



Texas Wesleyan
ATHLETIC TRAINING EDUCATION

CLINICAL PROGRAM APPLICATION PACKET

The deadline for spring 2017 admission is noon November 30, 2016

The deadline for fall 2017 admission is noon May 3, 2017



Clinical Program Application
Student Checklist for Admission



1. Submission of athletic training student application Yes___No ___
2. Submission of a letter to the Athletic Training Program Director indicating a desire to seek a career in Athletic Training and request for admission to the clinical portion of the program Yes___No ___
3. Completion of EXS 2203 with a grade of B or better Grade _____
4. Completion of ATR 2209 with a grade of B or better Grade _____
5. Completion of ATR 2107 with a grade of B or better Grade _____
6. Completion of ATR 2307 with a grade of B or better Grade _____
7. Completion of BIO 1340 and 1140 with a grade of C or better Grade _____
8. Completion of BIO 1341 and 1141 with a grade of C or better Grade _____
9. Submission of a written recommendation in conjunction with recommendation form Yes___No ___
10. Submission of proof of student liability insurance Yes___No ___
11. Submission of proof of student health insurance Yes___No ___
12. Submission of immunization records and signed form (HBV series must have been started) Yes___No ___
13. Submission of a completed physical capability form (with physician signature) Yes___No ___
14. Submission of technical standards form Yes___No ___
15. Submission of policy on student participation in co-curricular activities (if applicable) Yes___No ___
16. Submission of ALL college transcripts Yes___No ___

Deadline for ATP Application process is 12:00pm on Dead Day, November 30th, 2016. Failure to submit all of the application requirements (except for class grades that are in progress during submission semester) on the date listed above will result in the student not being allowed to be a candidate for the ATP. The student must reapply the following semester.



Clinical Program Application

Instructions:

Please fill out the following with accurate information. Once you have completed this for please turn in application form with application letter, recommendation, recommendation form, and current transcript.

General Information

| | | |
|------|-------|----------------|
| Last | First | Middle Initial |
|------|-------|----------------|

Male Female

Gender (please circle)

Date of birth (month, date, and year)

| | | |
|-----------------|-------------|----------|
| Current Address | City, State | Zip Code |
|-----------------|-------------|----------|

| | | |
|-------------------|-------------|----------|
| Permanent Address | City, State | Zip Code |
|-------------------|-------------|----------|

| | | |
|----------------------|------------------------|-------|
| () | () | |
| Current phone number | secondary phone number | Email |

| | | |
|------------------------|--------------|---------------------|
| Emergency contact name | Relationship | () phone number |
|------------------------|--------------|---------------------|

| | | |
|---------|-------------|----------|
| Address | City, State | Zip Code |
|---------|-------------|----------|

Educational Information

Semester and year you expect to enter ATEP clinical program: ____Fall ____Spring ____
Year

Current GPA: _____

Current Status (please check one that applies):

____ Freshman (no college course work) ____ Freshman (with college course
work)

____ College Transfer ____ Other _____

| | | |
|----------------------|-------------|--------------------|
| High School Attended | City, State | Date of Graduation |
|----------------------|-------------|--------------------|

Please list ALL colleges or universities you have attended:

| | | | | |
|--------------------|-------------|---------------------|---------------------------|--------------|
| College/University | City, State | Dates of Attendance | Degree (AA, BS, BA, etc.) | Hours earned |
|--------------------|-------------|---------------------|---------------------------|--------------|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

Do not forget to provide a current copy of transcript along with application form



Texas Wesleyan
ATHLETIC TRAINING EDUCATION

Clinical Program Application
Student Applicant Recommendation Form

This section to be completed by applicant:

Applicant Name: _____ SS or TWU Student # _____

I am applying for THE Athletic Training Education Clinical Education Phase. I authorize the Texas Wesleyan Athletic Training Education Program (ATEP) to collect information orally or in writing about my qualifications and past performance.

Please initial one of the following:

_____ I waive access to this letter of recommendation

_____ I do not waive access to this letter of recommendation

Applicant Signature

Date

This section to be completed by referent. Please answer the following questions in relation to the applicant.

1. ☐ I am or have been a recent college professor of a current Texas Wesleyan Student.
☐ I am or have been a recent college professor of the applicant at the following college or university:

Name of Institution

City

State

- ☐ I am or have been a Certified Athletic Trainer with academic knowledge of the applicant at the following college or university.

Name of Institution

City

State

2. How long have you known the applicant?

☐ < 1 year ☐ 1-2 years ☐ >3years

3. Briefly list the applicant's strength (You may elaborate in your letter of recommendation).

4. Briefly describe the applicant's weaknesses.



Clinical Program Application

5. Based on your observation and interaction with the applicant please check the appropriate section you feel best applies to the applicant. If you do have not knowledge in relationship to that specific area, please indicate “not observed.”

| | Below Average | Average | Above Average | Not Observed |
|---|--------------------------|----------------|--------------------------|-------------------------|
| Works cooperatively with others | | | | |
| Shows respect for others | | | | |
| Demonstrates a willingness to learn | | | | |
| Acts on constructive criticism | | | | |
| Demonstrates initiative | | | | |
| Communicates effectively with others | | | | |
| Demonstrates responsibility/dependability | | | | |
| Demonstrates loyalty | | | | |
| Demonstrates punctuality/promptness | | | | |
| Demonstrates conscientious and/or attention to detail | | | | |
| Demonstrates honesty and integrity | | | | |
| Undertakes tasks with enthusiasm and willingness | | | | |
| Overall evaluation of applicant | | | | |

6. Please attach an additional letter of recommendation on institution letter head.

Printed Name

Signature

Date

Title

Employer

Please return this form and letter of recommendation in a sealed envelope, with your signature across the seal, to:

Pamela Rast, PhD, LAT, ATC
Athletic Training Program Director
Department of Kinesiology
Texas Wesleyan University
1201 Wesleyan St.
Fort Worth, TX 76105

TEXAS WESLEYAN UNIVERSITY ATHLETIC TRAINING PROGRAM

IMMUNIZATION RECORD AND GENERAL HEALTH STATEMENT

NAME OF STUDENT: _____

Immunization Record

| | | | | | | | |
|------|--------|--------|--------|---------|-----------------|-----------|----------------------------------|
| | HBV #1 | HBV #2 | HBV #3 | TB TEST | RUBELA TITER | <i>Or</i> | Documented MMR vaccination |
| DATE | | | | | | <i>Or</i> | |

PHYSICIAN OR PRACTITIONER NOTE:

PLEASE CHECK THE APPROPRIATE BOXES AND SIGN THE BOTTOM OF THE FORM.

- ☐ By checking this box I verify that I have examined the student and found him/her to be without evidence of active tuberculosis or other communicable diseases.
- ☐ By checking this box I verify that I have examined the student but found him/her **NOT** to be without evidence of active tuberculosis or communicable diseases

- ☐ By checking this box I verify that I have examined the student and found he/she is able to meet the technical standards of the academic program (as outlined on the assumption of risk page).
- ☐ By checking this box I verify that I have examined the student but found he/she is **UNABLE** to meet the technical standards of the academic program. (as outlined on the assumption of risk page).

- ☐ By checking this box I verify that I have examined the student and found him/her to be in good health
- ☐ By checking this box I verify that I have examined the student but found him/her **NOT** to be in good health

- ☐ By checking this box I verify that I have examined the student and found he/she is current on his/her immunizations.
- ☐ By checking this box I verify that I have examined the student but found he/she is **NOT** current on his/her immunizations.

Physician or Practitioner Signature / Credentials

Date

Physician or Practitioner Printed Name

Texas Wesleyan University
Athletic Training Program
Physical Capability Information

Name: _____ SS# _____

Date of Birth: _____ Local Phone # _____

Local Address: _____

Permanent Address: _____

Email: _____

Parents or emergency contact name and number: _____

Family Physician: _____
Name City State Phone

Please verify the following:

- | | | |
|---|-----|----|
| 1. Do you have a medical condition(s) that may prevent you from performing the occupational tasks involved with the athletic training profession that may include but is not limited to: lifting, running, bending, squatting, reaching, throwing, and demonstrating therapeutic exercise techniques? | YES | NO |
| 2. Do you know of, or believe there is, any medical reason why you should not participate as an athletic training student at Texas Wesleyan at this time? | YES | NO |
| 3. Have you ever been hospitalized? | YES | NO |
| 4. Have you ever had surgery? | YES | NO |
| 5. Are you presently under a doctor's care? | YES | NO |
| 6. Are you presently taking any medications or pills? | YES | NO |
| 7. Do you have trouble breathing or do you cough during or after activity? | YES | NO |
| 8. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Hand | YES | NO |
| 9. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)? | YES | NO |

Please clarify of these questions which you answered yes: _____

Texas Wesleyan University
Athletic Training Program
Physical Capability Information
Technical Standards Form must also be presented with this form.

Assumption of Risk

I, _____, understand that participating in the field of athletic training as an athletic training student at Texas Wesleyan University may be physically demanding, requiring me to sometimes lift heavy objects (i.e. lifting an athlete on a spine board, coolers of water, medical bags), run (i.e. get to an injured athlete on the field of play), and otherwise engage in activity or positions to perform necessary medical and facility related task (i.e. evaluating an injury and cleaning the athletic training clinic respectively). The physically demanding activities pose an inherent risk of injury and I acknowledge that these risks exist and I am willing to assume these risks and will not hold Texas Wesleyan University and it's personnel responsible for any pre-existing medical condition(s) that I may have.

Student's signature: _____ Date: _____

I have examined and medically cleared this individual to participant as an athletic training student in the Athletic Training Program at Texas Wesleyan University. Furthermore, I have verified that the above mentioned individual is physically capable of performing all task herein described.

State Licensed Physician or Practitioner Signature

Date: _____

TEXAS WESLEYAN UNIVERSITY ATHLETIC TRAINING PROGRAM TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Program at Texas Wesleyan University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and abilities 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 professional portion of the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

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

Candidates for selection to the professional Athletic Training 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 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 professional athletic training program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. All students must sign a technical standards form found in the Student Forms section of this handbook.

The Texas Wesleyan University Disability Accommodation Services will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. The University will determine if requested accommodations are reasonable, taking into account clinician/patient safety and the required educational process and sequence including all course work and clinical experiences deemed essential to graduation.

****NOTE - disability services are offered by, Dr. Michael Ellison, Room 110 in the Graduate Counseling Department, Dan Waggoner Annex.***

TEXAS WESLEYAN UNIVERSITY
ATHLETIC TRAINING PROGRAM
TECHNICAL STANDARDS FOR ADMISSION

Instructions: As part of the process of application for admission to the Texas Wesleyan University Athletic Training Program professional clinical program each applicant **MUST** complete the statement below that represents his/her ability to comply with the program technical standards.

Statement of Verification of Technical Standard Compliance

I certify that I have read and understand the technical standards listed in the *Texas Wesleyan University Athletic Training Program Student Handbook* and I believe to the best of my knowledge that I can meet each of these standards without accommodation of any type. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Print Name

Date

Signature of Applicant

Date

Students are to sign the statement below **ONLY** if they **MUST** have accommodation to meet the Technical Standards.

Statement of Need for Accommodation for Technical Standard Compliance

I certify that I have read and understand the technical standards listed in the *Texas Wesleyan University Athletic Training Education & Clinical Program Student Handbook* and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Texas Wesleyan University Disability Accommodation Services to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Print Name

Date

Signature of Applicant

Date

Texas Wesleyan University Athletic Training Program Policy on Student Participation in Co-Curricular Activities

Purpose

The Texas Wesleyan Athletic Training Program (ATP) recruits a variety of individuals seeking to become future athletic training professionals. The ATP program strives to accommodate students in a variety of ways. Many students that inquire about the ATP program also have the intentions of participating in intercollegiate activities. Faculty and staff of the ATP are committed to encouraging students and assisting them in taking advantage of the rich co-curricular opportunities available on campus to enrich their experience at Texas Wesleyan University. Due to the nature of the athletic training education clinical component that often requires student commitment during the afternoons, evenings, and on weekends, a student must be aware that this could present conflicts with the intercollegiate activity. However, the program does accept individuals with dual objectives at the university, but the students must adhere to the guidelines of the ATP to maintain good status in the program. The following guidelines are designed to achieve a student's success in the athletic training program as well as co-curricular activities.

Guidelines

1. **Intercollegiate activities shall not factor negatively in admissions decisions for the clinical athletic training program.**
2. Students admitted into the ATP may participate in intercollegiate activities with the agreement to fulfill the clinical component of the athletic training education as well as the didactic component. During the traditional season the ATP will schedule clinical experiences around the student's intercollegiate athletics schedule, however during the non-traditional season, athletics must be scheduled around clinical education requirements.
3. Athletic training students that are participating in intercollegiate activities must, like all athletic training students, fulfill all didactic and clinical program requirements prior to graduation. All such students are strongly encouraged to consult program director early in their program. This will allow students and ATP faculty to effectively plan successful completion of on-time graduation.
4. All students are required to have a least one "equipment intensive" clinical experience (ex: football or ice hockey). Athletic training students who participate in fall intercollegiate activities will be required to fulfill their "equipment intensive" clinical experience the following semester of the course rotation (spring). Arrangements will be made through the program director.
5. Athletic training students who are participating in intercollegiate athletics shall participate only during one sport's traditional season. Students may only participate during the non-traditional season when that participation does not interfere with their clinical education schedule and any additional ATP requirements, such as, but not limited to professional symposia and community service activities.

If any athletic training student has questions or concerns regarding this policy should direct their questions to the program director for further clarification.

I, _____, have read and understood the requirements for the athletic training program policy on participation of co-curricular activities (intercollegiate athletics). I understand that I must fulfill all requirements of both the didactic and clinical components of the athletic training program prior to graduation.

Signature

Date

Witness Signature

Date