

UNIVERSITY OF PITTSBURGH
ATHLETIC TRAINING EDUCATION PROGRAM
POLICIES AND PROCEDURES MANUAL

2016-2017



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University of Pittsburgh

Athletic Training Education Program

I. Introduction

This manual has been developed to make students aware of the policies and procedures to be followed while enrolled in the Athletic Training Education Program and the School of Health and Rehabilitation Sciences. Therefore, students are asked to read this manual carefully. Please be sure to regularly review the student bulletin board on the fourth floor outside the Sports Medicine and Nutrition suite (4033) and check your student mailbox for announcements about activities, events, and opportunities of interest to the ATP. Changes in academic policies and schedules or notices affecting students in the ATP will be posted within or near suite 4033.

Mission of the Athletic Training Education Program

The mission of the Athletic Training Education Program at the University of Pittsburgh is to prepare qualified students for a successful career as a Certified Athletic Trainer. The program seeks to develop cognitive skills, psychomotor mastery, and affective values as they pertain to the practice domains of the athletic training profession through the delivery of a proven formula of sound classroom education combined with invaluable clinical education experiences, with an eye toward producing highly successful and effective healthcare providers who shape the future of the profession in a positive way.

Goals of the Athletic Training Education Program

The primary objective of the undergraduate Athletic Training Education Program is to provide a high quality experience for those students choosing to engage in the study of athletic training. Students admitted and enrolled in the Athletic Training Education Program must meet all the program requirements including successfully matriculating through assigned courses that meet the subject matter requirements for athletic training. The coursework coupled with the clinical proficiencies in athletic training are provided in an organized sequential form in both didactic and clinical education settings. Upon completion of the four-year baccalaureate degree, students are eligible to sit for the BOC, Inc. Certification Examination. Successful completion of this exam provides a variety of employment opportunities including athletic training services for high schools, colleges, universities, and professional athletic teams. Additionally, many students seek employment in private sports medicine and rehabilitation clinics and in health and fitness related settings. Finally, the Athletic Training Education Program at the University of Pittsburgh prepares students for further education at the graduate level in a number of sports medicine-related professions.

Accreditation Status

The University of Pittsburgh ATP, established in 1978 as an NATA-approved curriculum, has since passed several, extensive program evaluations receiving initial accreditation in 1997 and continuing accreditation in 2004 and 2012. The next accreditation evaluation, including on-site evaluation, will be scheduled for the 2021-2022 academic year and overseen by the Commission on Accreditation of Athletic Training Education (CAATE).

Athletic Training Profession

The National Athletic Trainers' Association was founded in 1950 when a core group of about 200 athletic trainers met in Kansas City to discuss the future of the discipline. Today, the NATA membership spans the globe and includes more than 30,000 allied health care professionals.

Athletic trainers are health care professionals who collaborate with physicians to optimize patient and client activity and participation in athletics, work and life. The practice of athletic training encompasses the prevention, examination and diagnosis, treatment, and rehabilitation of emergent, acute, subacute, and chronic neuro-musculoskeletal conditions and certain medical conditions in order to minimize subsequent impairments, functional limitations, disability, and societal limitations.

Athletic trainers work in physician offices, hospitals, hospital emergency rooms, urgent and ambulatory care centers, military/law enforcement settings, corporate/industrial settings, physical therapy clinics, secondary schools and colleges/universities, as well as with youth leagues and throughout the spectrum to Olympic and professional sports teams. They are in great demand for their versatile health and wellness services and injury and illness prevention skills. The skills of ATs have been sought and valued by sports medicine specialists and other physicians for more than 60 years.

The NATA is headquartered in Dallas, TX. The association is administered by a full-time executive director and staff. Members serve as volunteer leaders for the association, which has more than 30 committees working together to advance the profession.

Essential Functions of the Athletic Trainer

Athletic Trainers are educated to function within a scope of practice which includes 8 competency areas included in the 5th edition of the NATA Athletic Training Educational Competencies and developed in conjunction with the Role Delineation Study promulgated by the Board of Certification, Inc. (Practice Analysis, 7th ed., © 2016).

Evidence-Based Practice (EBP)

Prevention and Health Promotion (PHP)

Clinical Examination and Diagnosis (CE)

Acute Care of Injuries and Illnesses (AC)

Therapeutic Interventions (TI)

Psychosocial Strategies and Referral (PS)

Health Care Administration (HA)

Professional Development and Responsibility (PD)

These competency areas fall within the following domains: 1) Injury/Illness Prevention and Wellness Protection, 2) Clinical Evaluation and Diagnosis, 3) Immediate and Emergency Care, 4) Treatment and Rehabilitation, and 5) Organizational and Professional Health and Well Being.

The 5th edition of the Athletic Training Education Competencies (Competencies) provides educational program personnel and others with the knowledge, skills, and clinical abilities to be mastered by students enrolled in professional athletic training education programs. Mastery of these Competencies provides the entry-level athletic trainer with the capacity to provide athletic training services to clients and patients of varying ages, lifestyles, and needs.

The Commission on Accreditation of Athletic Training Education (CAATE) requires that the Competencies be instructed and evaluated in each accredited professional athletic training education program. The Competencies serve as a companion document to the accreditation standards, which identify the requirements to acquire and maintain accreditation, published by CAATE.

II. Academic Program

Admission Requirements

Admission to the Athletic Training Education Program is contingent upon successful completion of a minimum of 60 credits including enrollment in ATHLTR 1811 and 1812. Notification of admission occurs following a personal interview with the athletic training faculty and verification of completion of all pre-requisite criteria.

Prerequisites for Admission - required # of credits in ()

- | | |
|--|--|
| A. 1. Foundations of Biology/Lab (4) (BIOSC 150/0050)
2. General Chemistry/Lab (4) (CHEM 0110)
3. Intro to Physics (3) (PHYS 0110)
4. Mathematics (3) (MATH 0031)
5. Statistics (4) (STAT 0200)
6. Introduction to Psychology (3) (PSY 0010)
7. Developmental Psychology (3) (PSY0310)
8. English Composition (3) (ENGCOMP 0200 min.) | 9. Writing Intensive Course (3) (ENGCOMP 0400 recommended)
10. Public Speaking (3) (COMMRC 0520)
11. Humanities and Social Sciences Electives (6)
from Anthropology, Economics, English
Literature/Writing, Foreign Languages, History,
Music, Performing and Visual Arts, Philosophy,
Religion, Sociology, et al.
12. Basic Athletic Training (3) (ATHLTR 1811)
13. Basic Athletic Training Lab (1) (ATHLTR 1812) |
|--|--|

*A grade of C- or better is required for 1-11
A grade of B or better is required for 12-13*

- B. Successful completion of at least 60 credits of coursework prior to admission.
- C. EMT certification is required through course for credit or other qualified course leading to EMT-B credential.
- D. 45 clinical observation hours under the direct supervision of a Certified Athletic Trainer at the University of Pittsburgh. These hours are made available to students who are registered for the Basic Athletic Training (ATHLTR 1811) class.
- E. 20 hours of observation outside the University of Pittsburgh and under the direct supervision of a Certified Athletic Trainer at a high school facility.
- F. Completion of online admissions application including Technical Standards for Admission document. The link to this application can be found at: <https://app.applyyourself.com/?id=up-hr>.

Selection Criteria

Based upon the following:

- A. Overall minimum GPA of 2.500
- B. Completion of all prerequisites
- C. Personal interview
- D. Personal qualities important for athletic training (*i.e.* enthusiasm, motivation, positive health habits, strong work ethic and time commitment)

Technical Standards for Admission

The Athletic Training Education Program at the University of Pittsburgh 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 Education 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 [CAATE]).

The following abilities and expectations must be met by all students admitted to the Athletic Training Education Program.

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

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able 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 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.

Candidates for selection to the Athletic Training Education Program will be required to meet these technical standards with or without reasonable accommodation.

Transfer Student Admission Policies

Transfer students may apply for admission to the School of Health and Rehabilitation Sciences by completing the transfer application and SHRS supplemental application available through the Office of Admissions and Financial Aid at <http://www.oafa.pitt.edu/transadm.aspx>. All other admissions criteria apply for transfer students in the same way as students enrolled at the Pittsburgh campus.

Students with prior athletic training experience seeking to transfer to the University of Pittsburgh for admission to the Athletic Training Education Program must complete the same pre-requisite requirements as all other candidates including the Basic Athletic Training (ATHLTR 1811) and Basic Athletic Training Lab (ATHLTR 1812) courses and all observation hours. If admitted to the program, all students must complete University of Pittsburgh core athletic training courses. In some instances, credit may be given for other coursework taken at another institution and will be evaluated on an individual case basis.

Curriculum Sequence

The following course sequence is merely recommended for the freshman and sophomore years. Each student should confer with his/her academic adviser to design a schedule that meets the needs of the student. Please contact the Athletic Training Program Director when additional questions arise.

Freshman Year

First Term (16 credits)

BIOSC 0150/0050 Foundations of Biology/Lab (4)
ENGCOMP 0200 General Writing (3)
MATH 0031 Algebra (3)
Elective (3)
Elective (3)

Second Term (14 credits)

CHEM 0110 Chemistry/Lab (4)
PSY 0010 Introduction to Psychology (3)
Composition Elective (3)
STAT 0200 Basic Applied Statistics (4) *

Sophomore Year

First Term (16 credits)

ATHLTR 1811 Basic Athletic Training (3) + %
ATHLTR 1812 Basic Athletic Training Lab (1) + %
PSY 0310 Developmental Psychology (3) *
PHYS 0110 Introduction to Physics 1 (3)
Elective (3)
Elective (3)

Second Term (16 credits)

EM 1102 Emergency Medical Technician/Lab (4) +
COMMRC 0520 Public Speaking (3)
Elective (3)
Elective (3)
Elective (3)

* Indicates the recommended course

+ Indicates course may be taken in either fall or spring term

% It is desirable, but not required, that Basic Athletic Training (ATHLTR 1811) and Lab (ATHLTR 1812) be taken by the end of the fall term of the sophomore year

The following course sequence is identical for all Athletic Training Students in the junior and senior years:

Junior Year

First Term (18 credits)

REHSCI 1200 Human Anatomy & Lab (4)
REHSCI 1205 Human Physiology & Lab (4)
ATHLTR 1821 Injury Evaluation and Treatment 1 (3)
ATHLTR 1824 Athletic Training Practicum 1 (3)
ATHLTR 1831 Therapeutic Modalities and Lab (4)

Second Term (15 credits)

REHSCI 1220 Kinesiology & Biomechanics (3)
ATHLTR 1822 Injury Evaluation and Treatment 2 (3)
ATHLTR 1832 Therapeutic Exercise & Lab (4)
ATHLTR 1833 Strength and Conditioning (2)
ATHLTR 1835 Athletic Training Practicum 2 (3)

Senior Year

First Term (15-18 credits)

HRS 1006 Introduction to Human Nutrition (3)
REHSCI 1215 Exercise Physiology (3)
REHSCI 1235 Medical Terminology (1)
ATHLTR 1885 Intro to Evidence Based Rehabilitation (3)
ATHLTR 1823 Administrative Aspects of AT (2)
ATHLTR 1841 Athletic Training Practicum 3 (3)
Elective (1-3)

Second Term (13-18 credits)

REHSCI 1265 Pharmacology in Rehabilitation (3)
ATHLTR 1834 Special Topics in Athletic Training (2)
ATHLTR 1842 Athletic Training Practicum 4 (3)
ATHLTR 1843 Advanced Orthopedic Assessment (2)
ATHLTR 1866 Psychology of Sport (3)
Elective (1-5)

Please note that this program requires students to complete clinical education experiences at facilities both on and off the University campus and will require criminal background checks, Act 33/34 clearances and perhaps a drug screen prior to participation in clinical education. The results of these requirements may limit and potentially eliminate placement options for the student which can, in turn, result in an inability to meet graduation requirements. Additionally, conviction of a misdemeanor, felony, or felonious or illegal act may prevent the student from becoming credentialed and/or licensed to practice in the field.

Course Descriptions

ATHLTR 1811 - Basic Athletic Training (Pre-requisite) - This course is designed to provide the student with an introduction to the Athletic Training profession. Topics include history of the profession, educational and administrative requirements of the certified athletic trainer, medical terminology, mechanisms of injury and recognition and treatment of common injuries and conditions.

ATHLTR 1812 - Basic Athletic Training Lab (Pre-requisite) - Introduction to basic injury evaluation and taping/wrapping techniques used in the profession of Athletic Training. Basic supportive strapping and padding for immediate care and competition are presented as well as basic joint evaluation procedures, assessment of vital signs and fitting of ambulatory devices.

ATHLTR 1821 - Injury Evaluation and Treatment 1 (Fall/Jr.) - The course includes anatomy, recognition and commonly accepted techniques and procedures for clinical evaluation of common athletic injuries of the lower extremity to include the foot, ankle, leg, hip, pelvis and low back. (Pre-Requisite(s): ATHLTR 1811 & 1812, formal admission to ATP)

ATHLTR 1822 - Injury Evaluation and Treatment 2 (Spring/Jr.) - The course includes anatomy, recognition, and commonly accepted techniques and procedures for clinical evaluation of common athletic injuries of the upper extremity and torso to include the shoulder, arm, elbow, forearm, wrist, hand, head, face, cervical spine, thorax and abdomen. (Pre-Requisite(s): ATHLTR 1821)

ATHLTR 1823 - Administrative Aspects in Athletic Training (Fall/Sr.) - This course is designed to provide the student with an overview of the many administrative topics relating to the profession of Athletic Training. As athletic training employment settings and job descriptions continue to evolve, it is critical that administrative skills are understood and the application of such information is mastered. (Pre-Requisite(s): formal admission to ATP, senior standing in the ATP)

ATHLTR 1824 - Athletic Training Practicum 1 (Fall/Jr.) - The course is designed to supplement the first clinical experience and will be presented in seminar fashion to address those clinical proficiencies published in the NATA Athletic Training Educational Competencies that are introduced in the first semester academic courses. The content of this course will be presented by the faculty of the ATP and then evaluated in live situations when possible or under simulated conditions when warranted. Specific emphasis will be placed on those proficiencies that can be grouped into modules and which do not receive broad coverage in an academic course. (Pre-Requisite(s): formal admission to ATP, senior standing in ATP)

ATHLTR 1831 - Therapeutic Modalities & Lab (Fall/Jr.) - This class will introduce the therapeutic modalities commonly used in the rehabilitation of athletic injuries. The lectures are intended to introduce each modality and cover the basic theoretical principles associated with their use. In addition, discussions will incorporate indications and contraindications when using modalities during rehabilitation. Lab exercises will provide the opportunity for hands-on activities that illustrate the concepts underlying the use of therapeutic modalities and encourage problem-solving through application of the material. (Pre-Requisite(s): formal admission to ATP)

ATHLTR 1832 - Therapeutic Exercise & Lab (Spring/Jr.) - The course will introduce the student to principles of therapeutic exercise and rehabilitation pertaining to the profession of Athletic Training. The course includes basic components of a comprehensive rehabilitation program and theory and principles associated with the use of special evaluation/therapeutic exercise techniques. Laboratory experiences include practical use of manual testing techniques, goniometry, and the application of selected types of manual exercises. (Pre-Requisite(s): ATHLTR 1831, REHSCI 1200 & 1205)

ATHLTR 1833 - Strength and Conditioning (Spring/Jr.) - This course provides the athletic training student with fundamentals in the areas of biomechanics, muscle physiology, neuromuscular adaptations to training, flexibility and warm-up programs, isokinetic testing and training, therapeutic exercises, as well as various strength training principles and methods. Laboratory sessions will include the theory, technique and demonstration of operating contemporary isotonic, isometric and isokinetic strength training equipment. Emphasis is placed on enhancing the students' abilities in critical thinking when combining the concepts of strength and conditioning covered in this course with athletic training concepts. (Pre-Requisite(s): ATHLTR 1821, REHSCI 1200 & 1205)

ATHLTR 1834 - Special Topics in Athletic Training (Spring/Sr.) - This course is designed to expose the Athletic Training Student (ATS) to common medical and orthopedic problems in Sports Medicine/Athletic Training through seminars conducted by health care professionals. An additional component includes exposure to state of the art arthroscopic and reconstructive surgical techniques via operating room observation. Surgery observation is designed to introduce the ATS to a critical evaluation of orthopedic problems in Sports Medicine/Athletic Training. (Pre-Requisite(s): formal admission to ATP, senior standing in ATP)

ATHLTR 1835 - Athletic Training Practicum 2 (Spring/Jr.) - The course is designed to supplement the second clinical experience and will be presented in seminar fashion to address those clinical proficiencies published in the *NATA Athletic Training Educational Competencies* that are introduced in the second semester academic courses. The content of this course will be presented by the faculty of the ATP and then evaluated in the clinical setting in live situations when possible or under simulated conditions when conditions warrant. Specific emphasis will be placed on those proficiencies that can be grouped into modules and which do not receive broad coverage in an academic course. (Pre-Requisite(s): ATHLTR 1824 and successful completion of previous ATP coursework)

ATHLTR 1841 - Athletic Training Practicum 3 (Fall/Sr.) - The course is designed to supplement the third clinical experience and will be presented in seminar fashion to address those clinical proficiencies published in the *NATA Athletic Training Educational Competencies* that are introduced in the third semester academic courses. The content of this course will be presented by the faculty of the ATP and then evaluated in live situations when possible or under simulated conditions when warranted. Specific emphasis will be placed on those proficiencies that can be grouped into modules and/or which do not receive broad coverage in any other academic course. (Pre-Requisite(s): ATHLTR 1835 and successful completion of previous ATP coursework)

ATHLTR 1842 Athletic Training Practicum 4 (Spring/Sr.) - The course is designed to supplement the fourth clinical experience and will be presented in seminar fashion to address those clinical proficiencies published in the *NATA Athletic Training Educational Competencies* that are introduced in the fourth semester academic courses. The content of this course will be presented by the faculty of the ATP and then evaluated in the clinical setting in live situations when possible or under simulated conditions when warranted. Specific emphasis will be placed on those proficiencies that can be grouped into modules and which do not receive broad coverage in an academic course. (Pre-Requisite(s): ATHLTR 1841 and successful completion of previous ATP coursework)

ATHLTR 1843 - Advanced Orthopedic Assessment (Spring/Sr.) - This course will consist of advanced study in the assessment of orthopedic related injuries to the extremities and spine to include pathophysiology of skeletal and soft tissue insult, proprioception and neuromuscular control and an evidence-based approach to musculoskeletal evaluation, treatment and rehabilitation of sport-related injuries. (Pre-Requisite(s): formal admission to ATP, senior standing in ATP)

ATHLTR 1866 - Psychology of Sport (Spring/Sr.) - This course examines the psychological factors involved in sport, sport-related injuries, and the rehabilitation process. Relevant theory and research will be discussed as well as practical applications. Course topics include: psychological responses to injury, the relationship between injury and stress, mental skills (i.e., goal setting, motivation, confidence, relaxation, visualization), recognizing and referring mental health related issues, pain tolerance, rehabilitation adherence, and returning to sport after injury. (Pre-Requisite(s): formal admission to ATP, senior standing in ATP)

ATHLTR 1885 - Introduction to Evidence-Based Rehabilitation (Fall/Sr.) - Provides basic skills in reading, reviewing and critiquing the research literature in the rehabilitation sciences. These skills will be applied to the relevant literature in diagnosis, prognosis and intervention strategies within the spectrum of rehabilitation science. Students learn to generate relevant research questions, utilize an evidence-based medicine approach, appraisal and synthesis of current articles within the aforementioned areas. The course will culminate in an individual review project aimed at the development and resolution of one research question using the best, current available literature. (Pre-Requisite(s): formal admission to SHRS)

HRS 1006 - Introduction to Human Nutrition (Fall/Sr.) - This course will cover an overview of the scientific principles of nutrition and their applications to humans throughout the lifecycle. The major focus of the course will include classification and function of the major nutrients, review of current nutrition standards, safety of the food supply, and nutrition misinformation.

REHSCI 1200 - Human Anatomy & Lab (Fall/Jr.) - This course will focus on gross human anatomy with particular reference to the musculoskeletal system. The course will be primarily lecture-based with laboratory experiences including use of models and cadaver prosections. Problem based formats will be introduced with particular reference to those problems seen in rehabilitation settings. (Pre-Requisite(s): formal admission to SHRS)

REHSCI 1205 - Human Physiology (Fall/Jr.) - This is a comprehensive course that provides students with a basic foundation and knowledge of physiological concepts. The organizational format focuses on discussions of the functional characteristics of each organ system and their contribution to maintaining homeostasis that is necessary to support and sustain life. Describes how the various organ systems cooperate to maintain homeostasis and the diseases and disorders that result from abnormal physiological function. (Pre-Requisite(s): formal admission to SHRS)

REHSCI 1215 - Exercise Physiology (Fall/Sr.) - The purpose of this course is to provide students, within the field of rehabilitation science, the knowledge of theoretical and applied aspects of exercise physiology. An in-depth understanding of how the body responds when exposed to acute and chronic bouts of exercise will be provided through lectures and laboratories. Topics discussed will include physiological adaptations of the cardiovascular, respiratory, metabolic, and neuromuscular systems in response to exercise, assessing cardio respiratory and muscular fitness and body composition, designing exercise programs for health and wellness, special populations, and sport performance, environmental considerations, and nutrition's role in sport and exercise performance. (Pre-Requisite(s): REHSCI 1205)

REHSCI 1220 - Kinesiology & Biomechanics (Spring/Jr.) - Introduction to kinesiology and biomechanics of the human body. The student will learn the functional anatomy and biomechanics of the major joints of the body and the application of kinesiology and biomechanics to describe and analyze normal and pathological human movement. (Pre-Requisite(s): REHSCI 1200 & 1205)

REHSCI 1235 - Introduction to Medical Terminology (Fall/Sr.) - This course is designed to introduce the student to the fundamentals of medical terminology. It includes word structure of basic medical and surgical terms and procedures, body parts and organs, selected medical specialties, body systems, and commonly used medical abbreviations and symbols. Medical vocabulary requires accurate spelling. This course is a self-directed learning course with online quizzes (through Blackboard) and a final exam that will be administered at the Center for Instructional Development & Distance Education's Testing Center (CIDDE). (Pre-Requisite(s): formal admission to SHRS)

REHSCI 1265 - Pharmacology in Rehabilitation (Spring/Sr.) - This is an introductory course for students in the rehabilitation sciences. The general principles to be covered include drug names (generic and brand), drug sources and data, legal aspects of drug administration (FDA role, controlled substances, over-the-counter drugs), pharmaceutical terminology and abbreviations, pharmacokinetics (absorption, distribution, metabolism and excretion of drugs), pharmacodynamics (the mechanism of drug action), drug safety, drug side effects and adverse reactions. For each drug category covered, the characteristics of prototype drugs will be discussed in detail (mechanism of action, side effects, indications, drug interactions, rehabilitation implications). Other drugs in each category will typically be related to the prototype. (Pre-Requisite(s): formal admission to SHRS)

Curriculum Plan

BACHELOR OF SCIENCE IN ATHLETIC TRAINING

CAATE-Accredited Undergraduate Athletic Training Curriculum

Pre-Requisite Coursework

Course Number	Name	Credits	Term	Grade
BIOSC 0150/0050	Foundations of Biology/Lab	4	_____	_____
CHEM 0110	General Chemistry/Lab	4	_____	_____
PHYS 0110	Introduction to Physics	3	_____	_____
MATH 0031	Mathematics	3	_____	_____
STAT 0200	Statistics	4	_____	_____
PSY 0010	Introduction to Psychology	3	_____	_____
PSY 0310*	Developmental Psychology	3	_____	_____
ENGCOMP 0200	English Composition	3	_____	_____
	Writing Intensive	3	_____	_____
COMMRC 0520	Public Speaking	3	_____	_____
	Humanities/Social Sciences Electives	6	_____	_____
ATHLTR 1811#	Basic Athletic Training	3	_____	_____
ATHLTR 1812#	Athletic Training Lab	1	_____	_____
	<i>Total Prerequisite Coursework</i>	<u>43</u>		
	<i>Additional Elective Coursework</i>	<u>17</u>		
	GRAND TOTAL PREREQUISITES	60		

* preferred course, but may be substituted for another higher level course as appropriate

listed elsewhere as part of athletic training core (% prerequisite for admission)

Athletic Training Core Courses (SHRS)

ATHLTR 1811%	Basic Athletic Training	3	_____	_____
ATHLTR 1812%	Athletic Training Laboratory	1	_____	_____
ATHLTR 1821	Injury Evaluation and Treatment 1	3	_____	_____
ATHLTR 1822	Injury Evaluation and Treatment 2	3	_____	_____
ATHLTR 1823	Administrative Aspects of Athletic Training	2	_____	_____
ATHLTR 1824	Athletic Training Practicum 1	3	_____	_____
ATHLTR 1831	Therapeutic Modalities and Lab	4	_____	_____
ATHLTR 1832	Therapeutic Exercise and Lab	4	_____	_____
ATHLTR 1833	Strength and Conditioning	2	_____	_____
ATHLTR 1834	Special Topics in Athletic Training	2	_____	_____
ATHLTR 1835	Athletic Training Practicum 2	3	_____	_____
ATHLTR 1841	Athletic Training Practicum 3	3	_____	_____
ATHLTR 1842	Athletic Training Practicum 4	3	_____	_____
ATHLTR 1843	Advanced Musculoskeletal Assessment	2	_____	_____
ATHLTR 1866	Psychology of Sport	3	_____	_____
ATHLTR 1885	Intro to Evidence Based Rehabilitation	3	_____	_____
HRS 1006	Introduction to Human Nutrition	3	_____	_____
	<i>Total for Athletic Training Core</i>	<u>47</u>		

Rehabilitation Science Core Courses (SHRS)

REHSCI 1200	Human Anatomy and Lab	4	_____	_____
REHSCI 1205	Human Physiology and Lab	4	_____	_____
REHSCI 1215	Exercise Physiology	3	_____	_____
REHSCI 1220	Kinesiology/Biomechanics	3	_____	_____
REHSCI 1235	Medical Terminology	1	_____	_____
REHSCI 1265	Pharmacology in Rehabilitation	3	_____	_____
	<i>Total for Rehabilitation Science Core</i>	<u>18</u>		
	GRAND TOTAL	121		

Student/Curriculum Evaluations

UNIVERSITY OF PITTSBURGH ATHLETIC TRAINING EDUCATION PROGRAM MID-SEMESTER STUDENT EVALUATION

Student's Name: _____ Preceptor Name: _____

Clinical Assignment: _____ Practicum Level: _____

Please allow the student to evaluate him/herself, and then review the evaluation with him/her before returning, using the following scale:

- 1 - Poor skill/ Disagree strongly
- 2 - Fair skill/ Disagree
- 3 - Acceptable skill/ Agree somewhat
- 4 - Good skill/ Agree
- 5 - Excellent skill/ Agree strongly

If the opportunity to evaluate the student's ability has not presented itself in a live situation, a hypothetical scenario should be created. This will help to more thoroughly determine the student's skill acquisition.

Personal Skills:

ATS Preceptor

- ___ ___ Punctual for clinical assignment
- ___ ___ Dresses appropriately for practice, games and clinic
- ___ ___ Demonstrates initiative to learn
- ___ ___ Completes tasks assigned
- ___ ___ Follows policies and procedures
- ___ ___ Demonstrates an ability to accept criticism
- ___ ___ Performs tasks without being told
- ___ ___ Demonstrates confidence
- ___ ___ Shows enthusiasm toward learning
- ___ ___ Is reliable and dependable
- ___ ___ Expresses themselves well orally
- ___ ___ Establishes appropriate relationships with students and athletes
- ___ ___ Establishes appropriate relationships with coaches, administrators and physicians
- ___ ___ Exhibits professional behaviors befitting an Athletic Training Student

Professional Skills - Demonstrates the following based on competency level:

- ___ ___ Accurate and prompt record keeping
- ___ ___ Maintains neat and clean athletic training facility
- ___ ___ Taping techniques
- ___ ___ Recognition/evaluation of injuries
- ___ ___ Management of injuries
- ___ ___ Follows proper emergency procedures
- ___ ___ Proper use of modalities
- ___ ___ Knowledge and use of athletic training room supplies
- ___ ___ Understands appropriate return to sport
- ___ ___ Ability to design rehabilitation programs
- ___ ___ Ability to individualize rehabilitation programs

Comments: _____

Strengths: _____

Areas for Improvement: _____

Goals for Remainder of Term (Preceptor):

1. _____
2. _____
3. _____

Athletic Training Student Goals:

1. _____
2. _____
3. _____

Student Comments:

Student's Signature/Date

Preceptor Signature/Date

**UNIVERSITY OF PITTSBURGH
ATHLETIC TRAINING EDUCATION PROGRAM
END OF THE SEMESTER EVALUATION**

Student's Name: _____ Preceptor Name: _____

Clinical Assignment: _____ Practicum Level: _____

Please complete the evaluation prior to discussing with the student using the following scale:

- 1 - Poor skill/ Disagree strongly
- 2 - Fair skill/ Disagree
- 3 - Acceptable skill/ Agree somewhat
- 4 - Good skill/ Agree
- 5 - Excellent skill/ Agree strongly

If the opportunity to evaluate the student's ability has not presented itself in a live situation, a hypothetical scenario should be created. This will help to more thoroughly determine the student's skill acquisition.

Personal Skills:

- ___ Is punctual for clinical assignment
- ___ Dresses appropriately for practice, games and clinic
- ___ Demonstrates initiative to learn
- ___ Completes tasks assigned
- ___ Follows policies and procedures
- ___ Demonstrates an ability to accept criticism
- ___ Performs tasks without being told
- ___ Demonstrates confidence
- ___ Shows enthusiasm toward learning
- ___ Is reliable and dependable
- ___ Expresses themselves well orally
- ___ Establishes appropriate relationships with students and athletes
- ___ Establishes appropriate relationships with coaches, administrators and physicians
- ___ Exhibits professional behaviors befitting an Athletic Training Student

Professional Skills – Demonstrates the following based on competency level:

- ___ Accurate and prompt record keeping
- ___ Maintains neat and clean athletic training facility
- ___ Taping techniques
- ___ Recognition/evaluation of injuries
- ___ Management of injuries
- ___ Follows proper emergency procedures
- ___ Proper use of modalities
- ___ Knowledge and use of athletic training room supplies
- ___ Understands appropriate return to sport
- ___ Ability to design rehabilitation programs
- ___ Ability to individualize rehabilitation programs

Improvement:

- ___ Goals from mid-semester were met
- ___ Student has made progress and improved athletic training skills
- ___ Student has met clinical setting expectations
- ___ Student has demonstrated competence at their respective level

Strengths: _____

Areas for Improvement: _____

Preceptor Comments: _____

Semester Grade: _____ (list as %)

A+ 97-100	B+ 87-89	C+ 77-79	D+ 67-69	
A 94-96	B 84-86	C 74-76	D 64-66	F <60
A- 90-93	B- 80-83	C- 70-73	D- 60-63	

Student Comments on Goals Met: _____

Student Signature/Date

Preceptor Signature/Date

**UNIVERSITY OF PITTSBURGH
ATHLETIC TRAINING EDUCATION PROGRAM
CURRICULUM EVALUATION FORM**

Student's Name: _____

Supervisor Name: _____

Clinical Assignment: _____

Practicum Level: _____

Please use the following scale to rate both the clinical setting to which you were assigned as well as your immediate clinical supervisor(s)

1 - Poor/disagree strongly; 2 - Fair/Disagree; 3 - Acceptable/Agree somewhat; 4 - Good/Agree; and 5 - Excellent/Agree strongly

Clinical Setting:

The clinical setting was educational.	5	4	3	2	1
The clinical setting was conducive for learning	5	4	3	2	1
The clinical setting was a positive environment.	5	4	3	2	1
Tasks and goals were set to the level of my coursework learning.	5	4	3	2	1
I was given the opportunity to demonstrate my skill level.	5	4	3	2	1
The setting helped to develop professional work habits.	5	4	3	2	1
Coaches and student athletes treated me with respect as part of the sports medicine team.	5	4	3	2	1
The staff cooperates well in every day functioning of the facility (i.e. scheduling, assignments, etc.).	5	4	3	2	1
Policies and procedures were adhered to consistently by all staff and students.	5	4	3	2	1
Education is enhanced by supplemental information (i.e. readings, demonstrations, etc.) from staff.	5	4	3	2	1
Overall rating of this clinical setting:	5	4	3	2	1

Additional Comments:

Clinical Supervisor:

Orientation to objectives and expectations of me for this clinical assignment were discussed.	5	4	3	2	1
Clinical supervisor provided adequate level of supervision and guidance during clinical assignment.	5	4	3	2	1
Clinical supervisor was accessible to answer questions and provide guidance.	5	4	3	2	1
Clinical supervisor treated me with respect as part of the sports medicine team.	5	4	3	2	1
Clinical supervisor provided me with a variety of clinical problems and situations to learn from.	5	4	3	2	1
Clinical supervisor provided me with both positive feedback and constructive criticism of my work.	5	4	3	2	1
Clinical supervisor served as a positive role model.	5	4	3	2	1
Overall rating of clinical supervisor:	5	4	3	2	1

Additional Comments:

What are the strengths of this clinical assignment?

What are the strengths of this clinical supervisor?

What could be done to make this clinical experience more effective?

My experience this semester was suited: ___ to my present practicum level
___ above my present practicum level
___ below my present practicum level

Sports Medicine Clinic:

Estimate the number of times you have participated in the Sports Medicine Clinic this semester: _____; N/A _____.

Please rate your overall satisfaction on the following items using a scale of 1 to 5 (5 being excellent, 1 being poor):

Organization of the clinic to promote smooth functioning and timely examination of student-athletes

5 4 3 2 1

Degree to which team physicians communicated with and incorporated athletic training students during examinations

5 4 3 2 1

Educational value of sports medicine clinic

5 4 3 2 1

What are the strengths of the Sports Medicine Clinic?

What could be done to make the Sports Medicine Clinic more effective?

Classroom Instruction:

Please rate your overall satisfaction of the following RS courses on the basis of both content and instruction using a scale of 1 to 5 (5 being excellent, 1 being poor):

Juniors (FALL)

___ ___ Human Anatomy/Lab

___ ___ Human Physiology

Seniors (FALL)

___ ___ Introduction to Human Nutrition

___ ___ Exercise Physiology

___ ___ Introduction to Evidence Based Rehabilitation

___ ___ Medical Terminology

Juniors (SPRING)

___ ___ Kinesiology & Biomechanics

Seniors (SPRING)

___ ___ Pharmacology in Rehabilitation

Please rate your overall satisfaction of the following AT courses on the basis of both content and instruction using a scale of 1 to 5 (5 being excellent, 1 being poor):

Juniors (FALL)

___ ___ Injury Evaluation & Treatment 1

___ ___ Therapeutic Modalities & Lab

___ ___ Athletic Training Practicum 1

Seniors (FALL)

___ ___ Administrative Aspects in Athletic Training

___ ___ Athletic Training Practicum 3

Juniors (SPRING)

___ ___ Injury Evaluation & Treatment 2

___ ___ Therapeutic Exercise & Lab

___ ___ Strength & Conditioning

___ ___ Athletic Training Practicum 2

Seniors (SPRING)

___ ___ Special Topics in Athletic Training

___ ___ Athletic Training Practicum 4

___ ___ Psychology of Sport

___ ___ Advanced Orthopedic Assessment

What are the strengths of the academic program?

What could be done to make the academic component of the program more effective?

Advising:

Please rate your overall satisfaction on the following items using a scale of 1 to 5 (1 being poor, 5 being excellent):

_____ Academic _____ Personal Development _____ Graduate School _____ Career Development

Comments:

Athletic Training Students' Association:

Please comment on your impression of the present standing of the ATSA.

What would you recommend to improve the effectiveness of the ATSA?

Overall:

If you were approached by a prospective student and asked to recommend this program, how would you respond?

_____ Recommend highly _____ Recommend

_____ Recommend with reservation _____ Do not recommend

Please provide a brief explanation for your response based on what you feel could be done to enhance your success in the Athletic Training Education Program. In addition, if something you feel is important, but has not been addressed, feel free to take this opportunity to comment.

Thank you.

Grading Policies

Faculty in The School of Health and Rehabilitation Sciences have the option of issuing “+” or “-” grades in evaluating student performance. The method of evaluation and grading is the prerogative of the course instructor based on the course objectives and established expectations for achievement. Students are to be apprised of the evaluation procedure by the instructor at the beginning of each course. In common courses (HRS), all students registered, regardless of their major area of study, must achieve the level designated by the instructor of the course.

The GPA is a numerical statement of the academic standing of an individual student. Each credit of work carried is awarded quality points on the following University wide basis:

Letter Grade	Grade Point Value
A+	4.000
A	4.000
A-	3.750
B+	3.250
B	3.000
B-	2.750
C+	2.250
C	2.000
C-	1.750
D+	1.250
D	1.000
D-	0.750
F	0.000

A student's GPA is calculated by dividing the total number of grade points earned, by the total number of credits carried (exclusive of credits for courses for which the grades of S, W, G or I are given). The GPA used for the awarding of honors at the SHRS Recognition Day Ceremony will be based upon all courses taken at the University of Pittsburgh.

Minimum Grades

All students are required to receive a C- or better in all courses required in the professional curriculum. Students who receive a grade below C- must successfully repeat that course and attain a grade of C- or better. Failure to receive an acceptable grade after the second opportunity to repeat the course will result in the student being dismissed from the professional curriculum and SHRS. A student will not be permitted to register for advanced courses if s/he received a grade below C- for any prerequisite to the more advanced course. This situation will likely require the student to extend his/her program beyond the scheduled date for completion. Students will be notified by the School of any change in academic standing. However, students are expected to monitor their own academic standing and maintain satisfactory progress toward completion of degree requirements. The School reserves the right to terminate a student at any time for academic or other reasons as determined by the program faculty and with the concurrence of the Dean.

Retention Policy

In order to remain in good standing in the Athletic Training Education Program, students must:

- maintain an overall GPA of 2.500
- demonstrate satisfactory completion of all competencies and clinical proficiencies associated with the didactic and clinical education components of the program
- earn a grade of C- or better in all required coursework
- receive satisfactory performance evaluations from clinical supervisors during the clinical education component of the program
- maintain current EMT certification as well as CPR/AED certification as prescribed by the BOC, Inc. (i.e. AHA - BLS Healthcare Provider or ARC - CPR/AED for the Professional Rescuer)
- maintain current liability insurance coverage
- receive and pass an annual physical examination and immunization/vaccination update
- carry individual health insurance
- successfully complete annual bloodborne pathogens training
- avoid any University or program disciplinary actions
- complete Act 34 - Criminal Record Check, Act 151 - Child Abuse History Clearance and Act 114 - FBI Federal Criminal History Record

Academic Probation

Students who have completed at least 12 credits and whose cumulative GPA falls below 2.00 will be placed on academic probation and will receive written notification of this status. At this point, it is the student's responsibility to meet with his or her advisor. During the period of academic probation, the student will be required to attend regular meetings with his or her advisor, at the discretion of the Program Director, in order to monitor academic progress.

In order to be removed from academic probation, the student will need to achieve a cumulative GPA of 2.00 within his or her next two terms of study. Failure to do so may subject the student to immediate dismissal from the Athletic Training Education Program at the discretion of the Department Chair.

Reinstatement

Students who have been dismissed for academic reasons or who have resigned for personal reasons may apply for reinstatement. However, reinstatement is not guaranteed. The procedures for reinstatement are as follows: The student must initiate the request for reinstatement via a letter to the Department Chair. This letter must be submitted at least three months prior to the beginning of the term for which the student is requesting reinstatement. The request for reinstatement will be reviewed by the faculty within the student's academic program. The review will be conducted with consideration given to the following criteria:

- 1) a period of one year must have elapsed from the time the student is dismissed for academic purposes to the time in which he/she is reinstated
- 2) demonstration of academic success since leaving the program
- 3) demonstration of personal and/or professional development since leaving the program
- 4) space available within the program of study

Academic Integrity

Students have the responsibility to be honest and to conduct themselves in an ethical manner while pursuing academic studies. Students have the right to be treated by faculty in a fair and conscientious manner in accordance with the ethical standards generally recognized within the academic community (as well as those recognized within the profession). Should a student be accused of a breach of academic integrity or have questions regarding faculty responsibilities, procedural safeguards including provisions of due process have been designed to protect student rights. These may be found in the new [SHRS Guidelines on Academic Integrity](#).

As per the SHRS Academic Integrity Policy:

A student has an obligation to exhibit honesty and to respect the ethical standards of the profession in carrying out his or her academic assignments. Without limiting the application of this principle, a student may be found to have violated this obligation if her or she:

1. Refers during an academic evaluation to materials or sources, or employs devices, not authorized by the faculty member.
2. Provides assistance during an academic evaluation to another person in a manner not authorized by the faculty member.
3. Receives assistance during an academic evaluation from another person in a manner not authorized by the faculty member.
4. Engages in unauthorized possession, buying, selling, obtaining, or use of a copy of any materials intended to be used as an instrument of academic evaluation in advance of its administration.
5. Acts as a substitute for another person in any academic evaluation process.
6. Utilizes a substitute in any academic evaluation proceeding.
7. Practices any form of deceit in an academic evaluation proceeding.
8. Depends on the aid of others in a manner expressly prohibited by the faculty member, in the research, preparation, creation, writing, performing, or publication of work to be submitted for academic credit or evaluation.

9. Provides aid to another person, knowing such aid is expressly prohibited by the faculty member, in the research, preparation, creation, writing, performing, or publication of work to be submitted for academic credit or evaluation.
10. Presents one's own, for academic evaluation, the ideas, representations, or words of another person or persons without customary and proper acknowledgment of sources.
11. Submits the work of another person in a manner which represents the work to be one's own.
12. Knowingly permits one's work to be submitted by another person without the faculty member's authorization.
13. Attempts to influence or change one's academic evaluation or record for reasons other than achievement or merit.
14. Indulges, during a class (or examination) session in which one is a student, in conduct which is so disruptive as to infringe upon the rights of the faculty member or fellow students.
15. Fails to cooperate, if called upon, in the investigation or disposition of any allegation of dishonesty pertaining to a fellow student.

Sanctions for violation of SHRS Academic Integrity may include:

1. Dismissal from the University without expectation of readmission.
2. Suspension from the University for a specific period of time.
3. Reduction in grade, or assignment of a failing grade, in the course in which the offending paper or examination was submitted.
4. Reduction in grade, or assignment of a failing grade, on the paper or examination in which the offense occurred.
5. SHRS can add other sanctions approved by the Dean and the Provost.

Graduation Requirements

A candidate for a Baccalaureate degree from the School of Health and Rehabilitation Sciences must satisfactorily complete a minimum of thirty (30) credits while registered in the School and must have completed the requirements for the program in which he/she is enrolled. The student's advisor must approve these credits. To qualify for graduation, students must have successfully completed all courses and other degree requirements, and a Plan of Studies must be on file in the Office of Student Services.

No student will be graduated with any outstanding D, F, G, or I grade in a required course. No student will be permitted to graduate who has not resolved all financial obligations with the University. An Application for Graduation must be filed in the Office of Student Services at the time of registration for the term in which the student expects to complete all requirements for graduation. Students should refer to the SHRS Academic Calendar for specific dates concerning the Application for Graduation. Students must be registered for a minimum of one (1) credit in the term/session in which s/he plans to graduate.

A baccalaureate degree student attaining an outstanding scholastic record will be graduated with University honors if a minimum of 60 letter-graded credits has been earned at the University of Pittsburgh. The GPA used for the awarding of honors at graduation will be calculated as a composite of courses taken at the University of Pittsburgh and counting toward completion of the degree. The following recognition of academic standing with honors applies:

<i>Cum Laude</i>	3.25 - 3.49
<i>Magna Cum Laude</i>	3.50 - 3.74
<i>Summa Cum Laude</i>	3.75 - 4.00

III. Clinical Education

Students enrolled in the Athletic Training Education Program will be required to complete four clinical experiences in order to satisfy requirements for graduation from the University of Pittsburgh. Clinical experiences will provide the student with direct, hands-on patient care opportunities to allow for the application of information and skills learned in the didactic portion of the program, under the direct supervision of preceptors at the University of Pittsburgh and/or affiliated clinical sites. Clinical assignments will be determined to ensure students have the opportunity to gain experience with a variety of different populations and will take into account: gender, varying levels of risk, protective equipment (to minimally include helmets and shoulder pads), and medical experiences that address the continuum of care that would prepare a student to function in a variety of settings and meet the domains of practice delineated for a certified athletic trainer in the profession. Students will be evaluated on a planned and regular basis during each of the four clinical education experiences to determine appropriate professional development and acquisition of clinical proficiency. These evaluations will form the basis for the grade received in each of the four Practicum courses throughout the curriculum. Course syllabi for each of the Practicum courses will provide greater detail with respect to the objective criteria that determine a student's grade in each course.

Philosophy of Clinical Education Experiences

The overriding philosophy of the clinical education experiences within the ATP is that these are educational in nature, allowing for increasing amounts of clinically supervised responsibility of the ATS leading to autonomous practice upon graduation. The clinical education plan must reinforce the sequence of formal instruction and provide the ATS with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer.

Athletic Training Faculty Roles and Expectations

The faculty of the ATP is in position to provide oversight of the academic and clinical components of the program, to provide support to preceptors and to facilitate and foster a meaningful and valuable learning experience for the ATS, all with the goal in mind of maintaining the level of excellence that has come to be expected for the program by those stakeholders who are engaged in the delivery of quality academic and clinical education programming. To this end, the following expectations are delineated as described below.

- Program Director (PD)
 - The PD is responsible for overseeing all academic and clinical components of the ATP to include:
 - responsibility to uphold all policies and procedures of the University, School of Health and Rehabilitation Sciences and Committee on Accreditation of Athletic Training Education (CAATE) to ensure compliance with and adherence to continuing accreditation requirements
 - management of the operation, coordination, evaluation and supervision of all aspects of the ATP
 - maintenance of regular communication with faculty, preceptors, ATS, administrators and alumni to ensure transparency in the functioning of the program, compliance with necessary policies and procedures and an overall commitment to the best interests of the program
 - intervening when necessary to address identified departures from published policies and procedures
- Clinical Education Coordinator (CEC)
 - The CEC is responsible for the coordination, facilitation, administration and monitoring of clinical education activities on behalf of the program and in coordination with the academic and clinical faculty to include:
 - developing, monitoring, and refining the clinical education component of the program
 - ensuring quality learning experiences for ATS during clinical education
 - evaluating ATS performance and ability to integrate didactic and clinical learning experiences
 - educating ATS, preceptors, clinical and academic faculty about clinical education
 - ensuring the clinical learning environment demonstrates characteristics of sound patient management, professional behavior, and relevance with the best practices in the profession of athletic training
 - providing documented assessment of the clinical education component of the ATP
 - maintaining regular and on-going communication with PD, preceptors and ATS
 - contacting the preceptor by phone or in-person to review ATS progress and performance and to ensure the ATS is being appropriately supervised
 - providing timely information to ATS regarding scholarship opportunities

Preceptor Roles and Expectations

The preceptor (formerly ACI or CI) plays an integral role in the successful and comprehensive education of the ATS. In order to meet the mission and goals of the ATP, preceptors and faculty must work in concert with one another to establish high standards for the successful matriculation of the ATS and to ensure the continued level of excellence of the ATP. To this end, the following constitute the anticipated roles and minimal expectations of each preceptor during the clinical education experience component of the ATP.

- General Principles (*excerpts from SHRS clinical contracts*)
 - Preceptors shall provide learning experiences to students enrolled in the ATP. The number of students, their level of experience within the ATP and the scheduling of their education at the placement site shall be determined by mutual agreement between the preceptor and ATP clinical coordinator.
 - Placement site shall provide learning experiences under the direct supervision of qualified personnel who meet the experience standards of recognized professional accrediting agencies or state agencies and the stated objectives of the educational program.
 - Placement site shall, in its patient units, clinics, laboratories, classrooms and other selected departments, provide opportunities for observations and practical experience, conducive to the learning process of the student and to the meeting of the stated learning objectives.
 - Preceptors shall provide orientation of the appropriate policies and procedures of the placement site, and where appropriate, to the needs of individuals and/or groups with which they will be working.
 - Placement site shall provide available time, when possible, to field instructors for attending clinical supervisory meetings and conferences called by the University as part of the educational program.
 - Placement site shall provide, whenever necessary, available conference rooms, dressing rooms, and locker space for University students participating in the educational program.
 - Placement site shall require the University to withdraw a program student if: (1) the achievement, progress, adjustment or health of the student does not warrant continuation at Placement Site, or (2) the behavior of the student fails to conform to the applicable regulations of placement site. Placement site reserves the right, to exclude any student from its premises in the event that such student's conduct or state of health is deemed objectionable or detrimental to the proper administration of placement site.

- Preceptors are expected to provide ATS with an appropriate orientation to the new clinical experience/ setting each semester. The composition of the orientation should minimally include, but is not limited to:
 - Goals and objectives for clinical education experience
 - Review roles and expectations of ATS
 - Delineate start and end dates for clinical education experience
 - Discuss expectations for attendance, punctuality, requests for excuse from clinical experience, personal appearance
 - Discuss clinical education hours (min./max.); ATS must have one day off per seven day period
 - Emphasis that clinical education occurs in the form of a healthcare experience
 - An introduction to the coaching staff(s) of the team(s) with whom the ATS will be interacting
 - Review findings from therapeutic modalities modules (*prior to first year students' initial clinical experience only*)
 - Review pertinent policies
 - confidentiality, HIPAA/FERPA
 - blood borne pathogens exposure plan
 - communicable diseases
 - emergency action plans (including new PA legislation for high schools)
 - timelines for performance and clinical proficiency evaluations
 - logging clinical education hours
 - documentation
 - appropriate communication and interaction with
 - AT staff
 - student-athletes/patients
 - coaching staff
 - team physicians
 - administrators
 - Complete orientation with ATS and sign indicating each of the items have been adequately discussed and agreed upon.

- There is an expectation that preceptors will model professional behaviors for ATS by upholding the same principles for conduct that are expected of students.
- Regular communication between the preceptor and the ATS is critical.
 - Preceptors provide formal (and informal) instruction and evaluation of clinical competencies and proficiencies in the clinical education setting through direct supervision of ATS.
 - Preceptors should provide the ATS with ongoing feedback that is objective, non-confrontational, truthful, unbiased, and tactful.
 - Preceptors are responsible for the final evaluation of clinical proficiencies. The ATS will perform the proficiency in the presence of the preceptor through a one-on-one meeting with direct supervision. While only one ATS may be evaluated at a time, other ATS may be present, especially in the event of an actual injury situation. As often as possible, proficiency assessments should be performed on real patients; however, it is difficult to estimate what type of injuries will occur and when, so more often, proficiencies will be assessed in a mock situation that is directed by the preceptor. If an ATS has been evaluated in a mock setting and a real injury occurs sometime later, it would be prudent to challenge the ATS again using the real injury. Proficiency assessments can occur at any time in the clinical experience; however, ATS have been instructed to provide prior notification to the preceptor so that the preceptor can make arrangements to secure the necessary time without interruption.
 - If the ATS is assigned to a Preceptor that has not been credentialed for a minimum of one year that Preceptor will perform the responsibilities of day-to-day supervision of the ATS under the guidance of a staff athletic trainer. In the case of graduate assistants at the University of Pittsburgh, a full-time athletic training staff mentor will be assigned to each graduate assistant as follows:

<u>Graduate Student Position</u>	<u>Staff Mentor</u>
Softball	Jenny Csonka
Men's Soccer	Jenny Csonka
Baseball	Jenny Csonka
Gymnastics	Kate McCartney
Swimming/Diving	Brian Bonnar

- To ensure that the ATSs are receiving quality instruction, each graduate assistant acting as a Preceptor will:
 - participate in Preceptor orientation with the CEC
 - meet with their respective athletic training staff mentor on a weekly basis
 - be subject to an evaluation by their mentor in conjunction with the CEC for graduate studies
 - undergo an evaluation at the conclusion of each term by their respective ATS(s)
 - supervision of the student by the Preceptor shall be through constant visual and auditory interaction
 - students will be assigned to a clinical supervisor (Preceptor), not a sport
 - an athletic training student will not replace a certified athletic trainer under any circumstances.
 - an athletic training student is prohibited from covering a practice, competition or athletic training facility unsupervised
 - students assigned to a clinical setting in which the primary purpose of that setting is to provide general medical services will abide by the rules and regulations of that facility under the supervision of a Preceptor
- Students are to be directly supervised at all times
 - Students must be directly supervised by a preceptor at all times during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the ATS and the patient.
 - In the event an ATS is not being directly supervised, the student will be instructed to notify the preceptor and remove him/herself from the clinical education setting until such time that appropriate supervision can be provided.
- Preceptors are expected to act in a timely manner to provide responses to requested material.
 - Completion of mid-semester and end of the semester evaluations of each ATS assigned
 - specific due dates announced each semester via email notices
 - Clinical performance evaluations may vary depending on the student's level in the ATP; these evaluation forms will be made available via ATrack
 - Validation of ATS hours logs and submission of completed Clinical Proficiencies in ATrack

- In addition to the formal evaluations, preceptors are expected to provide continuous informal feedback to the ATS
 - Errors or inappropriate actions should be addressed immediately
 - Preceptors should also attempt to praise good performance, so as not to appear to focus solely on negatives actions or behaviors
- Preceptors are expected to participate, when necessary, in planned preceptor workshops.
- Preceptors are expected to provide necessary documentation as requested by CAATE to demonstrate continuous compliance with eligibility to fulfill the role of a preceptor (i.e. BOC certification, state license credential).

Athletic Training Student (ATS) Roles and Expectations

As a student in the University of Pittsburgh ATP, there is an expectation that every effort will be put forward to maximize the learning experience and perpetuate the level of professionalism that has been a hallmark for the program for more than 30 years. To accomplish this, the ATS should work closely and communicate regularly with the preceptor and ATP faculty to assure the following guidelines are being addressed and followed.

- The ATS is expected to:
 - Comply with all ATP academic and clinical education policies and procedures
 - Comply with all clinical site policies and procedures
 - Be honest and forthright in all endeavors
 - Present him/herself in a professional manner at all times to include:
 - *Appearance:* the ability to present oneself in the clinical setting being well-groomed, having good personal hygiene and dressed according to the ATP dress code
 - *Altruism:* the ability to, above all else, recognize the needs of the patient and provide the best possible patient services
 - *Pursuit of excellence:* the ability to self-assess, self-correct; identify needs and sources of learning; continually seek new knowledge and understanding
 - *Team Approach:* the ability to interact effectively with patients, families, preceptors, health professionals and administration
 - *Communication:* the ability to communicate effectively (speaking, listening, writing, body language) to patients, health professionals, preceptors, administration and faculty
 - *Cultural Competence and Respect:* the ability to recognize, communicate and deal effectively with an ethnically diverse population
 - *Use of Constructive Feedback:* the ability to seek out and effectively use feedback for improving personal interaction and professional skills
 - *Professional Boundaries and Interactions:* the ability to maintain mutually understood, unspoken, physical and emotional limits of the patient-clinician relationship and foster respectful relationships with patients, preceptors, coaches and administrators
 - *Professionalism:* the ability to represent the profession of athletic training effectively; to always exhibit appropriate professional conduct expected of the AT profession and in accordance with the NATA Code of Ethics and the BOC Standards of Practice
 - Complete and provide documentation of the equivalent of CPR/AED for the Professional Rescuer and EMT-B certification before working with patients
 - Contact the clinical site to obtain scheduling information in advance of the clinical experience
 - Notify the clinical education coordinator and preceptor of any changes in contact information and/or clinical schedule
 - Respond in a timely manner to requested materials such as:
 - background checks
 - clinical hours logged on ATrack
 - clinical proficiencies
 - mid-semester self-evaluations
 - curriculum evaluations
 - Discuss any problems or concerns related to clinical rotation with the clinical education coordinator and/or preceptor in a timely manner
 - Attend class and clinical rotations as described in the stated policies

Student Observers

Student observers are students who have expressed interest in applying for admission into the Athletic Training Education Program at the University of Pittsburgh. In order for a student to apply to Pitt's ATP, 40 on-campus and 20 off-campus observation hours are required. Students will become eligible for observation hours after they have registered for the ATHLTR 1812 Basic Athletic Training Lab. Prior to observation hours, students must have completed HIPAA & Bloodborne Pathogens Certification. On-campus observation hours will be on an assignment basis. After completion of the HIPAA and BBP modules, student observers will be assigned a three-part on-campus rotation. It is the responsibility of the student observer to contact the supervisor listed for each of their timed rotations to arrange for their observations. All observation hours must be completed prior to the last day of classes in the spring term.

While observing athletic trainers in on-campus and off-campus locations, student observers are required to dress in accordance with the dress-code policy described above and wear their university-issued student observer name badge. Professional appearance and conduct is an expectation during all student observations. Students are to be engaged in the observation hours, participating when appropriate and are prohibited from using any mobile or electronic devices. If, at any time, a student observer is in violation of these rules, or is behaving in a manner that is unbecoming of the University of Pittsburgh's Athletic Training Education Program, the supervising athletic trainer should send the student observer home and not sign-off on their observation hours for that day.

General Medical Rotation

The objective of the general medical rotation is to allow students opportunities to practice and observe the treatment of non-sport patient populations under the supervision of a variety of health care practitioners that include, but are not limited to: physicians, physician assistants, registered nurses, dietitians and psychologists.

- Policy regarding ATS primary clinical assignment during this rotation
 - The general medical rotation is a two-day experience occurring simultaneously with a senior student's fall or spring clinical assignment. Student participation in the general medical rotation is mandatory. During the days when the student is assigned to the general medical rotation, he/she is to report to that site for the full time assigned. Students are excused from their regular clinical responsibilities for the days when scheduled to complete the general medical rotation.
- ATS expectations for the general medical rotation
 - Students are expected to report to the general medical site no later than 10 minutes prior to the scheduled time. Rotations are typically scheduled from 1:00pm-5:00p.m.
 - Students are expected to present a professional image at all times when representing the ATP, the School of Health and Rehabilitation Sciences and the University of Pittsburgh. Appearance guidelines are written to promote a positive public image of the athletic training profession and to ensure infection control and safety. The dress code for the general medical rotation is similar to that of the Pitt Injury Clinic:
 - khaki pants, collared shirt & closed-toe dress shoes
 - program-issued name tags must be worn
 - personal grooming must comply with the standards set forth by the program
 - for males
 - clean shaven each day; mustaches/goatees neatly groomed
 - visible piercings are prohibited
 - for females
 - hair and fingernails must be maintained so as to not interfere with one's ability to perform normal athletic training functions
 - single stud earrings in the earlobe are the only permitted visible piercings
 - for all
 - wearing hats of any kind indoors is prohibited in academic and clinical facilities
 - all tattoos must be covered
 - cologne and perfume should be minimal
 - Students may be required to show proof of health insurance at any point during their general medical rotation.

Clinical Education Requirements

Prior to the beginning of each year's fall clinical rotation, each ATS must comply with the following clinical education requirements. If an ATS has not completed these requirements, s/he will be withheld from their clinical rotation until such time that the requirements have been fulfilled. Failure to complete any of these requirements by the due date may result in a lowering of the students' Clinical Practicum grade.

Background Checks

All ATS must complete the following clearances yearly:

- Act 34 of 1985 (Criminal Record Check through the PA State Police)
- Act 151 of 1994 (Child Abuse History Clearance, PA Department of Human Services)
- Act 114 of 2006 (FBI Federal Criminal History Record, PA Department of Human Services)
 - background checks shall be no more than one-year-old at the time of interaction and must be completed prior to beginning the clinical rotation
 - students are required to provide the clinical site with an original of each of the above clearances on the first day of the clinical assignment. Students are also required to provide the ATP with a copy of each clearance and are encouraged to retain a copy for their own personal records

Blood Borne Pathogens Training

All ATS are required to complete the OSHA - Blood borne Pathogens Training program offered by the Office of Environmental Health and Safety on an annual basis. This requirement is to be completed thru the Health Sciences Portal and proof of completion must be submitted at the earliest possible time prior to the beginning of the student's first clinical experience each academic year. Updates certificates of completion can be found in each ATS personal file. A detailed post-exposure plan that is consistent with the federal standards and approved by appropriate institutional personnel must be provided to students along with access to appropriate universal precautions and protective equipment. (i.e., hand washing stations, latex gloves, face masks, eye shields). Access to BBP Training: <http://cme.hs.pitt.edu> .

Child Abuse Recognition and Reporting Online Course

All ATSs are required to annually complete the Child Abuse Recognition and Reporting Online Course found on www.my.pitt.edu .

Clinical Hours Requirements

- Each clinical rotation is approximately 15 weeks in length
- Clinical education should be confined to a minimum of 15 and a maximum of 30 hours per week
- ATS must be given a minimum of one (1) day off in every seven (7) day period
 - all ATS clinical hours will be logged by the ATS and approved by the preceptor via ATrack
 - only time spent carrying out supervised athletic training responsibilities should be included in the daily hours' log
 - time allotted for team or position meetings should not be counted unless ATS are engaged in athletic training related activities (i.e. in-services, cleaning, etc.)
 - time spent in travel or at hotels should not be included in the daily log at any time
 - time spent in the athletic training facility voluntarily or when not assigned by the preceptor should also not be counted in the daily log
 - ATS will have a three-day window to submit each day's hours; after the three-day window closes, students will no longer be able to submit hours for that day
 - ATS are encouraged to log hours daily to avoid any discrepancies or inaccuracies in their logs
- Clinical education hours will be periodically monitored by the CEC throughout the term
 - ATSs are not to act as a replacement for professional athletic training staff or medical personnel

Clinical Integration Proficiencies (CIP)

The clinical integration proficiencies (CIPs) represent the synthesis and integration of knowledge, skills, and clinical decision-making into actual client/patient care. In the 5th Edition of the Athletic Training Education Competencies, the CIPs have been reorganized to reflect their global nature. For example, therapeutic interventions do not occur in isolation from physical assessment.

In most cases, assessment of the CIPs should occur when the student is engaged in real client/patient care and may be necessarily assessed over multiple interactions with the same client/patient. However, in other cases assessments may require simulated scenarios, as certain circumstances may occur rarely but are nevertheless important to the well-prepared practitioner.

Clinical proficiency progression will be documented through ATrack, a database that will serve to manage each student's proficiency scores, clinical hours and clinical evaluations. In the future, ATrack may also serve as a vehicle for other clinical education components as well. Students and Preceptors can access ATrack via the following link: www.atrackonline.com. Only Preceptors have the authority to evaluate a student's performance on clinical proficiencies.

It is each student's responsibility to initiate the completion of their clinical proficiencies throughout the term. Once a proficiency is completed, the Preceptor will score and comment on the student's performance during the proficiency. The score given will indicate whether the student has successfully completed the proficiency. Students are required to successfully complete 1/3 of their proficiencies at intervals throughout the semester. The clinical education coordinator will verify the successful completion of each 1/3 at three points during each semester. Failure to comply with these deadlines will result in a lowering of the student's clinical practicum grade.

Clinical Skills Instruction and Assessment

Students must be formally instructed and assessed on athletic training skills prior to performing those skills on patients. Of particular interest are those skills related to the use of therapeutic modalities and include, but are not limited to: ultrasound, cold and heat, electrical stimulation, LASER and paraffin bath.

Prior to beginning their first clinical rotation, all junior level students must view a series of modalities-related videos. Following each video, the student must then satisfactorily complete an online quiz (80% or greater). An additional practical examination will be administered by the PD or CEC before the student begins their clinical experience or has any contact with patients. During the clinical site orientation (Appendix G), preceptors should review the findings of the modalities modules and the specific modalities that the student will be exposed to under their supervision.

CPR (ECC) and EMT-B Certifications

All students are required to maintain emergency cardiac care and EMT-B certifications throughout the course of their enrollment in the ATP. The following courses meet the requirement for emergency cardiac care:

Provider Name	Course Title
American Heart Association	ACLS
American Heart Association	BLS Healthcare Provider
American Heart Association	Heartcode BLS
American Red Cross	CPR/AED for the Professional Rescuer
American Safety and Health Institute	CPR for Professionals
Emergency Care and Safety Institute	Health Care Provider CPR
National Safety Council	Basic Life Support for Health Care and Professional Rescuers

** Online ECC courses are only acceptable IF skills are demonstrated and tested in person by a qualified instructor. ACLS Certification Institute's Advanced Cardiac Life Support is an example of an online ECC course that does NOT meet this requirement because it lacks the live component.*

Emergency Actions Plans (EAP)

All sites must have a venue-specific written Emergency Action Plan (EAP) that is based on well-established national standards or institutional offices charged with institution-wide safety. Students must undergo site specific training and review of the EAP prior to beginning patient care at that site. Students should have immediate and continual access to the EAP.

HIPAA/FERPA Training

All students, faculty and staff associated with the ATP must complete the *UPMC Information Privacy and Security Awareness Training for Students, Trainees, Health Professionals and Other Individuals Who Are NOT UPMC Employees* module prior to initiating any clinical practice in accordance with the Health Sciences at the University of Pittsburgh. Updates certificates of completion can be found in each ATS personal file. Access to HIPAA Training: <http://cme.hs.pitt.edu>

- The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is federal legislation covering three areas:
 - Insurance portability - This section of HIPAA gives individuals the ability to maintain health insurance coverage when they switch from one health plan to another. In addition, it prevents health plans from denying coverage to an individual who has a pre-existing health condition.
 - Administrative simplification - This component of the act requires health care providers and health insurance plans to standardize the processes they use to exchange electronic information. It also requires health care providers to implement policies that protect patient privacy and confidentiality.
 - Privacy and security - Under HIPAA, health care providers must follow established policies and procedures to protect the patient's medical information so that it remains private and secure.
- The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, is federal legislation that prohibits the disclosure of personal education records about a student unless the University has certified proof that the individual making the inquiry is a legal guardian, and that the student is financially dependent upon that individual. Exceptions do exist in the event of a health or safety emergency.
- Keeping patient information private means more than just adhering to state and federal laws. When patients know that health care workers protect a patient's private and personal information, patients feel more comfortable sharing this information with us. This results in more effective communications about treatment options and further enhances trust relationships between patients and UPMC physicians.
- Medical information about an individual is called protected health information (PHI) and must remain private. PHI includes:
 - general information
 - patient's name
 - medical record number
 - Social Security number
 - address
 - date of birth
 - health information
 - diagnosis
 - medical history
 - medications

Holidays and Breaks

It is understood that there may be times when ATS are scheduled to participate in clinical education over a holiday or scheduled University break, return to campus before classes begin or remain after classes end. Every effort should be made by the preceptor to communicate these expectations to the ATS in a timely manner. During such times and to the extent possible, it will be the responsibility of the clinical component of the program to provide the ATS with housing and per diem as necessary.

Liability Insurance

All students are required to carry liability insurance during terms or sessions enrolled in practical or clinical education experiences. This liability insurance provides coverage for all assigned clinical experiences, both on and off-campus. This policy does not provide coverage for any non-assigned or non-sanctioned events that the students choose to work as a first responder (i.e. summer sports camps, WPIAL events not a part of the clinical assignment, etc.).

Personal Health Insurance

All students in the School of Health and Rehabilitation Sciences will be required to show proof of current coverage for personal health insurance including costs of treatment and follow-up of exposure to blood borne pathogens. Please note that mandatory payment of the Student Health Service fee does not constitute health insurance coverage as required by the School.

Physical Examinations/Immunizations

All students must arrange to undergo a complete medical (physical) examination by an appropriately licensed health care practitioner annually. Students must present, to the ATP, verification that a current medical exam was performed within twelve (12) months of the start of the clinical education experience. Such proof must be submitted prior to the first scheduled day of the clinical assignment. All original documents will be stored in the student's permanent file located in the Department of Sports Medicine and Nutrition. In addition, prior to the initiation of the clinical experience, student must:

- Provide proof of titer and/or immunization against measles, mumps, rubella, diphtheria, tetanus and polio
- Have received Hepatitis B inoculations, or begun scheduling series immediately
- Provide proof of a single PPD (Mantoux) test for tuberculosis current within three (3) months

Professional Meeting Attendance

As a representative of the University of Pittsburgh, the Athletic Training Education Program and the profession of Athletic Training, it is expected that students will act and present themselves in a mature and professional manner at all times when attending professional meetings.

Student Injuries

If an ATS is injured while participating in clinical education, he/she should seek immediate attention as needed. Their preceptor AND the CEC should be informed about the event as soon as possible for injuries which require medical referral and/or which impact his/her ability to perform in the clinical setting as an ATS. It is University policy that injuries which occur within the context of University of Pittsburgh educational activities be reported to the chair of the Department and to other required University offices. An incident report should be completed for any injury to an ATS which occurs in the clinical setting (see Appendix C for Incident Report Form).

Transportation Costs to Clinical Sites

Students are required to provide their own transportation to and from the off-campus clinical education sites. All costs incurred as a part of the clinical education experience are the responsibility of the ATS. Please be advised that some clinical sites are not accessible by public transportation.

IV. Program Policies

As emerging healthcare practitioners, it is critical for students to earn the professional respect of patients, peers, and supervisors. This respect is key to earning a patient's confidence, to developing professional rapport with physicians, athletic training faculty and staff, peers and coaches, to obtaining recommendations that lead to graduate school and employment opportunities, and to one's ultimate professional success. Gaining such respect may be accomplished by being personally responsible for your conduct in the classroom, during the clinical experience, and in your personal life. All of these are interrelated and will equally influence people's impressions of and respect for you as a student, a peer and a healthcare provider. It is impossible to earn this respect without first demonstrating the high degree of personal responsibility and self-sacrifice that goes with being in a profession that puts the well-being of others as its highest priority.

All students must understand that conduct or misrepresentation which threatens the credibility or integrity of the Athletic Training Education Program cannot and will not be tolerated. Whether representing the University of Pittsburgh (or affiliated setting) and this program in an official manner or in dealings with others in various settings and/or forms of communication or media, it is the responsibility of everyone associated with the program to conduct one's self with integrity and discretion. Failure to meet these expectations will immediately and negatively impact one's standing in the Athletic Training Education Program.

The following policies represent important considerations for all who are engaged in the clinical education process of the ATP. It is expected that all parties will adhere to these policies and it is understood that an ATS who is found in violation of any of the policies listed below will face reprimand which may negatively impact his/her academic standing and/or position in the ATP.

Additional Costs

The following includes a list items that will (may) be a component of a student's academic and clinical education experience. In all cases it is the responsibility of the student to pay these additional costs.

- Textbooks, etc. - varies
- Physical Examination/Health Insurance - varies
- Liability Insurance - \$12.00 (applied to fall tuition bill)
- Transportation to Off-Campus Affiliated Settings - varies
- Background Checks
 - PA Criminal Records Check - (\$10.00)
 - PA Child Abuse History Clearance - (\$10.00)
 - FBI Federal Criminal History Record (Dept of Human Services) - (\$27.50)
- Student and Professional Association Dues - \$20.00 and \$85.00
- BOC Certification Exam Application/Registration Fees - \$335.00

Alcohol and Drug Use Policy

The ATP will abide by all state and federal regulations related to the use of drugs and alcohol and Athletic Training Students will be held to the same level of accountability.

Evidence of behavior that is deemed related to being under the influence of alcohol or drug use and which impacts a student's academic or clinical performance or which casts the Athletic Training Education Program in a negative light will be dealt with immediately.

Cell Phone/Smart Phone Usage Policy

Cell phones and other forms of electronic communication and media (i.e. text messaging) are prohibited in all classrooms while a class is in session. Please make certain these devices are turned off or set to silent mode during designated class times. Additionally, if cell phones are to be used as a means of communication while in the clinical setting, such use is limited to official purposes only. Personal calls and text messages are not to be made or accepted during times when students are functioning in the clinical setting.

Class Attendance Policy

Class attendance is mandatory for all ATSs. All students are expected to be present and on time for all academic and clinically related activities. As a general rule, students are not to miss classes, lab sessions, or educational meetings to fulfill their clinical assignments. However, occasionally opportunities related to the clinical rotations will arise that would be of benefit to the

students' professional education. These opportunities may include traveling with teams, attending competitions, observing an examination or therapy session, observing consultants and specialists, attending conferences and meetings, etc. The student is required to seek permission from the course instructor prior to missing any classes, labs, or educational meetings. It is up to the student to determine if the experience is worth missing a class, lab, or educational meeting. If the student decides to miss a class, lab, or educational meeting to take advantage of an outside opportunity, he/ she is responsible for making up all missed coursework. The student should consult with the CEC concerning any missed class that results from such an outside opportunity.

- **Coursework outside the ATP Curriculum** - In the event a student desires to enroll in a course outside the ATP required curriculum, he/she must first consult with his/her academic advisor and then seek permission to enroll in the course from the preceptor. If the preceptor deems the course would not interfere in any way with the clinical education experience, the student will be permitted to enroll in the course.

Clinical Assignment Attendance Policy

Students are expected to report to their clinical site as directed by the assigned preceptor. The only excuse for not reporting to the clinical site are: scheduled ATP course/lab, ATP meeting, illness (as verified by a written excuse from physician), or family emergency. Students are not excused from clinical education responsibilities to report to an outside job or participation in a club or any activity not related to the didactic portion of the ATP. At times, there may be extenuating circumstances which necessitate the student's absence from the clinical site. In such cases, the preceptor should be contacted as soon as is reasonably possible and it will be up to the preceptor's discretion to determine if it is acceptable for the student to miss assigned clinical education responsibilities. This decision should also be communicated to the clinical education coordinator.

- **Student Employment** - Students who must or who wish to seek employment during the academic year are permitted to do so, provided such employment does not interfere in any way with the student's academic progress or clinical assignment. Students are strongly encouraged to discuss employment arrangements and opportunities as soon as possible with the Clinical Supervisor and/or Program Director to insure any conflicts are avoided.
- **Sports Participation and Athletic Training** - Due to the time commitment required for athletic training, it is very difficult to simultaneously participate as an intercollegiate athlete. To be able to perform to the best of one's ability in the Athletic Training Education Program, sports participation in intercollegiate athletics is strongly discouraged.

Communicable Disease Policy

Communicable disease issues are managed in a confidential manner and in keeping with HIPAA requirements. In the event a student's current health condition poses an imminent danger to student-athletes or to other athletic training personnel, the student will be prohibited from initiating a new clinical experience, or be immediately removed from the clinical education setting, until such time it can be determined by an appropriately licensed healthcare professional that the existing condition no longer poses a threat.

Confidentiality Policy

The following policy statement regarding professional conduct and confidentiality must be strictly adhered to by all ATS while enrolled in the ATP. Anyone failing to adhere to this policy may be expelled from the program without recourse.

"As an athletic training student, you have an obligation to yourself, the athletes and coaches you work with, your supervisors and the University of Pittsburgh, to withhold from anyone other than your immediate supervisor(s) any information you acquire professionally or socially which is considered professionally confidential. This includes any information about an athlete's medical condition, the treatment of a medical condition, any information you acquire in locker rooms, athletic training rooms, physician's offices or otherwise that would be considered non-public information."

The unique opportunity to observe and participate in interscholastic, intercollegiate and or professional athletics as a healthcare professional can and will be terminated if this confidentiality policy is violated. Furthermore, the professional rapport established with athletes, coaches and physicians will be permanently jeopardized by a lack of discretion and violation of this policy.

Dress Code and Personal Appearance Policy

Proper grooming and personal hygiene are important characteristics for professionals and students alike. Athletic training personnel are expected to maintain a neat and well-groomed appearance during all activities associated with the ATP. The purpose of the dress code and personal appearance policy is to establish a professional image to not only athletes (patients) and coaches, but to administrators and the general public. The dress code and personal appearance policy must be adhered to at all times while carrying out athletic training responsibilities (i.e. practice or game coverage, clinic coverage, cleaning, rehabs, etc.) and is the same for all students.

- Clothing should be professional: clean, in good repair, pressed, and appropriate length and size.
- Clothing must cover shoulders, back, chest, midriff, buttocks and undergarments at ALL TIMES regardless of body movement or position; undergarments should never be visible (i.e. extending beyond outerwear, or visible through clothing.)
- All students that are participating in clinical education should have their university-issued name badge displayed at all times
 - shorts/pants:
 - shorts should be no shorter than fingertips and should be khaki, blue, black or grey
 - pants should not fall low on hips and should be khaki, blue, black or grey
 - yoga pants, leggings and denim jeans are not permitted
 - shirts:
 - collared shirts and/or athletic department issued t-shirts are to be worn in athletic training facilities and for practice coverage
 - shirts should bear the Pitt logo (or clinical site logo if rotation is off-campus)
 - shirts should be tucked in at all times
 - cleavage should not be visible (check views when you bend at waist)
 - footwear:
 - Nike tennis shoes should be worn in on-campus athletic training facilities unless game coverage requires dress shoes
 - shoes must be clean, closed-toe, and not excessively high heeled
 - sandals, flip flops, Crocs or Uggs are not permitted
 - jewelry, tattoos and body piercings:
 - jewelry should be kept to a minimum
 - all students should wear a wrist watch with a second hand
 - for females only, single stud earrings in the earlobe are the only permitted visible piercings
 - ear gauges are not permitted
 - facial and oral jewelry is not permitted
 - tattoos should not be visible
 - miscellaneous:
 - hair should be groomed, well maintained and of a natural color
 - nails should be clean and trimmed
 - long fingernails and bright nail polish are not permitted
 - wearing hats of any kind indoors is prohibited in academic and clinical facilities
 - all tattoos must be covered
 - cologne and perfume should be minimal
 - personal grooming must comply with the standards set forth by the program
 - for males
 - clean shaven each day; mustaches/goatees neatly groomed
 - visible piercings are prohibited
 - for females
 - hair and fingernails must be maintained so as to not interfere with one's ability to perform normal athletic training functions
 - long hair should be pulled back neatly in a ponytail

The only exception to the above includes special event coverage that may require business attire

- Team Travel
 - Dress should conform to the requirements of the team and be both professional and functional
- Clinic Coverage
 - Same as athletic training facilities except collared shirt is required
- Affiliated Settings
 - Same as University of Pittsburgh on campus sites or at the discretion of staff at the affiliated setting

- Neuromuscular Research Lab
 - Khaki pants, collared shirt, dress shoes

Student observers are to be held to the same standard as athletic training students in regards to the dress code.

Inclement Weather Policy

In situations of extreme inclement weather, ATS should communicate with the preceptor to determine whether clinical services are being offered. In the event that the University closes, the student should still follow the guidelines of their clinical education site. At all times, students should use judgment regarding the safety of traveling in adverse conditions and keep the preceptor and CEC informed of conditions. Where appropriate, the following circumstances should be followed:

- In the event the University is closed with the exception of “essential personnel only”
 - ATS assigned to Pitt on campus sites who reside in Oakland should make every effort to arrive at the clinical setting as scheduled. ATS who reside outside of Oakland should use discretion in traveling to campus
 - ATS assigned to UPMC Sports Performance Complex (Pitt/Steelers facility, UPMC Center for Sports Medicine), CMU or Chatham University should use discretion in traveling and make use of campus shuttle/public transportation resources when available
 - ATS assigned to high schools should consult school closings and, in the event the school is open but conditions are not favorable, communicate with preceptor regarding concerns about traveling to site

Maintaining Professional Relationships Policy

One of the most significant components of professional development is the relationships that are fostered between athletic training students and those with whom students regularly interact including, but not limited to, team physicians, athletic training faculty, clinical supervisors and other athletic training staff, fellow athletic training students, coaching staff, and student-athletes/patients. It is critical that students act in a professional manner and treat these various groups with respect at all times as a member of the Athletic Training Education Program. Failure to do so may result in disciplinary action and will almost assuredly jeopardize any confidence and respect that the offending student is entitled to be treated with.

- Team Physicians
The team physician is the ultimate responsible party for the healthcare of student-athletes and patients. Decisions made regarding the diagnosis and treatment plan for a student-athlete/patient should be respected and followed at all times. Any discussion related to the healthcare of a student-athlete/patient should be limited to the team physician, supervising athletic trainer, the athlete and when appropriate the coach, and must remain confidential.
- Athletic Training Faculty and Clinical Instructors
As these professionals have earned their clinical credentials and been selected to provide instruction and/or clinical supervision, athletic training students are expected to treat and refer to these individuals with the respect that they are entitled to. Disagreements with an instructor or clinical supervisor should be addressed in a professional and, when appropriate, private manner so as to not undermine the student-faculty relationship.
- Fellow Athletic Training Students
The relationships between fellow athletic training students are critical for the effective and efficient functioning of the academic and clinical components of the Athletic Training Education Program. Every effort should be made to maximize the learning opportunities for all students. Senior level students should devote a portion of their time to mentor junior level and pre-professional students and less experienced students should seek out opportunities to gain greater understanding from more experienced students and athletic training faculty and staff. Disagreements or differences in philosophy should be discussed in a responsible and professional manner. It is every student’s responsibility to take ownership of their academic and clinical education to enhance professional development.

Relationships that develop between athletic training students must remain professional at all times when engaged in athletic training related activities. Should a romantic relationship develop between athletic training students, it is incumbent upon both parties to alert the clinical coordinator to this relationship in order to avoid potential conflicts of interest in the clinical setting. Any situation that causes a disruption of the normal functioning of the academic and/or clinical components of the program will be addressed immediately.

- Coaching Staff
As the responsible party for the function of a particular team, the coaching staff should be treated with respect and in a professional manner at all times. Athletic training students should focus their attention on the health and well being of student-athletes and patients, at the direction of the supervising athletic trainer, and should not concern themselves with other matters related to the team. The supervising athletic trainer is responsible for providing updates to the coaching staff related to the health-related status of a student-athlete. Athletic training students should not volunteer such information unless directed to by the supervising athletic trainer.

Any conflicts or changes in the professional relationship that arise between athletic training students and members of the coaching staff should be brought to the attention of the supervising athletic trainer immediately. It will be the supervising athletic trainer's responsibility to resolve such situations.

- Student-Athletes/Patients

Perhaps the most challenging of relationships to develop and maintain in a professional manner are with those from the same or similar age group, although it is critical that this be the case. Student-athletes are first and foremost your patients and should not be considered as peers. Athletic training students must earn the respect of patients in order to be effective care providers to them. Partying with or engaging in romantic or sexual relationships with patients will almost always result in a lack of trust or respect in you as the person responsible for their healthcare needs.

Although patients are typically of similar age and might be romantically attractive, they are not an appropriate pool from which to select romantic or sexual partners. It would be a clear conflict of interest to serve in a clinical experience providing care to a patient with whom a romantic, sexual, or significant social relationship has developed. Engaging in romantic, dating, sexual, partying or other significant relationship with any patient is highly unethical and is prohibited. If, however, such a situation arises, the relationship must be disclosed to the athletic training faculty and clinical supervisor immediately. Students who enter into such relationships with patients from any of our clinical education sites (including affiliated sites) will be immediately removed from that site for the duration of the experience and will have a significant negative impact on the student's grade for the current practicum.

If an athletic training student is approached by a student-athlete/patient about entering into a romantic, sexual or partying relationship, the athletic training student is required to decline. In social settings, athletic training students are to avoid any fraternizing with student-athletes/patients. If an athletic training student is already in a relationship with a potential student-athlete/patient prior to beginning a clinical experience, the athletic training student cannot be assigned to an experience with the same team the student-athlete/patient is a member of. The athletic training student is obligated to notify the clinical education coordinator of any potential conflict of interest prior to a clinical education assignment.

Social Media and Communication Resources Policy

Posting of personal information or material of a sensitive or potentially damaging nature on any social networking site (i.e. Facebook, Twitter, Instagram, Snapchat, Vine, YouTube, etc.) is strongly discouraged. In addition, any misrepresentation of the Athletic Training Education Program, the School of Health and Rehabilitation Sciences or the University of Pittsburgh in text, photo or video format is strictly prohibited. At no time should an ATS engage in posting pictures or comments about anything related to their clinical education.

Student Travel Policy

Athletic Training Students are only permitted to travel with athletic teams when accompanied by a Preceptor. The opportunity to travel with a team should be looked upon as a privilege and a tremendous learning opportunity. As a member of the sports medicine team, athletic training students are responsible for the health and well-being of the student-athletes on the team throughout the duration of the travel. At no time should an ATS engage in any behavior that would render him/her less than 100% effective in making decisions and caring for the team.

When traveling with a team, the ATS is representing the University and the ATP at all times. Discretion must be exercised when considering behaviors and actions. This is not to be viewed as a social or partying event and any ATS who is found to be in breach of the expectations for professional behavior will be held accountable and subject to disciplinary action.

Disciplinary Action

A student who is found to be in violation of any of the policies contained within this Policies and Procedures Manual or partner document, the Clinical Education Manual, will be subject to immediate disciplinary action. Violation of the Guidelines on Academic Integrity fall outside of the scope of these actions and will be dealt with according to University mandated procedures.

In addition, failure to comply with deadlines set for the beginning of each clinical education experience (i.e. incomplete physical exam, therapeutic modalities modules, clearances for high school assignments, HIPAA/Blood Borne Pathogens modules) will delay the start date of the clinical assignment and will subsequently negatively impact the ATS clinical practicum grade.

Disciplinary action will be taken as follows:

- **First Incident:**
 - At the discretion of the preceptor or faculty member, a verbal warning may be issued initially followed by:
 - Verbal and/or written reprimand (See Appendix); written report placed in ATS permanent record
 - Lowering of final course/practicum letter grade by 1/3
 - Scheduled meeting with PD or CEC
- **Second Incident:**
 - Verbal and/or written reprimand; written report placed in ATS permanent record
 - Suspension from clinical rotation for one (1) week
 - Lowering of final course/practicum grade by one full letter grade
 - Scheduled meeting with PD and/or CEC
- **Third Incident:**
 - Verbal and/or written reprimand; written report placed in ATS permanent record
 - Suspension from all clinical education related experiences for the remainder of the semester**
 - Lowering of final practicum grade by two full letter grades
 - Scheduled meeting with PD and/or CEC
- **Fourth Incident:**
 - Permanent dismissal from ATP
 - Notation placed in student permanent record
 - Report made to appropriate Departmental and School administrator(s)
 - Scheduled meeting with PD and/or CEC

** Suspension from clinical education related experiences will result in a delay in date of graduation

Grievance Procedures

A student who has been subject to disciplinary action has the right to appeal any decision made. Any grievance concerning the clinical education component of the ATP should first be addressed with the preceptor to seek resolution. If a suitable resolution cannot be reached, the CEC should be notified. The CEC will take one or more of the following actions: (a) determine the appropriate measures to reach a satisfactory resolution to the appeal and inform the PD as necessary; (b) refer the matter to the appropriate administrators or authorities. In all such cases, a written report will be made of the circumstances surrounding the appeal, as well as the steps taken to reach a resolution, and be placed in the student's permanent file.

V. General Athletic Training Facility Policies

All coats, backpacks, and other personal items should be placed in a designated area (ask AT staff).

Professional appearance is expected in the athletic training facilities at all times. While in the athletic training facilities, athletic training students must wear the appropriate clothing that has been issued. The uniform policy will be adhered to during this time, with no exceptions.

Horseplay, profanity, or eating in the athletic training room will not be tolerated. Do not lie down on the tables, or sit on the counters.

When an athlete comes in the athletic training facility, find out what he/she needs and take appropriate action. Self-treatments and self-taping should be discouraged. In providing treatment:

Check with staff athletic trainer(s) for appropriate treatment modality

Prepare athlete for treatment

Set timer

When treatment period ends, clean treatment area

Record treatments and rehabs on form

Rehabilitation is to be closely supervised

Athletes will attempt to use you. Do not become a "tool."

No massages - unless for therapeutic purposes

Doing favors gets you nowhere

You are not a ball boy, stay out of drills

Avoid confrontations. If there is a problem, let a staff athletic trainer know ASAP

Respect coaches. Never question, argue or smart off. Inform the staff athletic trainer(s) of the situation or problem. The staff athletic trainer(s) will be responsible for resolving the situation.

Decisions regarding medical referrals, treatments and rehabilitation protocols are made by the staff athletic trainer(s) and team physician only. Do NOT prescribe treatments or suggest ideas to athletes/coaches without first checking with an AT.

Be attentive to your team/patients at all times; practice is not a social time. If an injury occurs, stabilize the athlete/patient until a staff athletic trainer arrives.

Everyone is expected to assist with athletic training facility responsibilities. The staff athletic trainer(s) will dismiss you when all daily responsibilities are completed. Always notify the staff athletic trainer(s) when you leave the athletic training facility for practice or activity site.

Please respect the privacy of the staff athletic trainer(s) while in his/her office. A knock prior to entrance will be appreciated.

Medical information is private. Anything you see or hear concerning a student-athlete or patient must remain confidential.

Familiarize yourself with all supplies and emergency equipment, and their locations.

Office Policies

1. Answer all phone calls with "Pittsburgh Panthers, this is _____".
2. All phone messages must be filled out completely.
3. Assist in record keeping, filing, and other administrative duties.
4. All athletes and athletic training students must keep bags out of the athletic training facility. Everyone should have a locker. Please assist the staff athletic trainers to help enforce this with the student athletes.
5. The area designated as the athletic training students' work area will be used for athletic injury paperwork. Athletic training students should be familiar with all forms and keep them in stock. Do not use the last copy without making more.

Emergency Action Plans for PITT Athletics Facilities

Athletic Training Facilities - Staff Responsibilities and Equipment Capabilities

UPMC Sports Performance Complex

Duratz Athletic Complex (Football)
3450 South Water Street
Pittsburgh, PA 15203-2349

Sports Medicine Personnel:

Rob Blanc, ATC, Head Athletic Trainer
Dale Thornton, ATC, Assistant Athletic Trainer
Kate Zirpoli, ATC, Assistant Athletic Trainer
Olivia Wishman, ATC, Graduate Student Assistant
Jessica Joseph, ATC, Graduate Student Assistant
Athletic Training Students
Team Physician and/or Sports Medicine Fellows (Contact practices only)

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to building/field.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is on-site during practice hours; additional sports medicine staff available via cell phone.

Emergency Communication: Phone line located in athletic training room.

On-Site Emergency Equipment: Athletic Training Kits, Epi-Pen Epinephrine IM Injectors, V-Vac Portable Suction unit, CPR Pocket Masks, Laerdal Bag-Valve-Mask, Oral Airways (set), Laerdal Cervical Collars, Vacuum Splints (Long and Short), Vacuum Mattress, First Save AED

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Petersen Events Center

Men's and Women's Basketball
3719 Terrace Street
Pittsburgh, PA 15261

Sports Medicine Personnel:

Ann Marie Porada, ATC, Women's Basketball
Tony Salesi, ATC, Men's Basketball
Athletic Training Students as assigned
Team Physician/Sports Medicine Fellows (Competitions)

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to the court.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Petersen Events Center athletic training room during posted hours; additional sports medicine staff available via cell phone.

Emergency Communication: Phone lines located in athletic training room. 24-hour security is located in loading dock of PEC. AED is located in 24-hour security.

On-Site Emergency Equipment: Athletic training kits, Epi-Pen epinephrine IM injectors, CPR pocket masks, AED, vacuum and air splints

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit, Dental Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Petersen Events Center Auxiliary Gym

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to field/building.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Petersen Events Center or Fitzgerald Field House athletic training room during posted hours; additional sports medicine staff available via cell phone.

Emergency Communication: 24-hour security is located in loading dock of PEC. AED is located in 24-hour security.

Emergency Access: From Terrace Street - Sutherland Drive to loading dock entrance

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Petersen Events Center Weight Room Facility

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to weight room.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Field House or Petersen Events Center athletic training room during posted hours; additional sports medicine staff available via cell phone.

Emergency Communication: Phone lines located in the weight room office. Additional phones are available in athletic training room. 24-hour security is located in loading dock of PEC. AED is located in 24-hour security.

On-Site Emergency Equipment: A first aid kit is located in the weight room. Additional emergency equipment is available in the Petersen Events Center Athletic Training room. If an AT is not in the athletic training room, security will have the door to the storage room in the Petersen Events Center athletic training room open to allow weight room staff access to an AED.

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Fitzgerald Field House Athletic Training Facility

Allequippa and Darragh Streets
Pittsburgh, PA 15261

Venues Serviced:

Fitzgerald Field House

Volleyball
Wrestling
Men's and Women's Track & Field

Trees Hall

Gymnastics
Men's and Women's Swimming and Diving

Charles L. Cost Center/Trees Field

Team Conditioning

Sports Medicine Personnel:

Brian Bonnar, ATC - Wrestling
Katherine "Kat" Fink, ATC - M/W Track & Field
Meghann Lassi, ATC - M/W Swimming & Diving
Kate McCartney, ATC - Volleyball
Josh Wall, ATC - CC/Track
TBA - Women's Gymnastics
Athletic Training Students
Team Physician and/or Sports Medicine Fellows (Competitions only)

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to Field house.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Fitzgerald Field House athletic training room during posted hours; additional sports medicine staff available via cell phone.

Emergency Communication: Phone lines located in athletic training room.

On-Site Emergency Equipment: Athletic Training Kits, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Fitzgerald Field House Wrestling Room

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to wrestling room.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer in the practice facility or in the Field House athletic training room during practice hours and additional sports medicine staff available via cell phone.

Emergency Communication: Phone lines located in wrestling room and athletic training room. Additional phones available in the security office.

Available in Training Room: Athletic Training Kits, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED, Long Spine Boards and cervical collars, Suture Kit, IV Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Fitzgerald Field House Weight Room Facility

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to building.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Fitzgerald Field House athletic training room (M-F 6:30am-6pm); additional sports medicine staff available via cell phone.

Emergency Communication: Phone lines located in weight room offices. Additional phones available in security office or athletic training room.

On-Site Emergency Equipment: An AED and first aid kit are in the weight room. Additional emergency equipment is available in the athletic training room in the Field House.

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Trees Gymnastics Facility

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to gym.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is on-site during practices; additional sports medicine staff available via cell phone or in the Fitzgerald Field House.

Emergency Communication: Emergency phone is located in the large gym and the coach has a cell phone.

Emergency Access: Direct access is available via the "gated sidewalk area" between Trees Hall and the OC parking lot. Entrance to the gymnastics training facility can be accessed through the last set of doors on your left at end of building.

On-Site Emergency Equipment: Athletic Training Kits, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED (additional AED located in lobby of Trees Hall).

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Trees Pool Facility

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to pool.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: One certified athletic trainer is at the pool during practice and competition; additional sports medicine staff available in the Fitzgerald Field House and via cell phone.

Emergency Communication: Phone line located on pool deck.

Emergency Access: Emergency access through main entrance Joe C. Trees Pool, Allequippa St. Ambulance should be instructed to park adjacent to the cement wall. Access is available via the blue doors.

On-Site Emergency Equipment: Athletic Training Kits, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED (additional AED located in lobby of Trees Hall).

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Cost Center Facility

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (412-624-2121). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). Pitt Police 412-624-2121.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to field/building.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Fitzgerald Field House athletic training room during posted hours. Additional sports medicine staff is available via cell phone.

Emergency Communication: Fixed phone located in guard office and Coach cell phone.

Emergency Access: From Allequippa Street, enter the OC lot. Enter through the front doors of the Cost Center.

On-Site Emergency Equipment (during AT covered practices): Athletic Training Kit, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Petersen Sports Complex Athletic Training Facility

395 Robinson Street
Pittsburgh, PA 15261

Sports Medicine Personnel:

Kyle Cook, ATC - Baseball
Jennifer Csonka, ATC - Women's Soccer
Kristylyn Turkowski ATC - Softball
Dan Herring, ATC - Men's Soccer

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (811). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the athletic training student or other designate will stabilize the athlete and contact the responsible ATC via phone. If the situation requires immediate notification of City of Pittsburgh EMS (i.e., cardiac arrest), the ATS should notify Campus Police first, followed by the AT. If the nature of the injury is not immediately life threatening, the designated person or athletic training student will make transportation arrangements after evaluating the student-athlete.

3. Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. Call 911 (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). If you are calling from a campus landline dial 811.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to field/building.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Petersen Sports Complex athletic training room during posted hours. Additional sports medicine staff is available via cell phone.

Emergency Communication: Phones can be located by the main athletic training room entrance and coach's cell phone.

Emergency Access: Available from Robinson Street. Enter through main doors; take elevator or stairs up to second floor.

On-Site Emergency Equipment (during AT covered practices): Athletic Training Kit, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician and should be notified ASAP.

Petersen Sports Complex Soccer Field

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (811). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the athletic training student or other designate will stabilize the athlete and contact the responsible AT via phone. If the situation requires immediate notification of City of Pittsburgh EMS (i.e., cardiac arrest), the ATS should notify Campus Police first, followed by the AT. If the nature of the injury is not immediately life threatening, the designated person or athletic training student will make transportation arrangements after evaluating the student-athlete.

3. Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. Call 911 (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). If you are calling from a campus landline dial 811.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to field/building.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer on-site during practices. Additional sports medicine staff is available via cell phone.

Emergency Communication: Coach's cell phone.

Emergency Access: Staff Athletic Trainer will use swipe card to open gate on Vera Street; if swipe card does not work staff Athletic Trainer will call PITT police (412-624-2121) to have gate unlocked. From Robinson Street take first left on to Vera Street; opening on left side of the soccer field, past the baseball field.

On-Site Emergency Equipment (during AT covered practices): Athletic Training Kit, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician and should be notified ASAP.

Petersen Sports Complex Baseball Field

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (811). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the athletic training student or other designate will stabilize the athlete and contact the responsible AT via phone. If the situation requires immediate notification of City of Pittsburgh EMS (i.e., cardiac arrest), the ATS should notify Campus Police first, followed by the AT. If the nature of the injury is not immediately life threatening, the designated person or athletic training student will make transportation arrangements after evaluating the student-athlete.

3. Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. Call 911 (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). If you are calling from a campus landline dial 811.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to field/building.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Petersen Sports Complex athletic training room during posted hours. Additional sports medicine staff is available via cell phone.

Emergency Communication: Coach's cell phone.

Emergency Access: Staff Athletic Trainer will use swipe card to open gate on Vera Street; if swipe card does not work staff Athletic Trainer will call PITT police (412-624-2121) to have gate unlocked. From Robinson Street, take the first left on to Vera Street; gate access on the left hand side of the outfield.

On-Site Emergency Equipment (during AT covered practices): Athletic Training Kit, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician and should be notified ASAP.

Petersen Sports Complex Softball Field

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (811). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the athletic training student or other designate will stabilize the athlete and contact the responsible AT via phone. If the situation requires immediate notification of City of Pittsburgh EMS (i.e., cardiac arrest), the ATS should notify Campus Police first, followed by the AT. If the nature of the injury is not immediately life threatening, the designated person or athletic training student will make transportation arrangements after evaluating the student-athlete.

3. Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. Call 911 (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). If you are calling from a campus landline dial 811.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to field/building.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Petersen Sports Complex athletic training room during posted hours. Additional sports medicine staff is available via cell phone.

Emergency Communication: Coach's cell phone.

Emergency Access: Staff Athletic Trainer will use swipe card to open gate on Vera Street; if swipe card does not work staff Athletic Trainer will call PITT police (412-624-2121) to have gate unlocked. From Robinson Street take the first left on to Vera Street; gate access from opening at the back of the outfield past soccer and baseball fields.

On-Site Emergency Equipment (during AT covered practices): Athletic Training Kit, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician and should be notified ASAP.

Petersen Sports Complex Indoor Batting Cages

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to notify Campus Police (811). The exact location and nature of the injury must be given to the dispatcher. Campus Police will then notify the City of Pittsburgh EMS and be responsible for ensuring access through gates and/or building entrances.

2. If an AT is NOT on-site, the athletic training student or other designate will stabilize the athlete and contact the responsible AT via phone. If the situation requires immediate notification of City of Pittsburgh EMS (i.e., cardiac arrest), the ATS should notify Campus Police first, followed by the AT. If the nature of the injury is not immediately life threatening, the designated person or athletic training student will make transportation arrangements after evaluating the student-athlete.

3. Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. Call 911 (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information). If you are calling from a campus landline dial 811.
- IV. Direction of EMS to scene
 - a. Open the doors that lead to field/building.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: At least one certified athletic trainer is in the Petersen Sports Complex athletic training room during posted hours. Additional sports medicine staff is available via cell phone.

Emergency Communication: Coach's cell phone.

Emergency Access: Staff Athletic Trainer will use swipe card to open gate on Vera Street; if swipe card does not work staff Athletic Trainer will call PITT police (412-624-2121) to have gate unlocked. From Robinson Street take first left on to Vera Street, past the baseball field, and enter through door.

On-Site Emergency Equipment (during AT covered practices): Athletic Training Kit, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED

Available in Athletic Training Room: Long Spine Boards and cervical collars, Suture Kit, IV Kit

Schenley Park Cross Country Course

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student will be sent to notify City of Pittsburgh EMS, 911. The exact location and nature of the injury must be given to the dispatcher.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information).
- IV. Direction of EMS to scene
 - a. Designate individual to "flag down" EMS and direct to scene.
 - b. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: Athletic Training staff does not provide practice coverage for this off-campus practice location. A Certified Athletic Trainer and Athletic Training Student will be on-site during events only.

Emergency Communication: Fixed pay phone at Schenley Oval and Coach's cell phone.

Emergency Access for Schenley Oval: Take Boulevard of the Allies east, past the Schenley Park Pool to stop light. Take right on Greenfield Avenue, followed by a quick right onto Overlook Drive. Proceed to top of hill, past tennis courts. Oval is on the right.

On-Site Emergency Equipment: Athletic Training Kit and Water Cooler
(It is the Coach's responsibility to transport this equipment to the practice location)

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Club4Life Indoor Tennis Facility

One Racquet Lane
Monroeville, PA 15146
Phone: (412) 856-3930

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to call 911 if necessary. The exact location and nature of the injury must be given to the dispatcher. A person will be sent to ensure that there is access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information).
- IV. Direction of EMS to scene
 - a. Open the doors that lead to courts.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: A certified athletic trainer and athletic training students are on-site for matches only.

Emergency Communication: Coach's cell phone, landline phone at Tennis Center

On-Site Emergency Equipment (Competition ONLY): Athletic Training Kits, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED

During Practice Time: Coach has first aid kit available

Monroeville Police Department - 412 856-3324

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Washington's Landing Tennis Facility

31st Street Bridge @ north end of Washington's Landing
Pittsburgh, PA

Emergency Procedures: A serious injury is any condition whereby the athlete's life is in jeopardy or the athlete risks permanent impairment. These injuries include but are not limited to cervical spine injuries, brain injuries, serious bleeding, open fractures, heat illness, and cardiovascular or respiratory arrest.

1. If the Certified Athletic Trainer (AT) is on-site, he/she will take control of the situation. After conducting an evaluation of the injury, the AT will determine the necessary mode of transportation. An athletic training student or (other designated person) will be sent to call 911 if necessary. The exact location and nature of the injury must be given to the dispatcher. A person will be sent to ensure that there is access through gates and/or building entrances.

2. If an AT is NOT on-site, the individual in charge will serve as a First Responder and will stabilize the athlete and contact the responsible AT via phone.

Role of First Responder

- I. Immediate care of the injured or ill student-athlete.
- II. Emergency equipment retrieval.
- III. Activation of emergency medical system (EMS)
 - a. 911 call (provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other necessary information).
- IV. Direction of EMS to scene
 - a. Open the doors that lead to courts.
 - b. Designate individual to "flag down" EMS and direct to scene.
 - c. Scene control, limit scene control to first aid providers and move bystanders away from the area.

Emergency Personnel: A certified athletic trainer and athletic training students are on-site for matches only.

Emergency Communication: Coach's cell phone

On-Site Emergency Equipment (Competition ONLY): Athletic Training Kits, Epi-Pen Epinephrine IM Injectors, CPR Pocket Masks, Vacuum and Air Splints, AED

During Practice Time: Coach has first aid kit available

All emergencies will be transported to UPMC-Presbyterian Emergency Room. The sport Head Athletic Trainer and Head Team Physician should be notified ASAP.

Sports Medicine Clinic

- The Sports Medicine Clinic is conducted Monday thru Thursday for all varsity student-athletes in the Fitzgerald Field House Athletic Training Room according to the following schedule:

Monday	4:00pm	Dr. Freddie Fu (Field House)	Orthopedic
Tuesday	1:00pm	Dr. Jeanne Doperak (Field House)	Primary Care
Wednesday	8:00am	Dr. Vonda Wright (PSC)	Orthopedic
Thursday	4:00pm	Dr. Brycen Lesniak (Field House)	Orthopedic
Friday	1:00pm	Dr. Jeanne Doperak (Field House)	Primary Care

- Athletic Training Students should arrive 15 minutes prior to the beginning of clinic to prepare waiting area and exam room. The dress code for clinic is a collared athletic training shirt and khaki pants or shorts.
 - Place sign-in sheet on the desk in the AT room for student athletes to register.
 - Make certain exam room is clean and organized.
 - Make yourself familiar with the location of instruments, bandages, medication, etc. in the drawers and cabinets in the exam room.
- Take each athlete individually and **one at a time**, according to the order on the sign-in sheet, to an area in the athletic training room in order to obtain a thorough history of the injury/illness. For the privacy of the athlete, do not take a history in the public area. If the athlete is being seen for an illness, record a body temperature *before* seeing the physician. It is the ATS's responsibility to accompany the student-athlete into the exam room, present the case to the physician, and take any notes throughout the exam.
- Once the athlete has been examined, the ATS will wait for the physician to complete and sign off on the paperwork. The ATS should then go to the waiting area and repeat this process with the next student-athlete on the sign-in sheet to obtain a history.
- When all examinations are concluded, the completed paperwork should be delivered to the staff athletic trainer in charge of each student-athlete's sport.

VI. Appendices

University of Pittsburgh Athletic Training Education Program

Student Infraction Form

Part I: To be completed by Faculty or Preceptor

Name of Student: _____ Date of Infraction: _____

Warning Issued: _____

Date of Warning: _____

Nature of infraction: Please describe infraction in space provided (i.e. disruptive behavior, insubordination, repeated tardiness, inappropriate attire, etc.). Be as specific as possible.

Action(s) taken by faculty/preceptor:

Signature of Faculty/Preceptor: _____ **Date:** _____

Part II: To be completed by Program Director or Clinical Education Coordinator

Previous written warning for similar incident or other infraction? _____ Yes _____ No

Type of previous infraction: _____

Date of previous infraction: _____

Infraction Review Meeting: _____

Action(s) Taken:

Written reprimand in student file: ___ Yes ___ No
Lowering of final practicum grade: ___ 1/3 LG ___ One LG ___ Two LG
Suspension from clinical rotation: ___ Yes ___ No Length of Time _____
Scheduled meeting with: ___ CEC ___ PD
Failing grade ___ Quiz/Exam ___ Course
Permanent dismissal from program: ___ Yes ___ No
Other (please describe): _____

Signature of PD/CEC: _____ **Date:** _____



NATA Code of Ethics

(revised September 28, 2005)

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 not 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, 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 skills 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.



BOC, Inc. Standards of Professional Practice

(Implemented January 1, 2006)

BOARD OF CERTIFICATION
FOR THE ATHLETIC TRAINER
Be Certain.™

INTRODUCTION

The BOC Standards of Professional Practice is reviewed by the Board of Certification, Inc. (BOC) Standards Committee and recommendations are provided to the BOC Board of Directors. The BOC Standards Committee is comprised of five Athletic Trainer members and one Public member. The BOC Board of Directors approves the final document. The BOC Board of Directors includes six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC certifies Athletic Trainers (ATs) and provides exceptional credentialing programs that support the protection of the public. An AT is a healthcare professional who renders service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the states' statutes, rules and regulations. As a part of the healthcare team, services provided by ATs comprise, but are not limited to, prevention and education, emergent care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

The BOC is the only accredited certification program for ATs in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the Institute of Credentialing Excellence.

The BOC Standards of Professional Practice consists of two sections:

I. Practice Standards

II. Code of Professional Responsibility

I. PRACTICE STANDARDS

Preamble

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

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

Standard 1: Direction

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

Standard 2: Prevention

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

Standard 3: Immediate Care

The Athletic Trainer provides care procedures used in acute and/or emergency situations, independent of setting.

Standard 4: Examination, Assessment and Diagnosis

The Athletic Trainer utilizes patient history and appropriate physical examination procedures to determine the patient's impairments, diagnosis, level of function and disposition.

Standard 5: Therapeutic Intervention

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

Standard 6: Program Discontinuation

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

Standard 7: Organization and Administration

The Athletic Trainer documents all procedures and services in accordance with local, state and federal laws, rules and guidelines.

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 Care Responsibilities

The Athletic Trainer or applicant:

- 1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, or any other characteristic protected by law
- 1.2 Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice
- 1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines, and the thoughtful and safe application of resources, treatments and therapies
- 1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law
 - 1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values
- 1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain
- 1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient
- 1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan
 - 1.7.1 Does not make unsupported claims about the safety or efficacy of treatment BOC Standards of Professional Practice

Code 2: Competency

The Athletic Trainer or applicant:

- 2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence
- 2.2 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards
- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties
- 3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services
- 3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services or the skills, training, credentials, identity, or services of athletic training
 - 3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.6 Does not guarantee the results of any athletic training service
- 3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful
- 3.8 Does not possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials without proper authorization
- 3.9 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event

- 3.10 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training
- 3.11 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
- 3.12 Cooperates with BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest, and timely responses to requests for information
- 3.13 Complies with all confidentiality and disclosure requirements of the BOC and existing law
- 3.14 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 human rights and well-being of research participants
- 4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes, and/or public policy relative to the organization and administration of health systems and/or healthcare delivery

Code 5: Social Responsibility

The Athletic Trainer or applicant:

- 5.1 Strives to serve the profession and the community in a manner that benefits society at large
- 5.2 Advocates for appropriate health care to address societal health needs and goals

Code 6: Business Practices

The Athletic Trainer or applicant:

- 6.1 Does not participate in deceptive or fraudulent business practices
- 6.2 Maintains adequate and customary professional liability insurance
- 6.3 Acknowledges and mitigates conflicts of interest



Pennsylvania Athletic Trainers' Society Code of Ethics

(Revised on 9/24/2014)

PREAMBLE

The Pennsylvania Athletic Trainers' Society's (referred from now on as 'Society') Code of Ethics sets forth ethical standards, obligations, and responsibilities that a Licensed Athletic Trainer exercises in fulfilling his/her professional duties. The Code of Ethics also instills the member's obligation to promote the value and importance of Athletic Training and the Licensed Athletic Trainer. Related Standards of Practice further define those ethical standards and obligations as set forth in the Code of Ethics. The Standards of Practice serve as a guide and cannot be expected to apply to all situations that may be encountered by the Licensed Athletic Trainer in the every-day conduct of his/her professional duties. As the profession of Athletic Training develops, the guidelines set forth in this Code are subject to continual review and revision. The law shall prevail whenever there is a conflict between Code and legality.

CODE OF ETHICS PRINCIPLE I

Licensed Athletic Trainers shall respect the right and dignity of all physically active individuals. The Licensed Athletic Trainer shall perform his/her duties without discrimination or partiality in his/her efforts or interests. Related Standards of Practice

(RSP) RSP 1.1 The Licensed Athletic Trainer shall recognize the uniqueness of each individual and respect the common principle of human dignity in his/her relationship with individuals.

RSP 1.2 The Licensed Athletic Trainer shall provide competent and comparable level of care with both requirements and limitations of the Athletic Training profession to all physically active individuals without partiality to race, religion, gender, creed, age, sexual orientation or legally protected class.

RSP 1.3 The Licensed Athletic Trainer shall maintain confidentiality in regard to information gathered in the Licensed Athletic Trainer/individual relationship. Such information shall not be released to a third party without prior consent from the involved individual/s and is subject to applicable law.

RSP 1.4 The Licensed Athletic Trainer shall disclose information in accordance with applicable law, or when authorized by the individual.

RSP 1.5 The Licensed Athletic Trainer shall provide a fair, considerate, and equitable manner to evaluate the performance of staff members on clear and enunciated criteria, as well as educating those whom they supervise.

CODE OF ETHIC PRINCIPLE II

Licensed Athletic Trainers shall promote and instill the principles of fair play with physically active individuals, athletes, coaches, and spectators. The Licensed Athletic Trainer shall not condone the practice of unsportsmanlike conduct.

RSP 2.1 The Licensed Athletic Trainer shall not condone the teaching or practice of unsafe or illegal athletic skills or techniques.

RSP 2.2 It shall be incumbent on the Licensed Athletic Trainer to promote safe and sound playing skills. The Licensed Athletic Trainer shall promote the participation in activities within the framework of recognized rules and regulations of that activity.

RSP 2.3 The Licensed Athletic Trainer shall aid in the development of fair play and sportsmanship. This responsibility extends the promotion of the principle with coaches, spectators, colleagues, and associates.

CODE OF ETHIC PRINCIPLE III

Licensed Athletic Trainers shall comply with all laws, rules, and regulations governing the practice of Athletic Training as established by law and by the appropriate credentialing bodies, institutions, and the Commonwealth of Pennsylvania.

RSP 3.1 The Licensed Athletic Trainer shall assume responsibility for providing care consistent with applicable laws and perform duties that are within the scope of his/her professional preparation and legal obligation.

RSP 3.2 The Licensed Athletic Trainer shall evaluate and implement care under the supervision of a physician and in accordance with the rules and regulations of the Athletic Training profession, as defined by law.

CODE OF ETHIC PRINCIPLE IV

The Licensed Athletic Trainer shall practice using the most current procedures and maintain and promote professional standards in the practice of Athletic Training. Licensed Athletic Trainers shall accept the responsibility to exercise sound judgment.

RSP 4.1 The Licensed Athletic Trainer shall implement appropriate care as specified by a physician, or based on evaluation and appropriate tests and measurements, or until benefit can no longer be obtained from such care or when such care is contraindicated.

RSP 4.2 The Licensed Athletic Trainer shall demonstrate a commitment to participate in and render care consistent with current standards and for which they are qualified via education and/or experience and by pertinent legal regulatory process.

RSP 4.3 The Licensed Athletic Trainer shall document information related to an individual's health status.

CODE OF ETHIC PRINCIPLE V

Licensed Athletic Trainers shall seek institutional funds appropriate to services provided. Fee for service for Athletic Training services shall be compensated only when permitted by law and such compensation is deserved and reasonable.

RSP 5.1 When laws, rules, and regulations permit fee for service, the Licensed Athletic Trainer shall be permitted to charge fees for service provided. Furthermore, the fee for service shall reflect usual and customary charge based on cost for providing such services.

RSP 5.2 The Licensed Athletic Trainer may be compensated for the endorsement or advertisement of a product. In the endorsement/ advertisement, the Licensed Athletic Trainer shall use sound professional judgment, and not discredit the profession in any form, shape or manner, and/or imply Society endorsement. Additionally, the Licensed Athletic Trainer shall not place financial gain above the welfare of an individual, nor exploit the individual.

CODE OF ETHIC PRINCIPLE VI

Licensed Athletic Trainers shall promote and inspire the development of scientific principles and body of knowledge in theoretical and applied sciences as they are related to the profession of Athletic Training.

RSP 6.1 The Licensed Athletic Trainer shall recognize research as an integral part of the profession.

RSP 6.2 The Licensed Athletic Trainer shall promote ethical conduct in research and adhere to educational criteria and standards set forth by the Board of Certification for professional preparation and continuing education.

RSP 6.3 The Licensed Athletic Trainer shall participate in educational activities to increase the level of competency and acquire new knowledge.

CODE OF ETHIC PRINCIPLE VII

It is incumbent upon the individual Licensed Athletic Trainer to accept the responsibilities of protecting the public from illegal, unethical, or incompetent practice. Licensed Athletic Trainers shall report such acts, of which they become aware, in a professional manner.

RSP 7.1 The Licensed Athletic Trainer shall attempt to educate the public and develop public awareness of the profession and its contributions to the public. However, the Licensed Athletic Trainer shall not misrepresent in any way, directly or indirectly, his/her skills, training, professional credentials, identity, or services.

RSP 7.2 The Licensed Athletic Trainer shall act with full responsibility to the community in matters relating to Athletic Training and to health and safety aspects of physical activity.

RSP 7.3 The Licensed Athletic Trainer shall refrain from substance abuse and seek rehabilitation/care for chemical dependency when necessary.

RSP 7.4 The Licensed Athletic Trainer shall direct individuals with a potential complaint to PATS Ethics Committee and/or the State Board of Medicine and Osteopathic Medicine in order to file a formal complaint.

Pennsylvania Rules and Regulations for the Practice of Athletic Training

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 18. STATE BOARD OF MEDICINE - PRACTITIONERS OTHER THAN MEDICAL DOCTORS

Subchapter H. ATHLETIC TRAINERS

§ 18.501. Purpose.

This subchapter implements section 51.1 of the act (63 P. S. § 422.51a) to provide for the licensure and practice standards of athletic trainers.

§ 18.502. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs - An athletic training education program that is accredited by a board-approved nationally recognized accrediting agency.

Athletic training services - The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a licensed athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any medication or controlled substance.

BOC - The Board of Certification, Inc., a national credentialing organization for athletic trainers.

Direction - Supervision over the actions of a licensed athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Licensed athletic trainer - A person who is licensed to perform athletic training services by the Board or the State Board of Osteopathic Medicine.

Physically active person - An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral - An order from a licensed physician, dentist or podiatrist to a licensed athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription - A portion of the written protocol or a separate document from a supervising physician, which includes an order to treat approved individuals in accordance with the protocol.

Written protocol - A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the licensed athletic trainer, and describes the manner and frequency in which the licensed athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and licensed athletic trainer, that the licensed athletic trainer follows when not directly supervised onsite by the supervising physician.

§ 18.503. Licensure requirement.

(a) A person may not use the title "athletic trainer" or "licensed athletic trainer" or use any abbreviation including "A.T.," "A.T.L." or "L.A.T." or any similar designation to indicate that the person is an athletic trainer unless that person has been licensed by the Board.

(b) Except as otherwise provided in this subsection, a person may not perform the duties of an athletic trainer unless that person is licensed by the Board. This provision is not intended to prevent the following:

(1) A person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

(2) An athletic trainer from another state, province, territory or the District of Columbia, who is employed by an athletic team or organization that is competing in this Commonwealth only on a visiting basis, from providing athletic training services, provided the practice of the athletic trainer is limited to the members of the team or organization.

(3) An athletic training student practicing athletic training that is coincidental to required clinical education and is within the scope of the student's education and training.

(c) Athletic trainers licensed by the State Board of Osteopathic Medicine are deemed licensed by the Board.

§ 18.504. Application for licensure.

(a) The applicant shall submit the following on forms supplied by the Board:

(1) A completed application and fee set forth in §16.13.

(2) Verification of professional education in athletic training in accordance with §18.505.

(3) Documentation of passage of the National examination in accordance with §18.506.

(4) Documentation of practice as an athletic trainer, if licensed or certified in another jurisdiction, and verification as to whether there has been disciplinary action taken in that jurisdiction.

(b) To qualify for licensure, an applicant shall be at least 20 years of age and may not be addicted to alcohol or hallucinogenic, narcotic or other drugs which tend to impair judgment or coordination.

§ 18.505. Educational requirements.

An applicant for licensure shall comply with one of the following:

(1) Be a graduate of an approved athletic training education program.

(2) Hold and maintain current credentialing as a certified athletic trainer (ATC) from the BOC or another credentialing body approved by the Board.

§ 18.506. Examination requirement.

An applicant for a license to practice as a licensed athletic trainer shall submit to the Board written evidence that the applicant has passed the BOC examination for athletic trainers, or its equivalent as determined by the Board.

§ 18.507. Temporary licensure.

An applicant who is a graduate of an approved athletic training education program and who has applied to take the examination may be granted a temporary license to practice athletic training under the onsite direct supervision of a licensed athletic trainer. The temporary license expires 1 year from issuance or upon licensure as an athletic trainer by the Board, whichever comes first, and may not be renewed.

§ 18.508. Renewal of license.

(a) A license issued under this subchapter expires on December 31 of every even-numbered year unless renewed for the next biennium.

(b) Biennial renewal forms and other forms and literature to be distributed by the Board will be forwarded to the last mailing address given to the Board.

(c) To retain the right to engage in practice, the licensee shall renew licensure in the manner prescribed by the Board and pay the required fee prior to the expiration of the next biennium.

(d) When a license is renewed after December 31 of an even-numbered year, a penalty fee of \$5 for each month or part of a month of practice beyond the renewal date will be charged in addition to the renewal fee as set forth in section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P. S. § 1401-225).

(e) As a condition of renewal, a licensee shall comply with the continuing education requirements in § 18.511 (relating to continuing education).

§ 18.509. Practice standards for athletic trainers.

(a) Athletic trainers licensed by the Board or certified or licensed by the proper licensing authority of another state, province, territory or the District of Columbia shall comply with the following:

(1) Ensure that the physically active person has secured a written referral or prescription from a licensed physician, dentist or podiatrist or is subject to a written protocol for treatment by a licensed or certified athletic trainer from a licensed physician.

(2) Comply strictly with conditions or restrictions that may be placed on the course of athletic training services by the referring physician, dentist or podiatrist.

(3) Ensure that the physically active person has undergone a medical diagnostic examination or has had the results of a recently performed medical diagnostic examination reviewed by the referring physician, dentist or podiatrist.

(4) Keep a copy of the referral or prescription and the results of the medical diagnostic examination in the physically active person's file.

(5) Consult promptly with the referring physician, dentist or podiatrist regarding a new ailment or condition or a worsened ailment or condition of the physically active person.

(6) Consult with the referring physician, dentist or podiatrist upon request of either the referring physician, dentist or podiatrist or the physically active person.

(7) Refer a physically active person with conditions outside the scope of athletic training services to a licensed physician, dentist or podiatrist.

(b) Athletic trainers licensed by the Board or certified or licensed by the proper licensing authority of another state, province, territory or the District of Columbia who are working in a team setting, treating injuries which arise in the course of practices or team sports events, may treat the participant at the events under the conditions of the referral, or the standing written prescription or written protocol.

(c) An athletic trainer shall obtain the standing written prescription or protocol annually from the supervising physician and review it at least annually. The standing written prescription or written protocol shall be retained at or near the treatment location or facility. An individual referral or prescription from a referring physician, dentist or podiatrist is required in the absence of a standing written prescription or written protocol.

§ 18.510. Refusal, suspension or revocation of license.

(a) The Board may refuse to issue a license, and after notice and hearing, may suspend or revoke the license of a person who is subject to disciplinary action under section 41 of the act (63 P. S. § 422.41) as set forth in §16.61 (relating to unprofessional and immoral conduct).

(b) Actions taken by the Board regarding the refusal, suspension or revocation of a license are taken subject to the right of notice, hearing and adjudication and appeal under 2 Pa.C.S. §§ 501 - 508 and 701 - 704 (relating to Administrative Agency Law).

§ 18.511. Continuing education.

(a) Beginning with the biennial period commencing on the next biennial renewal period following July 14, 2007, athletic trainers shall complete the continuing education requirements prescribed by the BOC.

(b) Applicants for renewal of a license shall provide a signed statement verifying that the continuing education requirement has been met.

(c) Proof of completion of the required continuing education shall be retained for at least 2 years after completion.

[Pa.B. Doc. No. 13-704. Filed for public inspection April 19, 2013, 9:00 a.m.]

BOC, Inc. Practice Analysis, 7thth ed.

The Board of Certification (BOC) is a not-for-profit credentialing body for individuals with education and experience in the practice of athletic training. The BOC has developed a credentialing program for athletic trainers that meets professional standards and is accredited by the Institute for Credentialing Excellence (ICE).

In order to attain the athletic trainer credential, an individual must complete an entry-level athletic training education program accredited by the Commission on Accreditation of Athletic Training Education (CAATE), be endorsed by a recognized program director of a CAATE accredited education program, have a current certification in emergency cardiac care, and pass the BOC examination.

The BOC examination focuses on those areas of professional practice required for entry-level athletic trainers that are critical to ensuring that their clients, the athletic trainer themselves, their employer, fellow employees, and the profession are not physically, financially, or emotionally harmed through their actions.

To ensure that the examination meets this goal, the BOC conducts a periodic review of the profession to determine the areas of professional practice critical for an entry-level practitioner.

The BOC is committed to maintaining an examination that is a fair, valid, and reliable assessment. As such, the BOC follows well established processes for determining the content of the examination. The BOC worked with Castle Worldwide, Inc., a certification and licensure design, development, and administrative service company, to ensure that the BOC examination met guidelines and standards for a psychometrically sound and legally defensible examination (e.g., Standards for Educational and Psychological Testing, Joint Committee on Standards for Educational and Psychological Testing, 1999; Uniform Guidelines on Employee Selection Procedures, EEOC, 1978).

A copy of the BOC, Inc., Practice Analysis, 7th Edition is available on the Athletic Training/Sports Medicine Organization on Courseweb.

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Affiliation Agreement

UNIVERSITY OF PITTSBURGH School of Health and Rehabilitation Sciences

AGREEMENT Made this 1st day of August 201_

between

UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION, School of Health and Rehabilitation Sciences, with its principal office located at Forbes Tower, Pittsburgh, Pennsylvania, 15260, hereinafter referred to as "University", and **Placement Site**, with its principal office located at **Placement Site Address**, hereinafter referred to as "Placement Site."

WITNESSETH:

WHEREAS, Placement Site provides capability for learning experiences and recognizes the professional responsibility of assisting in the teaching of University students and is interested in providing assistance to the University in its curricula; and

WHEREAS, University is currently conducting programs granting Bachelor of Science degrees, Clinical Doctorate, Master of Science degrees and Doctor of Philosophy degrees in Health and Rehabilitation Sciences and desires to obtain the assistance of Placement Site in furthering University's educational objectives.

NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

1. In accordance with the University of Pittsburgh School of Health and Rehabilitation Sciences Student Clinical Placement Procedures, University shall coordinate plans with Placement Site to make learning experiences available to their students.
2. University acknowledges that its students shall be expected to comply with all current policies and procedures of Placement Site.
3. University shall, as mutually agreeable to the parties, provide by the beginning of each term: (a) number of students and the dates and hours which they will be assigned; (b) the expected level experience to which they will be assigned; and (c) the expected learning objectives of its students.
4. University shall provide a faculty member who will serve as liaison with Placement Site field instructors when necessary.
5. University shall provide and maintain the records and reports required by Placement Site for conducting clinical learning experience of its students under this Agreement.
6. Placement Site shall provide learning experiences to students enrolled in the School of Health and Rehabilitation Sciences of the University. The number of students, their program of education within the Placement Site and the scheduling of their education at the Placement Site shall be determined by mutual agreement between the Placement Site's coordinator for clinical education and University's program coordinator for clinical education or their representatives.
7. Placement Site shall provide learning experiences under the supervision of qualified personnel, which meet the experience standards of recognized professional accrediting agencies or state agencies and the stated objectives of the educational program.
8. Placement Site shall, in its patient units, clinics, laboratories, classrooms and other selected departments, provide opportunities for observations and practical experience, conducive to the learning process of the student and to the meeting of the stated learning objectives.
9. Placement Site shall provide orientation of the appropriate University faculty and students to the physical facilities, policies and procedures of the Placement Site, and where appropriate, to the needs of individuals and/or groups with which they will be working.
10. Placement Site shall provide available time, when possible, to field instructors for attending clinical supervisory meetings and conferences called by the University as part of the educational program.
11. Placement Site shall provide, whenever necessary, available conference rooms, dressing rooms, and locker space for University students participating in the educational program.

12. Placement Site shall require the University to withdraw a Program student if: (1) the achievement, progress, adjustment or health of the student does not warrant continuation at Placement Site, or (2) the behavior of the student fails to conform to the applicable regulations of Placement Site. Placement Site reserves the right, to exclude any student from its premises in the event that such student's conduct or state of health is deemed objectionable or detrimental to the proper administration of Placement Site.
13. Placement Site shall provide and maintain records and reports required by the University for conducting the educational program.
14. Placement Site shall be responsible for and retain absolute control over the administration of the Site, its operation and all patient care.
15. University students shall be required to carry professional liability insurance and health insurance in accordance with University's prevailing policies.
16. University will ensure that all students for placement in a rotation and all faculty involved in advising and counseling those students take the University's web-based HIPAA training and receive certification therein. The University shall track the student and faculty successful completion of this training.
17. University and Placement Site shall not discriminate against anyone applying to or enrolled in the program contemplated under this Agreement or employed by either party because of race, color, religion, ethnicity, national origin, age, sex, sexual orientation, or marital, veteran, or handicapped status.
18. University and Placement Site agree that they shall abide by all applicable federal, state and local laws, rules, regulations and executive orders in effect as of the date of this Agreement, and as they may change or be amended.
19. This Agreement is for a term of five (5) yeas and automatically renewed thereafter for successive one (1) year terms; provided however, that the Agreement may be terminated upon providing at least thirty (30) days written notice to the other party prior to the beginning of the then academic term of the University, such notice delivered by certified mail return receipt requested. Such a termination must not affect students affiliated with Placement Site for the academic term in which notice is given.
20. This Agreement shall not be assigned or transferred by either party without written approval of the other.
21. This Agreement constitutes the entire agreement between the parties. No change or addition shall be binding upon the parties until reduced to writing, and signed by both parties. This agreement, when fully executed, shall supersede any and all prior or existing agreements either oral or in writing with respect to the subject matter hereof.
22. This contract shall be governed by, construed and interpreted in accordance with the laws of the Commonwealth of Pennsylvania.
23. Any notices required to be sent under this agreement, except a termination notice pursuant to paragraph 19 above, shall be sent by regular or first-class mail to the following addresses:

IF TO PLACEMENT SITE:

IF TO UNIVERSITY:

Coordinator of Clinical Contracts
 University of Pittsburgh
 School of Health and Rehabilitation Sciences
 4028A Forbes Tower
 Pittsburgh, PA 15260

IN WITNESS WHEREOF, the parties hereto have set their hands and seals as of the day and date set forth above.

WITNESS:

UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH
 SYSTEM OF HIGHER EDUCATION

By _____
 Anthony Delitto, PhD, PT
 Dean, School of Health and Rehabilitation Sciences

WITNESS:

PLACEMENT SITE:

By _____

 Print Name and Title

Student Organization

CONSTITUTION OF THE UNIVERSITY OF PITTSBURGH ATHLETIC TRAINING STUDENT ASSOCIATION

NAME: The name of this Association shall be the **University of Pittsburgh Athletic Training Student Association (ATSA)**, a Certified Student Organization as recognized by the Student Government Board of the University of Pittsburgh. The ATSA and its membership accept and will fully comply with the limits of certification.

PURPOSE: The mission of this Association shall be to enhance the education and fellowship of its members, to share ideas and discuss topics of interest, to provide community service through projects in and around the City of Pittsburgh, and to increase public awareness of the ATSA and the profession of athletic training as a whole.

Recertification: The ATSA will submit its annual recertification application to the SORC within one week after the election of new officers."

Article I: Membership

- 1) Membership is open to currently enrolled Pitt students as defined herein. Any student enrolled in the undergraduate Athletic Training Education Program at the University of Pittsburgh or one who expresses an interest in the profession of athletic training is invited to sign up and be a member of the Association.
- 2) All members must accept and comply with all of the requirements and limitations of certification as a condition of membership.
- 3) Membership in the ATSA is voluntary and all risk of personal injury, property damage or other losses that occur incidental to membership or participation in activities are assumed solely by the student organization and/or individual member(s) or non-member participant(s). Accordingly, the University of Pittsburgh, its officers and agents shall not be responsible nor liable for any claims or causes of action for damage or loss of property or personal injury of any kind or nature which may arise out of or are incidental to the conduct of any organization's activities or that of any individual's participation in any group-related activity. It is further understood and agreed that it is the responsibility of the officers of the organization to assure that all of the organization's members and non-member participants in all activities sponsored by the ATSA are fully informed and advised of this ASSUMPTION OF RISK, and in the event any individual member or participant should express or indicate non-acceptance, the organization's officers shall forbid participation and/or membership of such individual. In regard to the organization member or non-member participant Assumption of Risk, the ATSA acknowledges that the University recommends that the organization members and non-member participants make every effort to arrange for the acquisition of liability insurance sufficient to protect all participants against those risks being assumed. For sport-related organizations, the University recommends that each individual have insurance sufficient to allow for any risks by participation, accident or by deficiencies in physical health.
- 4) No hazing or illegal discriminatory criteria for membership, including those listed in the University of Pittsburgh's non-discrimination policy, will be used as a condition for membership in the organization. These factors include race, color, religion (except for religious organizations which may restrict membership to those who share their faith-based beliefs), national origin, ancestry, sex (except same sex organizations permitted under Title IX), age, marital status, familial status, sexual orientation, gender identity and expression, genetic information, disability or status as a veteran. This non-discriminatory policy will be applied in a manner consistent with the requirements of the First Amendment of the United States Constitution and other laws applicable to student organizations.
- 5) All members must maintain a cumulative GPA of 2.5 or higher in order to remain a member in good standing of the Association.
- 6) All members must pay annual dues, the amount of which shall be determined by a majority vote of the membership (see Article IV: Dues).
- 7) Attendance at all meetings is mandatory for all members in order to remain in good standing. There are specific instances where members may be excused from a meeting (see Article III: Meetings). No other reason for absence from a meeting will be accepted.

Article II: Officers

- 1) The organization shall have the following officers: President, Vice President, Secretary, Treasurer, Membership Chair, Service Chair, and Public Relations Chair.
- 2) Officers will be elected by majority vote of the eligible-voting members of the Association (see Article V: Elections).
- 3) Duties assigned to each elected position include, but are not limited to:
 - A) President
 - Presides over all business meetings, charges committees, and executes by-laws and other duties as needed.
 - Responsible for making certain ATSA Constitution is being adhered to.
 - Maintains Association Facebook page and governs content displayed on the page.
 - Delegates responsibility for various committee functions.
 - Solicits reports from committee chairs to be presented at each meeting of the Association.
 - Provides, to the secretary, a written agenda for each upcoming meeting. This is to be posted on the Facebook group page no later than 24 hours prior to the scheduled meeting time.
 - Attends Student Government Board meetings where representation of the Association is requested.

- Responsible for maintaining certification status of ATSA with the Student Organization Resource Center (SORC), located at 119 WPU.
- Responsible for updating the membership relative to the activities of the Student Government Board of the University of Pittsburgh (i.e. funds requests and allocations, meetings, etc.).
- Responsible for coordinating with Treasurer and Vice President in organizing annual SGB allocations budget for the following academic year (Deadline for submission of a budget in February).
- Responsible, along with the Treasurer, to attend Student Government Board meetings where representation of the Association is requested.
- Responsible for regularly checking SGB mailbox in WPU for current mailings and important notices.
- Provide a report at monthly business meetings as necessary.

B) Vice President

- Assume responsibility for oversight of respective committee(s).
- Assume the duties of the President in his/her absence.
- Keep a record of the proceedings of each business meeting of the Association, receive and reply to all communications and attend to other duties as directed by the Chair.
- Should the office of President becomes vacant, the Vice President shall automatically assume the office and duties of the president.
- In accordance with the above chain of events, the new President shall nominate a replacement Vice President from the ranks of the membership for which a general vote shall be conducted and will be based on a majority vote of members in good standing.
- Collaborates with President and Treasurer in formulating SGB allocations budget for the following academic year.

C) Secretary

- Posts meeting agenda on Facebook group page no later than 24 hours prior to the scheduled meeting time.
- Keeps record of the proceedings of each business meeting of the Association, receives and replies to all communications and attends to other duties as directed by the president.
- Post a copy of the business meeting minutes on the Facebook group page no later than 48 hours following each business meeting.
- Sends copy of business meeting minutes to Faculty Advisor no later than 48 hours following each business meeting.
- In the event that the President and Vice President are absent from the meeting, the Secretary shall assume the duties of the President.

D) Treasurer

- Custodian of the Association funds - keeps a record of all monies received and expended and provides a report at each business meeting including to-date balance and transactions since last meeting.
- Responsible for collecting annual dues and reporting this list to the President.
- Works with President and Vice President to ensure annual SGB allocations budget is submitted to SGB in a timely fashion.
- Responsible, along with the President, to attend Student Government Board meetings where representation of the Association is requested.
- Collects all monies from Service Chair following fund raising efforts for bank deposit.
- Provides written statement to Faculty Advisor for justification and approval when funds are needed (Faculty Advisor is only person who is authorized to sign checks).
- In the event emergency funds are needed, provides justification to Faculty Advisor for release of funds.

E) Service Chair

- Coordinates all activities related to community service/volunteer projects.
- Provides a report at each business meeting detailing upcoming efforts and organizes student participation.
- Delegates responsibilities to committee members to coordinate individual projects.
- Determines all University rules are adhered to where participation in fundraising activities is concerned.
- Maintains log and collects all funds raised for each activity to be turned over to the Treasurer in a timely manner.

F) Public Relations Chair

- Coordinates the development of the ATSA newsletter to be distributed a minimum of one time annually to current and former program students, faculty, staff, administrators and friends of the program.
- Oversees the maintenance of Athletic training bulletin board outside of Sports Medicine and Nutrition suite (4033 Forbes Tower).
- Coordinates all activities related to the increase in public awareness of the Association and the profession of Athletic Training (i.e. Athletic Training Month in March).
- Provides a report at monthly business meetings as necessary.

G) Membership Chair

- Organizes all social functions related to the recruitment of the Association.
- Responsible for determining the most fiscally prudent and accessible locations for events.
- Collaborates with fundraising chair to determine the most appropriate means for funding of social events. (*Note - justification must be made to Faculty Advisor before funds can be released)
- Provides a report at monthly business meetings as necessary.
- Responsible for collecting annual dues and reporting this list to the Treasurer.

Article III: Meetings

- 1) The Association's business meetings shall be held bi-weekly or as needed during the fall and spring semesters at a time and place to be determined by the President. No business meetings shall be held during the summer sessions.
- 2) A member shall be considered in good standing when: a) annual dues are paid in full, b) the minimum GPA of 2.5 is maintained, and c) attendance is satisfactory.
- 3) Absences - Excused and Unexcused
 - Excused absences are those that involve: a) academic and or clinical responsibilities, b) religious observances, and/or c) family emergency (i.e.: serious illness, death). It is the responsibility of the member to contact either the President or Faculty Advisor prior to the business meeting to explain the absence.
 - All other absences shall be considered unexcused.
 - More than two (2) unexcused absences shall result in a member's loss of good standing and the right to participate in Association activities.
 - Only the President and the Faculty Advisor have the authority to excuse a member from a regularly scheduled business meeting.
- 4) A minimum of ten (10) members must be present in order to conduct a business meeting.
- 5) The President may call a special meeting upon approval of five members of the Association.

Article IV: Finances

- 1) The organization will comply with all University fundraising policies and procedures for student organizations. The organization will not maintain an outside bank account if it receives funding from SGB or alumni donations.

Article V: Dues

- 1) The annual dues of the Association shall be an amount determined by the membership at the first regularly scheduled business meeting of the fall term for the current academic year.
- 2) Dues shall be paid to the Membership chair prior to the second meeting of the year. If dues are not paid in full by the second meeting of the year, a twenty (20) percent late fee shall be assessed for every week that the balance remains outstanding.
- 3) Any change in the dues structure shall not take effect until the following school year and shall be voted upon and approved by the members in good standing.

Article VI: Sponsored Travel

- 1) The Association will provide funding for approved travel to professional conferences based upon the level of participation in Association activities demonstrated by the student seeking such funding. Students may use funds provided for the purpose of defraying the cost of conference registration, travel and lodging only. No monies will be provided for meals or entertainment.
- 2) Unless released from responsibility by the Faculty Advisor, any student who receives funding for approved travel, and who subsequently does not attend the event being funded, will be responsible for refunding the amount that has been tendered to date.

Article VII: Elections

- 1) Voting privileges are limited to currently enrolled Pitt student members in good standing with the organization. A candidate must be nominated for a position and seconded by at least one other member in good standing. The candidate shall then have the opportunity to accept or refuse the nomination. All those who accept a nomination must submit a brief statement to the Membership chair, within two weeks, describing their motivation for seeking the desired position as well as their goals for the Association during the upcoming academic year.
- 2) Elections to Association's governance shall take place during the March business meeting. All voting will be done on a majority basis with those members in good standing who are in attendance. Absentee ballots may be cast by those members who will miss the March business meeting due to an excused absence only. Such arrangements should be made with the standing President prior to the meeting and no voting will be permitted after the March business meeting.
- 3) The President shall be responsible for conducting the elections. In the absence of the President, the Vice President shall assume this responsibility.
- 4) The newly elected Association Governance shall assume office for the April meeting of the academic year and remain in office until the April meeting of the following academic year for which s/he is elected.
- 5) In the event of a tie, the faculty advisor shall be asked to make a decision on who will assume office.

Article VIII: Faculty Advisor(s)

- 1) The advisor(s) must be faculty athletic trainer at the University of Pittsburgh.
- 2) The advisor(s) shall be available for questions and comments pertaining to issues being discussed or suggested for discussion by the membership of the Association.
- 3) The advisor(s) is strongly encouraged to attend all monthly business meetings of the Association and shall present comments, questions and/or updates as necessary.
- 4) The Faculty Advisor's name and other pertinent information shall be placed on file in the Student Government Board office, 848 WPU.

Article IX: Amendments

- 1) Any issues pertaining to a change in the constitution, participation in an activity, changes in the dues structure, or any other topic deemed necessary by the membership shall be called to a vote.
- 2) Proposed amendments shall be read and discussed at any regularly scheduled business meeting. Voting on the amendment shall be conducted at the next regularly scheduled business meeting or by special ballot and shall be based on a majority vote of the members in good standing.
- 3) All constitution additions, revisions, and deletions will be reported to the SORC.

Constitution Revised 7/30/15