

APPLICATION PROCESS

The Athletic Training Education Program (ATEP) is a rigorous and time intensive major with a strong academic emphasis. It is necessary for students to have a strong understanding of anatomy and it's relationship to exercise and injury prior to beginning the clinical portion of the major.

There is a 3 phase application process to the ATEP. Application packets are available in the Program Director's office (SRFC 229) and students are encouraged to pick up an application packet as soon as possible. The packet includes an explanation of Application procedures, the ATEP manual, and application form, a physical exam form with health history questionnaire, technical standards information, confidentiality agreement and criteria for acceptance.

The application process is the same for ALL students ie: 1st year students, transfer students, and student athletes. Transfer students are advised that the clinical program is a minimum of 7 semesters.

PHASE 1.

Students must submit documentation of the following requirements by November 15th for enrollment in Physical Assessment of the Lower Extremity Lab during the Spring Semester or April 15th for enrollment in Physical Assessment of the Upper Extremity Lab during the Fall Semester.

1. Copy of current First Aid Card
2. Copy of current CPR Card
3. Passing score (>500) on the TOEFL Written Exam. (International Students Only)
4. Current enrollment in, completion of, or eligibility for College Writing I
5. Completed Health History Form and demonstrate good health documented by a Physician on the Physical Exam Form (form provided)
6. Complete, legible Athletic Training Education Program Application (form provided)
7. Two typed, professional letters of recommendation
8. A signed confidentiality agreement (form provided)

Students who do not meet the following requirements may not continue with Phase 2 of the application process.

PHASE 2

Students who successfully demonstrate each requirement of Phase 1 will be further evaluated using the criteria listed below. The physical test and interview will take place during the first week of December for enrollment in Physical Assessment of the Lower Extremity Lab during the Spring Semester or the last week of April for enrollment in Physical Assessment of the Upper Extremity Lab during the Fall Semester.

1. Successfully (80%) demonstrate the following skills during a physical test.
 - Lower body stretching
 - Splint an upper extremity injury
 - Demonstrate a functional taping based on injury
 - Perform a 2-person seated carry
 - Demonstrate appropriate rescue breathing and CPR techniques as indicated
 - Apply and Explain the RICE technique to a mock patient

2. Successfully (80%) demonstrate the ability to engage in professional communication during an interview. Specifically students will be evaluated on their ability to:
 - understand and speak the English language at a level consistent with professional practice
 - maintain composure during a stressful situation
 - display appropriate demeanor and rapport that relate to professional education and quality patient care

PHASE 3

It will be verified that students who have successfully completed Phase I and Phase II have also:

1. passed (>70%) the Introduction to Athletic Training Final Exam
2. passed (>70%) the Athletic Taping Lab Written Final Exam
3. passed (>70%) the Athletic Taping Lab Practical Final Exam
4. Successfully (>90%) completed the Athletic Taping Lab worksheets
5. A cumulative grade point average of 2.5 or above
6. Successfully (C or better) completed:
 - Introduction to Athletic Training
 - Athletic Taping Lab
 - Human Anatomy (or equivalent)
 - First Aid and CPR

The number of students accepted is based on the number of clinical sites available. When the number of students qualifying for admittance into the program exceeds the number of openings, acceptance will be based on the student's GPA in the core courses (Introduction to Athletic Training, Athletic Taping Lab, Human Anatomy, & First Aid and CPR), and their cumulative GPA.

Notification of acceptance or rejection into the clinical program will be by U.S. Mail approximately 2 weeks after grades from the fall semester have been completed for enrollment in Physical Assessment of the Lower Extremity Lab during the Spring Semester or after summer grades have been completed for enrollment in Physical Assessment of the Upper Extremity Lab during the Fall Semester. Students who do not meet the criteria may reapply for the clinical program.

**ATHLETIC TRAINING EDUCATION PROGRAM
STUDENT APPLICATION**

Personal Information

Name _____ Social Security # _____ - _____ - _____

Home Address _____

Telephone Number (_____) _____ - _____

Emergency Information

Contact _____ Relationship _____

Telephone Number (_____) _____ - _____

Health Insurance Company: _____

Address: _____

Telephone Number (_____) _____ - _____

Policy Number _____

**The Athletic Training Education Program strongly encourages students to have health insurance. A student policy is available through student services.

Physical Exam

Complete the General Health Requirements enclosed in the application packet.

First Aid & CPR Certification

Attach a copy of your current first aid and CPR certification cards here.

Name _____

Social Security # _____ - _____ - _____

I am aware of certain health risks associated with being a student in the Lewis University Athletic Training Education Program, specifically bloodborne pathogens including Hepatitis B and the HIV virus which leads to AIDS.

Signature of Applicant _____

Date _____

I understand that applicants to the Lewis University Athletic Training Education Program are strongly encouraged to receive the 3 shot Hepatitis B immunization series that can prevent Hepatitis B in individuals exposed to blood or other body fluids.

I have received the 3 shot Hepatitis B immunization.
(Attach documentation demonstrating proof of the full immunization series)

I am in the process of receiving the 3 Hepatitis B immunization shots.
(Attach documentation demonstrating partial completion of the immunization series)

I have declined the Hepatitis B immunization.

Signature of Applicant _____

Date _____

If accepted into the Athletic Training Education Program at Lewis University, I understand that I will be expected to complete clinical experiences both on and off campus. I also understand that these experiences will include evenings and weekends. By signing this application I agree to participate fully in clinical experiences to the best of my ability and to represent Lewis University and the Department of Sport and Exercise Science in a professional manner. Violations of this standard will affect my status in the program.

Signature of Applicant _____

Date _____

To be completed by Athletic Training Program Director.

Accepted Denied

Program Director Signature _____

Date _____

ATHLETIC TRAINING EDUCATION PROGRAM

GENERAL HEALTH REQUIREMENTS

CANDIDATE'S DIRECTIONS:

1. Make an appointment with a licensed medical doctor (M.D.) or a doctor of osteopathics (D.O.) to perform a physical examination.
2. Fill out the *Health History Questionnaire* prior to appointment with the physician.
3. Read & sign the *Technical Standards* statement prior to your appointment with the physician.
4. This portion of the application must be completed in its entirety upon application to the program.

PHYSICIAN'S DIRECTIONS:

1. Please review the *Health History Questionnaire*.
2. Please review the *Workload Description for an Athletic Trainer & Technical Standards* of the program.
3. Perform a physical examination on the candidate and complete the physical form provided. Please sign and document in appropriate areas.

WORK LOAD DESCRIPTION FOR AN ATHLETIC TRAINER

(As Described by the U.S. Department of Labor)

Evaluates physical condition and advises and treats professional and amateur athletes to maintain maximum physical fitness for participation in athletic competition; Prescribes routine and corrective exercises to strengthen muscles. Recommends special diets to build up health and reduce overweight athletes. Massages parts of players bodies to relieve soreness, strains, and bruises. Renders first aid to injured players such as giving artificial respiration, cleaning and bandaging wounds, and applying heat and cold to promote healing. Calls physician for injured persons as required. Wraps ankles, fingers, or wrists of athletes in synthetic skin, protecting gauze, and adhesive tape to support muscles and ligaments. Treats chronic minor injuries and related disabilities to maintain athlete's performance. May give heat and diathermy treatments as prescribed by health service.

LEWIS UNIVERSITY
Department of Sport & Exercise Science
One University Parkway
Romeoville, Illinois 60446

HEALTH HISTORY QUESTIONNAIRE

(for physician information only)

Name _____

Phone # (_____) _____

Address _____

City, State, Zip _____

Please circle Y for yes and N for no. If yes, please explain below.

- | | | | | | | | | | | | | | | | | | | | |
|--|--|-------|-------|-----|------|---------|-------|------|-------|------|-------|------|------|----------|--------|-------|-----------|------|------|
| <p>1a. Have you had a medical illness or injury since your last check-up or physical? Y/N</p> <p>b. Do you have an ongoing or chronic illness? Y/N</p> <p>c. Do you smoke or chew tobacco? Y/N</p> <p>2. Have you had any hernia or kidney problems? Y/N</p> <p>3a. Have you ever been hospitalized overnight? Y/N</p> <p>b. Have you ever had surgery? Y/N</p> <p>4a. Are you currently taking any medications (prescription or over-the-counter)? Y/N</p> <p>b. Have you ever or do you take supplements or vitamins? Y/N</p> <p>5a. Do you have any allergies? Y/N</p> <p>b. Have you ever had a rash or hives develop? Y/N</p> <p>6a. Have you ever:</p> <ul style="list-style-type: none"> passed out during or after exercise? Y/N been dizzy during or after exercise? Y/N had chest pain during or after exercise? Y/N <p>b. Do you get tired more quickly than others during exercise? Y/N</p> <p>c. Have you ever had racing or skipping heartbeats? Y/N</p> <p>d. Do you have high blood pressure or cholesterol? Y/N</p> <p>e. Have you ever been told you have a heart murmur? Y/N</p> <p>f. Has any family member or relative died of heart problems or of sudden death before age 50? Y/N</p> <p>g. Have you ever had a severe viral infection w/in the last few months (ex: myocarditis, mono)? Y/N</p> <p>h. Has any physician denied you participation in sports or other activities due to any heart problems? Y/N</p> <p>7. Do you have any current skin problems (ex: itching, rashes, acne, fungus, blisters)? Y/N</p> | <p>8. Have you ever become ill from exercising in the heat? Y/N</p> <p>9a. Do you cough, wheeze or have trouble breathing during or after activity? Y/N</p> <p>b. Do you have seasonal allergies that require medical treatment? Y/N</p> <p>10a. Do you have any special protective or corrective equipment or devices that aren't usually used in sport participation (for ex: hearing aids, prosthetics, retainers/braces on teeth)? Y/N</p> <p>b. Have you had any eyes/vision problems? Y/N</p> <p>c. Do you wear glasses, contacts or protective lens? Y/N</p> <p>d. Have you had problems w/ your ears or hearing? Y/N</p> <p>11a. Have you ever had a strain, sprain, or swelling as a result of an injury? Y/N</p> <p>b. Have you broken or fractured any bones or dislocated any joints? Y/N</p> <p>c. Have you had any other problems w/ pain or swelling in muscles, tendons, bones or joints? Y/N</p> <p style="padding-left: 20px;">(If yes – check appropriate box and explain)</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Head</td> <td style="width: 33%;">Elbow</td> <td style="width: 33%;">Hip</td> </tr> <tr> <td>Neck</td> <td>Forearm</td> <td>Thigh</td> </tr> <tr> <td>Back</td> <td>Wrist</td> <td>Knee</td> </tr> <tr> <td>Chest</td> <td>Hand</td> <td>Shin</td> </tr> <tr> <td>Shoulder</td> <td>Finger</td> <td>Ankle</td> </tr> <tr> <td>Upper Arm</td> <td>Foot</td> <td>Toes</td> </tr> </table> <p>12. Do you feel stressed out? Y/N</p> <p>13a. Have you ever had a head injury/a concussion? Y/N</p> <p>b. Do you have frequent or severe headaches? Y/N</p> <p style="text-align: center; padding: 10px 0;">FEMALES ONLY</p> <p>14. Do you menstruate regularly? Y/N</p> | Head | Elbow | Hip | Neck | Forearm | Thigh | Back | Wrist | Knee | Chest | Hand | Shin | Shoulder | Finger | Ankle | Upper Arm | Foot | Toes |
| Head | Elbow | Hip | | | | | | | | | | | | | | | | | |
| Neck | Forearm | Thigh | | | | | | | | | | | | | | | | | |
| Back | Wrist | Knee | | | | | | | | | | | | | | | | | |
| Chest | Hand | Shin | | | | | | | | | | | | | | | | | |
| Shoulder | Finger | Ankle | | | | | | | | | | | | | | | | | |
| Upper Arm | Foot | Toes | | | | | | | | | | | | | | | | | |

PHYSICAL EXAMINATION FORM

(To be completed by physician)

Today's Date: _____ Name _____

Age: _____ Date of Birth: _____ Male / Female

Height _____ Weight _____ Pulse _____ BP _____

History of Hernia _____

Back Injury or Surgeries _____

The Department of Labor classifies the practice of athletic training at a medium level workload. This is defined as: exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.

Weight/activity restrictions related to participation in the program? Yes _____ No _____

If yes, please specify the nature of the restrictions. _____

Normal	Abnormal	System	(Explain any abnormal findings)
_____	_____	Eyes	_____
_____	_____	Ears,Nose,Throat	_____
_____	_____	Heart	_____
_____	_____	Lungs	_____
_____	_____	Abdomen	_____
_____	_____	Neck	_____
_____	_____	Extremities	_____

1. Can the candidate physically participate in the described program activities either with or without reasonable accommodations? YES NO

Please describe any accommodations you believe necessary. _____

2. Comments/Remarks _____

Physician's Signature _____ Date _____

TECHNICAL STANDARDS

Candidates applying for selection to the Lewis University Athletic Training Education Program must demonstrate all of the following technical standards:

1. the **mental capacity** to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and be able to distinguish deviations from the norm;
2. **sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examination** 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 judgements 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.

I certify that I have read and understand the technical standards for selection listed above. I understand that I must demonstrate an initial and continuing ability to demonstrate all technical standards. If I am unable to meet these standards I will not be admitted or allowed to progress through the program.

_____ I MEET ALL OF THE TECHNICAL STANDARDS WITHOUT ACCOMMODATIONS.

_____ I MEET THE TECHNICAL STANDARDS WITH ACCOMMODATIONS.

(explain)_____

_____ I CANNOT MEET THE TECHNICAL STANDARDS WITH ACCOMMODATIONS.

Applicant's Signature _____

Date _____