.

IX. DOCUMENTING CLINICAL HOURS

1. ATSs document daily completion of hours on the appropriate forms. (Appendix I)

2. When recording hours, the ATS notes the date, site and/or team, sub-total and total hours (1/4 hour increments), and the nature of the experience (i.e., upper extremity, lower extremity, equipment intensive, general medical, etc).

3. ATSs are permitted to document those hours directly supervised by a Preceptor. When an ATS is uncertain as to whether particular clinical experience hours are acceptable, he/she should present questions to the supervising Preceptor and/or the CC prior to completing those hours.

X. DRESS CODE POLICY

A. Casual-professional attire is required during ATP clinical assignments such as practices or events, games or contests, and any other Preceptor sponsored activity. Examples of appropriate apparel include:
   • Polo or collared button shirts, blouses, and sweaters
   • Slacks, pants, or shorts in solid colors or patterns
   • Clean shoes or sneakers

B. It is appropriate to dress according to the weather to protect yourself from the sun, cold temperature, wind, and moisture. Additionally, note the physical nature of athletic training, such as kneeling, reaching, lifting, or running. These acts can be made even more difficult by wearing apparel that is too tight, restrictive, or inappropriately sized.

Certain clothing and styles are not acceptable during clinical assignments or any other clinical experience. **Prohibited** clothing items include and are not limited to:
   • Denim jeans
- T-shirts of any kind
- Sleeveless shirts
- Cropped or halter tops
- Open-toe shoes, sandals, or clogs
- Clothing that is unusually worn, tattered, torn, or stained
- Sweat pants, stretch pants, or workout/exercise clothing
- Articles which display or promote illegal acts, tobacco and alcohol products, and profane language or symbols
- Any article deemed unacceptable in an allied health profession

**Prohibited** styles include and are not limited to:
- Un-tucked shirt tails
- bare midriffs
- baseball caps inside buildings
- baggy pants or shorts worn below waist-line
- exposure of undergarments
- any style deemed unacceptable in an allied health profession

C. Inappropriate apparel (as defined above) worn during clinical assignments will be addressed in the following manner by the Preceptor or CC:
- The student will be asked to leave
- The student may return properly dressed
- The infraction can and will affect course performance as an *unexcused absence* or *unexcused tardiness*

D. Additional dress code policies may be enforced at different clinical sites. Meet with your supervising Preceptor to determine if any other attire is required at that site.

**XI. CODE OF CONDUCT FOR THE ATHLETIC TRAINING STUDENT**

1. Act in a responsible and professional manner.
2. Remain objective and non-discriminatory in your treatment of athletes.
3. Resolve problems and conflicts and bring them to the attention of a Preceptor as soon as possible.
4. Strive to do your best.
5. Dedicate yourself to academic growth, the department, and to the profession.
6. Maintain all information about the student-athlete, patients, and their illness/injury confidential. *(Appendix J)*

The ATS will read, become familiar with, and follow the NATA Code of Ethics.

[http://www.nata.org/EC](http://www.nata.org/EC)

As students preparing to enter this profession, you are strongly encouraged to become a student member of the NATA. Membership benefits include a subscription to the Journal of Athletic Training, reduced registration fees for national and district symposia, eligibility for scholarships, and other direct benefits.
XII. COMMUNICABLE DISEASE POLICY

As a program in an allied health care profession, transmission of communicable disease is of great concern. In order to address this concern, the policy of USM’s Athletic Training Program is as follows:

ILLNESS

Athletic Training Students (ATSs) should report personal illness that might place those they work with at risk of infection to their supervising preceptor and USM’s Athletic Training Clinical Coordinator.

An ATS should be examined by a health care professional at USM’s Student Health Services if there is any question about the illness.

An ATS that is ill and has communicated this to his/her preceptor prior to the assigned clinical experience should stay home. This will be considered an excused absence and have no effect on the student’s final clinical evaluation or grade for a clinical course.

INJURY and EXPOSURE TO BLOOD AND OTHER BODILY FLUIDS

During clinical experience assignments, an ATS may be exposed in situations of inherent injury, blood and body fluid exposure. There are standard operating procedures, definitions of accident and exposure, and incident reports that an ATS and preceptor are expected to follow if such an accident occurs.

1. Universal Blood and Body Fluid Precautions as set forth by the Centers for Disease Control are to be adhered to in all clinical courses.

2. Students are required to have the Hepatitis B vaccine series, or have signed the Hepatitis B Declination Form (Appendix C), as follows:
   
a. Present documentation of receiving the first two of three required Hepatitis B immunization injections prior to enrolling in SPM 210. If the student chooses not to be Hepatitis B immunized, he or she must read, complete, and sign the form entitled “Hepatitis B Vaccine Declination Assumption of Risk and Release”.

b. Present documentation of receiving the third injection of the Hepatitis B Immunization series prior to enrollment in SPM 370.

3. If a student is exposed to blood or other bodily fluids through a needle stick, cut, splash to the eyes or mouth or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood, and/or if a student sustains a bodily injury, the following actions are to be taken:

   1. In the case of blood or other bodily fluid, the student should immediately clean the site (e.g., wash injured skin – needle stick or cut with soap and water; flush splashes to the nose, mouth, or skin with water; irrigating eyes with clean water, saline or sterile irrigant).

   2. The student should immediately notify the Preceptor and Clinical Coordinator about the incident. The Clinical Coordinator should notify the Athletic Training Program Director.

   3. In the case of blood or other bodily fluid, the student and Clinical Coordinator should contact the source person (per agency policy), if known, to determine his/her willingness to release medical information and/or undergo applicable testing (e.g., hepatitis B, hepatitis C, HIV antibodies). If
the source person is willing to do either or both of the above the student should write down the person’s name, phone number, and health care provider’s name. The student should notify his/her health care provider that he/she has source person contact information. The student’s health care provider may elect to follow-up with the source person and/or his/her health care provider. If the source person can be accessed at a later time the student should go immediately for initial testing, counseling around treatment, and treatment (see step 4).

4. In the case of blood or other bodily fluid, initial testing, counseling around treatment, and treatment may be available at the clinical agency, if applicable. If initial testing, counseling round treatment, and treatment are not available at the clinical agency the student should go immediately to an emergency room. The student should not delay getting initial testing, counseling around treatment, and treatment.

5. After initial testing, counseling around treatment, and treatment in cases of blood or other bodily fluid, and in cases of bodily injury, the Clinical Coordinator works with the student to complete the UMS Incident Report Form and any additional required forms for the clinical agency, if applicable.

6. The Clinical Coordinator notifies the clinical agency, if applicable, and follows their policies/procedures.

7. After the initial testing, counseling around treatment in the case of blood and bodily fluids, and in cases of bodily injury, the student can elect to follow-up with a health care provider of their choice.

8. In cases of blood and bodily fluid, the involved faculty provides student with CDC hotline (1-800-232-4636) or http://www.cdc.gov/netinfo.htm for the most up-to-date information on testing and follow-up. The faculty should strongly encourage the student to call the hotline. Additional resources are identified in note 7 below. The Athletic Training Program Director, Clinical Coordinator, and the USM Director of Environmental Health and Safety will treat student exposure with utmost confidentiality.

Notes:
1. Student and/or his/her health care insurer (as allowed for under benefit package) are responsible for costs associated with testing, treatment and follow-up.
2. USM University Health Services is not able to do testing and follow-up at this time.
3. The USM form is forwarded to the Director of Environmental Health and Safety solely for USM tracking purposes.
4. If unable to reach the Athletic Training Program Director or Clinical Coordinator, notify the Chair of the Department of Exercise, Health and Sport Sciences.
5. If the student is covered by USM’s student health insurer, he/she must contact USM University Health Services Director for an automatic referral.
6. The University’s health insurance policy regarding confidentiality may be found both in the Claims Appeal Process section of the student brochure or at www.crossagency.com. Medical information is not released to any entity other than the one involved in the process of adjudicating a specific claim. State law prevents any health insurance carrier from discriminating in the acceptance of an applicant if they have been previously insured elsewhere.
XIII. STUDENT EMPLOYMENT POLICIES

Student employment within the Department of Exercise, Health, and Sport Sciences is strictly limited to Federal Work-study guidelines. Department positions are available to any qualified student on financial aid, and are clerical in nature.

XIV. TRANSFER POLICY

Students interested in transferring into the Athletic Training Education Program may refer to the Transfer Students page on the Office of Admission website, http://www.usm.maine.edu/admission, or to the most recent Undergraduate Catalog at http://www.usm.maine.edu/catalogs.

XV. ADDITIONAL RESOURCES

Refer to the following web resources for more information about the Athletic Training profession, the academic preparation of Athletic Trainers, or the process of becoming a Certified Athletic Trainer.

| National Athletic Trainers’ Association | www.nata.org |
| Commission on Accreditation of Athletic Training Education | www.CAATE.net |
| Board of Certification | www.bocatc.org |
| Eastern Athletic Trainers’ Association | www.goatea.org |
| Maine Athletic Trainers’ Association | www.gomata.org |
APPENDICES

Appendix A  Receipt of Athletic Training Student Handbook
Appendix B  Technical Standards
Appendix C  Hepatitis B Vaccine Declination Assumption of Risk and Release
Appendix D  Clinical Experience Schedule
Appendix E  Student Evaluation by Preceptor
Appendix F  Preceptor Evaluation
Appendix G  Clinical Site Evaluation
Appendix H  Student Self Evaluation
Appendix I  ATEP Clinical Hours Report
Appendix J  Confidentiality Agreement
Appendix K  Clinical Education Progression Requirements
Appendix L  Curricula Course Sequence
I, ______________________, have reviewed a copy of the Athletic Training Student Handbook in SPM 210. I agree to read and follow all policies and procedures outlined within it. Furthermore, I understand that this handbook is a working document, meaning it is continually revised and upgraded. When revisions are made, I understand that new editions will be posted on the EHSS webpage and the ATEP Blackboard site, and that I am responsible for staying abreast of these revisions. Indeed, it is my responsibility to read, understand, and comply with all aspects of the Athletic Training Student Handbook, and I take full responsibility for requirements set forth in it.

Please check one of the following:

_____ Initial Receipt of handbook

_____ Supplemental Copy of handbook Changes

Student’s Signature: ___________________________ Date Received: _____
TECHNICAL STANDARDS FOR THE ATHLETIC TRAINING EDUCATION PROGRAM

The Athletic Training Educational Program at The University of Southern Maine 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 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 (Commission on Accreditation of Athletic Training Education [CAAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. Candidates for selection to the athletic training educational program will be required to verify they understand the standards and, with or without reasonable accommodations, meet the standards. For information regarding the University’s policy for accommodating students with disabilities contact the Disability Services Office at 780-4706.

Compliance with the programs technical standards does not guarantee a students’ eligibility for the Board of Certification (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 record the physical examination results and a treatment plan clearly and accurately.
4. The capacity to maintain composure and continue to function well during periods of high stress.
5. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
6. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
7. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

A student who is admitted to the major but unable to fulfill these technical standards, with or without reasonable accommodation, will not be able to complete the major.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

_________________________________________  ________________
Signature of Applicant                      Date

Alternative statement for students requesting accommodations.
I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Department of Exercise, Health, and Sport Sciences to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

_________________________________________  ________________
Signature of Applicant                      Date
APPENDIX C

HEPATITIS B VACCINE DECLINATION
ASSUMPTION OF RISK AND RELEASE

I, ___________________________________________________________, a student enrolled in the Athletic Training Program at the University of Southern Maine (a campus of the University of Maine System) (“University”), Acknowledge, declare and agree as follows:

• I am over the age of eighteen (18) years, or if not, I have parental consent as evidenced by signature below.

• I understand that due to my exposure to blood or other potentially infectious materials as a result of my study of Athletic Training at the University of Southern Maine, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

• Therefore, I do for myself, my heirs and personal representatives, defend, hold harmless, indemnify, and release the University, and all of its officers, agents, and employees from and against all claims, demands, actions, or causes of actions resulting from the contraction of hepatitis which may result from my participation in the Athletic Training Major.

• This assumption of Risk and Release shall remain in effect from the date hereof and every day thereafter that I participate in the Athletic Training Major.

__________________________________________________________
Date Signature

__________________________________________________________
Date Co-signature of parent or guardian if student is under 18 years of age
Clinical Experience Schedule

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
APPENDIX E

UNIVERSITY OF SOUTHERN MAINE
Preceptor Athletic Training Student Evaluation (SPM 270)

ATS: ___________________________________________ Semester/Yr. ____________

Preceptor: ___________________________ Today’s Date_________________

1 month or Semester End

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Section 15.01</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Seldom</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
</tr>
</tbody>
</table>

PROFESSIONALISM and PERSONAL
1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

CLINICAL SKILLS and PROFICIENCIES
21. Accurately applies common taping and wrapping techniques
22. Accurately investigates an injury with appropriate history questions
23. Accurately palpates boney and soft tissue landmarks
24. Accurately applies cryo-therapy modality agents
25. Accurately applies thermo-therapy modality agents
26. ATS has been sent to change into proper dress code attire _____ times during this rotation.

27. ATS has _____ unexcused tardy/absences during this rotation.

28. Describe, if any, the strengths of this ATS that may not be reflected in the previous outline.

29. Describe, if any, recommendations for this ATS to improve the clinical experience.

30. Provide any further comments you feel are appropriate about this ATS.

Note:
- An opportunity to discuss this evaluation between the preceptor and ATS is required.
- The evaluation will be shared with the Clinical Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: _________________________________  ATS signature: _________________________________
UNIVERSITY OF SOUTHERN MAINE
Preceptor Athletic Training Student Evaluation (SPM 370)

ATS: ___________________________ Semester/Yr. ____________
Preceptor: ___________________________ Today’s Date ____________

1 month or Semester End

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Section 15.02</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Seldom</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
</tr>
</tbody>
</table>

PROFESSIONALISM and PERSONAL
1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

CLINICAL SKILLS and PROFICIENCIES
21. Accurately applies common taping and wrapping techniques
22. Accurately qualifies AROM and PROM
23. Accurately performs common special tests
24. Accurately palpates boney and soft tissue landmarks
25. Accurately performs common flexibility tests
26. Accurately performs anthropometric measures (girth, leg length)
27. Accurately applies cryo-therapy modality agents
28. Accurately applies thermo-therapy modality agents
29. Accurately applies mechanical modality agents
30. Accurately applies electrical modality agents
31. ATS has been sent to change into proper dress code attire _____ times during this rotation.

32. ATS has _____ unexcused tardy/absences during this rotation.

33. Describe, if any, the strengths of this ATS that may not be reflected in the previous outline.

34. Describe, if any, recommendations for this ATS to improve the clinical experience.

35. Provide any further comments you feel are appropriate about this ATS.

Note:
* An opportunity to discuss this evaluation between the Preceptor and ATS is required.
* The evaluation will be shared with the Clinical Coordinator and Program Director.
* The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: _______________________________  ATS signature: _______________________________
UNIVERSITY OF SOUTHERN MAINE
Preceptor Athletic Training Student Evaluation (SPM 371)

ATS: ___________________________  Semester/Yr. __________
Preceptor: ________________________  Today's Date __________

1 month  or  Semester End

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**PROFESSIONALISM and PERSONAL**
1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

**CLINICAL SKILLS and PROFICIENCIES**
21. Accurately applies common taping and wrapping techniques
22. Accurately qualifies AROM and PROM
23. Accurately performs common special tests
24. Accurately palpatates boney and soft tissue landmarks
25. Accurately performs common flexibility tests
26. Accurately performs anthropometric measures (girth, leg length)
27. Accurately applies cryo-therapy modality agents
28. Accurately applies thermo-therapy modality agents
29. Accurately applies mechanical modality agents
30. Accurately applies electrical modality agents
31. Accurately performs a complete injury assessment
32. Accurately determines immediate treatment course following assessment
31. ATS has been sent to change into proper dress code attire _____ times during this rotation.

32. ATS has _____ unexcused tardy/absences during this rotation.

33. Describe, if any, the strengths of this ATS that may not be reflected in the previous outline.

34. Describe, if any, recommendations for this ATS to improve the clinical experience.

35. Provide any further comments you feel are appropriate about this ATS.

Note:
- An opportunity to discuss this evaluation between the Preceptor and ATS is required.
- The evaluation will be shared with the Clinical Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: ________________________________ ATS signature: ________________________________
UNIVERSITY OF SOUTHERN MAINE
Preceptor Athletic Training Student Evaluation (SPM 470)

ATS: ___________________________ Semester/Yr. ____________
Preceptor: ________________________ Today’s Date ____________

1 month or Semester End

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Section 15.04</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Seldom</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
</tr>
</tbody>
</table>

PROFESSIONALISM and PERSONAL
1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

CLINICAL SKILLS and PROFICIENCIES
21. Seeks information to identify environmental risk factors
22. Applies and instructs appropriate strength and conditioning principles
23. Identifies risk factors related to intrinsic/extrinsic factors of sport
24. Accurately performs injury assessments on-field and clinically
25. Practices pre-planned emergency action protocols
26. Promotes a systematic return of ROM/strength/flexibility
27. Promotes a progressive return to stamina/coordination/activity
28. Applies modalities using accepted standards
29. Practices effective athletic training room facility management
30. Promotes connection to sports medicine team
31. Assists/refers emotional/psychological well being of athlete
32. Provides instruction on sports medicine subject matters
33. ATS has been sent to change into proper dress code attire _____ times during this rotation.

34. ATS has _____ unexcused tardy/absences during this rotation.

35. Describe, if any, the strengths of this ATS that may not be reflected in the previous outline.

36. Describe, if any, recommendations for this ATS to improve the clinical experience.

37. Provide any further comments you feel are appropriate about this ATS.

Note:
- An opportunity to discuss this evaluation between the Preceptor and ATS is required.
- The evaluation will be shared with the Clinical Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: ________________________________  ATS signature: ________________________________
APPENDIX F

UNIVERSITY OF SOUTHERN MAINE

Preceptor Evaluation

Preceptor: ___________________________ Semester/Yr. _______________

Athletic Training Clinic: (circle one) I II III IV Today’s Date _______________

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

PROFESSIONALISM and PERSONAL
1. Demonstrates respect towards student-athletes and colleagues NA 1 2 3 4 5
2. Demonstrates respect towards athletic training students NA 1 2 3 4 5
3. Remains consistent with treatment towards all athletic training students NA 1 2 3 4 5
4. Displays enthusiasm and motivation in performing athletic training duties NA 1 2 3 4 5
5. Conducts self as a professional role model NA 1 2 3 4 5
6. Demonstrates self-confidence as a professional NA 1 2 3 4 5

COMMUNICATION
7. Provides non-derogatory, constructive feedback NA 1 2 3 4 5
8. Is open and available to answer questions NA 1 2 3 4 5
9. Is an effective listener NA 1 2 3 4 5
10. Explains service expectations for effective and timely implementation NA 1 2 3 4 5
11. Appropriately notifies ATS of proficiency expectations NA 1 2 3 4 5

MENTORING
12. Encourages & provides environment for critical thinking skill development NA 1 2 3 4 5
13. Provides adequate feedback or correction of proficiencies NA 1 2 3 4 5
14. Is available and makes time to evaluate proficiencies NA 1 2 3 4 5
15. Allows ATS to perform proficiencies on athletes whenever possible NA 1 2 3 4 5
16. Provides scenarios for proficiencies that aren’t performed on athletes NA 1 2 3 4 5
17. Allows ATS to perform skills on athletes within level of competency NA 1 2 3 4 5
18. Admits to ATS when he/she doesn’t know the correct answer to a question NA 1 2 3 4 5
19. Seeks outside help when necessary NA 1 2 3 4 5
20. Directly supervises ATS NA 1 2 3 4 5

On the average, how many contact hours did your clinical instructor spend with you for proficiency evaluations (formal/informal) per day _______________ or per week _______________.

*Contact hours mean discussing information, informal teaching, conversing, interacting, mentoring

If necessary, please use space on the back to:
Describe, if any, the strengths of this Preceptor I that may not be reflected in the previous outline.
Describe, if any, recommendations for this Preceptor to improve the clinical experience.
APPENDIX G
UNIVERSITY OF SOUTHERN MAINE

Clinical Site Evaluation

Preceptor: ________________________________  Semester/Yr. ____________

Athletic Training Clinic: (circle one)  I  II  III  IV  Today’s Date ____________

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

CLINICAL SITE EVALUATION

Provided a stimulating learning environment  NA 1 2 3 4 5
Provided adequate supplies or equipment to meet the proficiency requirements  NA 1 2 3 4 5
Provided challenges in which I could utilize my skills  NA 1 2 3 4 5
Experiences reinforced the information and skills learned in coursework  NA 1 2 3 4 5
Provided opportunities to complete the assigned proficiencies  NA 1 2 3 4 5
Appropriate OSHA guidelines were followed at this clinical site  NA 1 2 3 4 5
Student-athlete interactions were adequate to meet proficiency expectations  NA 1 2 3 4 5

Indicate the overall rating of this clinical site on the following scale (please circle one)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>A very negative experience</td>
<td>a waste of time</td>
<td>time well spent</td>
<td>a very positive experience</td>
</tr>
</tbody>
</table>

The Athletic Training Education Program should continue to use this clinical site. YES NO

Explain:

Provide any further comments or suggestions you feel are appropriate to enhance this clinical site for future athletic training students.
APPENDIX H

UNIVERSITY OF SOUTHERN MAINE
Athletic Training Student Self Evaluation (SPM 270)

ATS: ________________________________  Semester/Yr. __________
Preceptor: ____________________________  Today’s Date ____________

1 month  or  Semester End

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Section 15.05</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>1</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
</tr>
</tbody>
</table>

PROFESSIONALISM and PERSONAL

1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

CLINICAL SKILLS and PROFICIENCIES

21. Accurately applies common taping and wrapping techniques
22. Accurately investigates an injury with appropriate history questions
23. Accurately palpates boney and soft tissue landmarks
24. Accurately applies cryo-therapy modality agents
25. Accurately applies thermo-therapy modality agents
26. ATS has been sent to change into proper dress code attire _____ times during this rotation.

27. ATS has _____ unexcused tardy/absences during this rotation.

28. Describe, if any, your strengths that may not be reflected in the previous outline.

29. Describe, if any, recommendations for you to improve this clinical experience.

30. Provide any further comments you feel are appropriate about yourself.

Note:
- An opportunity to discuss this evaluation between the Preceptor and ATS is required.
- The evaluation will be shared with the Clinical Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: ________________________________ ATS signature: ________________________________
Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Section 15.06</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Seldom</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
</tr>
</tbody>
</table>

PROFESSIONALISM and PERSONAL
1. Completes tasks effectively and timely
2. Displays self-confidence
3. Establishes respect and good rapport with athletes
4. Demonstrates enthusiasm towards the clinical hours
5. Seeks guidance with uncertainty of a proficiency
6. Takes initiative & willing to help athletes, peers, and athletic training staff
7. Follows instruction and carries out assigned tasks
8. Establishes respect and good rapport with peers and Preceptor
9. Demonstrates an understanding of the expectations of the clinical hours
10. Accepts constructive criticism from peers and Preceptor
11. Is a good representative of USM athletic training
12. Is punctual and shows up for scheduled clinical hours
13. Demonstrates professional & appropriate attire according to the dress code
14. Follows policies and procedures of the clinical setting
15. Practices skills and performs proficiencies when appropriate
16. Communicates effectively with the Preceptor
17. Appropriately notifies Preceptor of proficiency expectations
18. Interacts and asks questions while the Preceptor is providing athlete care
19. Handles self in a mature and professional manner
20. Is an effective listener

CLINICAL SKILLS and PROFICIENCIES
21. Accurately applies common taping and wrapping techniques
22. Accurately qualifies AROM and PROM
23. Accurately performs common special tests
24. Accurately palpates boney and soft tissue landmarks
25. Accurately performs common flexibility tests
26. Accurately performs anthropometric measures (girth, leg length)
27. Accurately applies cryo-therapy modality agents
28. Accurately applies thermo-therapy modality agents
29. Accurately applies mechanical modality agents
30. Accurately applies electrical modality agents
31. ATS has been sent to change into proper dress code attire _____ times during this rotation.

32. ATS has _____ unexcused tardy/absences during this rotation.

33. Describe, if any, your strengths that may not be reflected in the previous outline.

34. Describe, if any, recommendations for you to improve this clinical experience.

35. Provide any further comments you feel are appropriate about yourself.

Note:
- An opportunity to discuss this evaluation between the Preceptor and ATS is required.
- The evaluation will be shared with the Clinical Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: _________________________________   ATS signature: _______________________________
UNIVERSITY OF SOUTHERN MAINE
Athletic Training Student Self Evaluation (SPM 371)

ATS: ________________________________  Semester/Yr. ____________

Preceptor: ________________________________  Today's Date ____________

1 month or Semester End

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Seldom</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**PROFESSIONALISM and PERSONAL**

1. Completes tasks effectively and timely  NA 1 2 3 4 5
2. Displays self-confidence  NA 1 2 3 4 5
3. Establishes respect and good rapport with athletes  NA 1 2 3 4 5
4. Demonstrates enthusiasm towards the clinical hours  NA 1 2 3 4 5
5. Seeks guidance with uncertainty of a proficiency  NA 1 2 3 4 5
6. Takes initiative & willing to help athletes, peers, and athletic training staff  NA 1 2 3 4 5
7. Follows instruction and carries out assigned tasks  NA 1 2 3 4 5
8. Establishes respect and good rapport with peers and Preceptor  NA 1 2 3 4 5
9. Demonstrates an understanding of the expectations of the clinical hours  NA 1 2 3 4 5
10. Accepts constructive criticism from peers and Preceptor  NA 1 2 3 4 5
11. Is a good representative of USM athletic training  NA 1 2 3 4 5
12. Is punctual and shows up for scheduled clinical hours  NA 1 2 3 4 5
13. Demonstrates professional & appropriate attire according to the dress code  NA 1 2 3 4 5
14. Follows policies and procedures of the clinical setting  NA 1 2 3 4 5
15. Practices skills and performs proficiencies when appropriate  NA 1 2 3 4 5
16. Communicates effectively with the Preceptor  NA 1 2 3 4 5
17. Appropriately notifies Preceptor of proficiency expectations  NA 1 2 3 4 5

**CLINICAL SKILLS and PROFICIENCIES**

18. Interacts and asks questions while the Preceptor is providing athlete care  NA 1 2 3 4 5
19. Handles self in a mature and professional manner  NA 1 2 3 4 5
20. Is an effective listener  NA 1 2 3 4 5

21. Accurately applies common taping and wrapping techniques  NA 1 2 3 4 5
22. Accurately qualifies AROM and PROM  NA 1 2 3 4 5
23. Accurately performs common special tests  NA 1 2 3 4 5
24. Accurately palpates boney and soft tissue landmarks  NA 1 2 3 4 5
25. Accurately performs common flexibility tests  NA 1 2 3 4 5
26. Accurately performs anthropometric measures (girth, leg length)  NA 1 2 3 4 5
27. Accurately applies cryo-therapy modality agents  NA 1 2 3 4 5
28. Accurately applies thermo-therapy modality agents  NA 1 2 3 4 5
29. Accurately applies mechanical modality agents  NA 1 2 3 4 5
30. Accurately applies electrical modality agents  NA 1 2 3 4 5
31. Accurately performs a complete injury assessment  NA 1 2 3 4 5
32. Accurately determines immediate treatment course following assessment  NA 1 2 3 4 5

Revised 8/14
31. ATS has been sent to change into proper dress code attire _____ times during this rotation.

32. ATS has _____ unexcused tardy/absences during this rotation.

33. Describe, if any, your strengths that may not be reflected in the previous outline.

34. Describe, if any, recommendations for you to improve the clinical experience.

35. Provide any further comments you feel are appropriate about yourself.

Note:
- An opportunity to discuss this evaluation between the Preceptor and ATS is required.
- The evaluation will be shared with the Clinical Coordinator and Program Director.
- The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: ________________________________  ATS signature:______________________________
**UNIVERSITY OF SOUTHERN MAINE**  
Athletic Training Student Self Evaluation (SPM 470)

ATS: ___________________________  
Semester/Yr. _________________

Preceptor: ___________________________  
Today’s Date _________________

1 month  or  Semester End

Please read each statement and circle a response that corresponds to the key listed below.

<table>
<thead>
<tr>
<th>Section 15.08</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Seldom</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
</tr>
</tbody>
</table>

**PROFESSIONALISM and PERSONAL**

1. Completes tasks effectively and timely  
2. Displays self-confidence  
3. Establishes respect and good rapport with athletes  
4. Demonstrates enthusiasm towards the clinical hours  
5. Seeks guidance with uncertainty of a proficiency  
6. Takes initiative & willing to help athletes, peers, and athletic training staff  
7. Follows instruction and carries out assigned tasks  
8. Establishes respect and good rapport with peers and Preceptor  
9. Demonstrates an understanding of the expectations of the clinical hours  
10. Accepts constructive criticism from peers and Preceptor  
11. Is a good representative of USM athletic training  
12. Is punctual and shows up for scheduled clinical hours  
13. Demonstrates professional & appropriate attire according to the dress code  
14. Follows policies and procedures of the clinical setting  
15. Practices skills and performs proficiencies when appropriate  
16. Communicates effectively with the Preceptor  
17. Appropriately notifies Preceptor of proficiency expectations  
18. Interacts and asks questions while the Preceptor is providing athlete care  
19. Handles self in a mature and professional manner  
20. Is an effective listener  

**CLINICAL SKILLS and PROFICIENCIES**

21. Seeks information to identify environmental risk factors  
22. Applies and instructs appropriate strength and conditioning principles  
23. Identifies risk factors related to intrinsic/extrinsic factors of sport  
24. Accurately performs injury assessments on-field and clinically  
25. Practices pre-planned emergency action protocols  
26. Promotes a systematic return of ROM/strength/flexibility  
27. Promotes a progressive return to stamina/coordination/activity  
28. Applies modalities using accepted standards  
29. Practices effective athletic training room facility management  
30. Promotes connection to sports medicine team  
31. Assists/refers emotional/psychological well being of athlete  
32. Provides instruction on sports medicine subject matters
33. ATS has been sent to change into proper dress code attire _____ times during this rotation.

34. ATS has _____ unexcused tardy/absences during this rotation.

35. Describe, if any, your strengths that may not be reflected in the previous outline.

36. Describe, if any, recommendations for you to improve the clinical experience.

37. Provide any further comments you feel are appropriate about this yourself.

Note:
• An opportunity to discuss this evaluation between the Preceptor and ATS is required.
• The evaluation will be shared with the Clinical Coordinator and Program Director.
• The evaluation is not reflected in the overall course evaluation, except for dress code and attendance violations.

Preceptor signature: ___________________________ ATS signature: ___________________________
### APPENDIX I

**ATHLETIC TRAINING PROGRAM**

**CLINICAL HOURS REPORT**

Month _______ Year _______

**Key:** UE (upper extremity); LE (lower extremity); EI (equipment intensive), GM (general medical)

<table>
<thead>
<tr>
<th>Day</th>
<th>Site</th>
<th>Category</th>
<th>Hours</th>
<th>Preceptor Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>UE</td>
<td>LE</td>
<td>EI</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUB TOTAL**

| 16  |      |          |       |       |      |       |
| 17  |      |          |       |       |      |       |
| 18  |      |          |       |       |      |       |
| 19  |      |          |       |       |      |       |
| 20  |      |          |       |       |      |       |
| 21  |      |          |       |       |      |       |
| 22  |      |          |       |       |      |       |
| 23  |      |          |       |       |      |       |
| 24  |      |          |       |       |      |       |
| 25  |      |          |       |       |      |       |
| 26  |      |          |       |       |      |       |
| 27  |      |          |       |       |      |       |
| 28  |      |          |       |       |      |       |
| 29  |      |          |       |       |      |       |
| 30  |      |          |       |       |      |       |
| 31  |      |          |       |       |      |       |

**SUB TOTAL**

**TOTAL**

Athletic Training Student ____________________________

Preceptor ____________________________

Revised 8/14
CONFIDENTIALITY AGREEMENT

USM, the Department of Exercise, Health, and Sport Sciences, and USM Athletic Training contain confidential information pertaining to students and employees. This information is required by law to be protected. The use of a computer network that is shared by many individuals imposes many obligations. This is to inform you of your responsibilities, and to secure your agreement to abide by the associated policies and procedures (University Health Services Policy and Procedure Manual, Policy 1.1, 3.17, 6.1, 6.2, 6.8, 6.9, 6.12, 10.1).

I __________________________ (name)

- Will respect the privacy and rules governing the use of any information accessibility through the computer system or network and only utilize information necessary for performance of my job or educational experience as required by law,

- Understand that the information accessed through all USM, Department of Exercise, Health, and Sport Sciences, and USM Athletic Training, or off-campus clinical sites', as this information systems contain sensitive and confidential patient, student, business, and financial information which should only be disclosed to those authorized to receive it,

- Will not exhibit or divulge the contents of any record or report except to fulfill a work assignment,

- Understand that I may access health information on myself, but must have specific authorization from the Head Athletic Trainers of USM or off-campus clinical sites to access information on anyone else (e.g., my spouse, children, friends, neighbors, and other employees),

- Will not release my user identification code or password to anyone, or allow anyone to access or alter information under my identity,

- Understand that my user identification code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them,

- Understand that I am responsible for logging out of information systems and will not leave unattended a display device to which I have logged on unless there is an active password protected Screen Saver,

- Understand that all access to USM, or affiliates', information systems may be monitored at any time,

- Will not attempt to access information by using a user identification code or password other than my own,

- Will not remove any records, reports or copies from their storage,

- Report any violation of confidentiality or computer usage policies,

- Respect the ownership of proprietary software, (for example, I will not operate unlicensed software on USM computers or make unauthorized copies of such software for my own use),
• Respect the finite capability of the systems, and limit my use so as not to interfere unreasonably with the activity of others,

• Will not use these resources to engage in any activity that violates any federal, state, or local law, or University policies or procedures,

• Prevent unauthorized use of information maintained, stored, or processed by USM or affiliates,

• Will not seek personal benefit of, or permit others to benefit personally by any confidential information or use of equipment available through my assignment,

• Understand that my obligation under this agreement will continue after my termination of involvement and that my privileges are subject to periodic review, revision, and renewal,

• Understand that violators of this agreement will be denied access to information systems, subject to disciplinary actions including dismissal and may be subject to penalties under state law and federal laws and regulations,

• By signing this, I agree that I have read, understand, and will comply with this agreement.

Signature _________________________________________________________________

Date____________________________________________________________________

Printed Name ______________________________________________________________

Department ____________________________ ____________________________
APPENDIX K

Clinical Education Progression Requirements

Prior to SPM 210, Clinical Athletic Training Principles I, a student must:

- Complete the pre-requisite coursework as outlined in the course description of the catalog.
- Sign the published "technical standards" for the athletic training education program (Appendix B).
- Present documentation of receiving the first two of three required Hepatitis B immunization injections. Documentation should include copies of the laboratory reports that the student received the injections. If the student chooses not to be Hepatitis B immunized, he or she must read, complete, and sign the form entitled "Hepatitis B Vaccine Declination Assumption of Risk and Release" (Appendix C).
- Present proof of health insurance coverage equal to or better than the USM Student Health Insurance Plan (basic). Documentation should include a copy of a current health insurance card with the name of an insurance carrier, policy number, etc.
- Sign the published "communicable disease policy" for the athletic training education program (pg. 10, 11).

Prior to enrolling in SPM 270, Athletic Training Clinic I, a student must:

- Complete the pre-requisite coursework outlined in the course description section of the catalog.
- Present proof of current American Red Cross Cardiopulmonary Resuscitation (CPR) for the Professional Rescuer certification or its equivalent.

Prior to enrolling in SPM 370, Athletic Training Clinic II, a student must:

- Complete the pre-requisite coursework as outlined in the course description section of the catalog.
- Present proof of current American Red Cross Cardiopulmonary Resuscitation (CPR) for the Professional Rescuer certification, or its equivalent.
- Present documentation of receiving the third injection of the Hepatitis B Immunization series.

Prior to enrolling in subsequent clinical (SPM 371, 470), and internship (SPM 495) courses, a student must:

- Complete the pre-requisite coursework for each course as outlined in the course description section of the catalog.
- Present proof of current American Red Cross Cardiopulmonary Resuscitation (CPR) for the Professional Rescuer certification, or its equivalent.

Didactic Education Progression Requirements

While enrolled in the ATEP, students must:

- Maintain a minimum cumulative GPA of 2.50.
- Earn a minimum grade of C- in all required courses. Students receiving a grade lower than C- in a required course will not be allowed to sequence into post-requisite coursework until the prerequisite deficiency has been rectified.

Probation

Students with less than 60 accumulated credits will be placed on academic probation for failure to maintain a minimum cumulative GPA of 2.50. Students failing to rectify the GPA deficiency within a one-year probation period will be removed from their declared major and from their status as a student within the Department. Upon rectifying the GPA deficiency, students can reapply for admission into a Departmental major.
**Graduation Requirements**

Students will graduate with a bachelor of science degree in athletic training when the following are satisfied.

- Minimum cumulative GPA of 2.50.
- Completion of all University Core curriculum requirements.
- Completion of all exercise, health, and sport sciences core required coursework with a minimum grade of C-.
- Completion of all athletic training major coursework with a minimum grade of C-.
- Completion of 120 credits.
# APPENDIX L

## DEPARTMENT OF EXERCISE, HEALTH, & SPORT SCIENCES

### Fall Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Entry Year Experience</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SPM 100</td>
<td>Intro to Exercise, Health and Sport Sciences</td>
<td>3</td>
</tr>
<tr>
<td>College Writing</td>
<td>3-4</td>
<td></td>
</tr>
<tr>
<td>MAT 120 or PSY 105</td>
<td>Quantitative Reasoning</td>
<td>3-4</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>12-14</strong></td>
</tr>
</tbody>
</table>

### Spring Semester

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CON 216</td>
<td>Emergency Response</td>
<td>3</td>
</tr>
<tr>
<td>SPM 265</td>
<td>Socio-cultural Analysis</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>3</strong></td>
</tr>
<tr>
<td>PHY 101/102 or 111/114</td>
<td>Science Exploration</td>
<td>4-5</td>
</tr>
<tr>
<td>SPM 310</td>
<td>Cultural Interpretation</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>16-17</strong></td>
</tr>
</tbody>
</table>

### Second Year

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 111/112</td>
<td>Human Anat &amp; Phys I</td>
<td>4.5</td>
</tr>
<tr>
<td>CHY 107 or 113</td>
<td>Chem for Health Sci or Prin of Chemistry</td>
<td>3</td>
</tr>
<tr>
<td>SPM 210</td>
<td>Clinical AT Principles I</td>
<td>2</td>
</tr>
<tr>
<td>SPM 211</td>
<td>Protective Tape/Wrap</td>
<td>1</td>
</tr>
<tr>
<td>SPM 230</td>
<td>Psych of Phys Activity</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>13.5</strong></td>
</tr>
</tbody>
</table>

### Second Year

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 211/212</td>
<td>Human Anat &amp; Phys II</td>
<td>4.5</td>
</tr>
<tr>
<td>SPM 265</td>
<td>Therapeutic Modalities</td>
<td>3</td>
</tr>
<tr>
<td>SPM 270</td>
<td>AT Clinic I</td>
<td>2</td>
</tr>
<tr>
<td>SPM 310</td>
<td>AT Principles II</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Ethical Inquiry, Social Responsibility &amp; Citizenship (EISRC) or Thematic Cluster Course</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>15.5</strong></td>
</tr>
</tbody>
</table>

### Third Year

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CON 252</td>
<td>Human Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>SPM 370</td>
<td>AT Clinic II</td>
<td>2</td>
</tr>
<tr>
<td>SPM 381</td>
<td>Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>SPM 410</td>
<td>AT Principles III</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Ethical Inquiry, Social Responsibility &amp; Citizenship (EISRC) or Thematic Cluster Course</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

### Summer

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPM 302</td>
<td>Pharmacology for Athletic Training and Exercise Science</td>
<td>3</td>
</tr>
</tbody>
</table>

### Fourth Year

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CON 321 or</td>
<td>Health-Related Research</td>
<td>3</td>
</tr>
<tr>
<td>SPM 495</td>
<td>SPM 495</td>
<td></td>
</tr>
<tr>
<td>SPM 485</td>
<td>Senior Thesis I</td>
<td>3</td>
</tr>
<tr>
<td>CON 352</td>
<td>Nutrition for Phys Performance</td>
<td>3</td>
</tr>
<tr>
<td>SPM 430</td>
<td>Exercise Test, Assess, &amp; Prescr</td>
<td>3</td>
</tr>
<tr>
<td>SPM 440</td>
<td>Manual Therapy</td>
<td>3</td>
</tr>
<tr>
<td>SPM 470</td>
<td>AT Clinic IV</td>
<td>3</td>
</tr>
<tr>
<td>SPM 480</td>
<td>Org/Admin of AT</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical Internship/Co-op</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Diversity or AT Elective</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>International or AT Elective</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>AT Elective (if needed to meet the 120-credit minimum graduation requirement)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>12</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

Revised 8/14