Northern Illinois University

Athletic Training Program

Student Handbook

Academic Year 2018-2019
The NIU Athletic Training (AT) Program is a fully accredited and nationally recognized professional program with an extensive history of student success. Our graduates hold positions in some of the most prestigious sports programs, universities, and clinics throughout the Midwest.

Please review the handbook and contact me if you have any questions or need any clarification.

William A. Pitney EdD, ATC, LAT, FNATA
wpitney@niu.edu
AT Handbook

The Athletic Training (AT) Program handbook serves to inform current and prospective students of the requirements of the BS in Athletic Training. Thus, this handbook contains policies and procedures, guidelines, and relevant information evolving from important documents distributed by the Commission on the Accreditation of Athletic Training Education (CAATE), the National Athletic Trainers’ Association (NATA), the Board of Certification (BOC), and Northern Illinois University (NIU). The word, must (bold and italicized), is a requirement. Failure to follow a requirement relating to operational policies and procedures will result in a disciplinary action. The AT handbook’s policies and procedures are fluid, will be reviewed regularly, and may be modified. Notice will be given with any revisions.

SECTION I: PROGRAM INFORMATION

Mission
The mission of the athletic training (AT) program is to cultivate student success by providing the highest quality of academic experiences. As such, the program strives to promote competence in athletic training health care knowledge, skills, and behaviors which are guided by evidence-based practice.

Program Goals
The aim of AT program of study is to develop student competence and proficiency in the following discipline-specific domains: 1) evidence-based practice, 2) prevention and health promotion, 3) clinical examination and diagnosis, 4) acute care of injury and illness, 5) therapeutic interventions, 6) psychosocial strategies and referral, 7) healthcare administration, and 8) professional development and responsibility. A final objective is to develop foundational behaviors of professional practice. Our 7 student learning outcomes are as follows:

- Students will demonstrate competency in discipline-specific knowledge.
- Students will demonstrate acceptable level of proficiency in discipline-specific skills.
- Students will demonstrate appropriate professional behaviors.
- Students will communicate clearly and effectively both verbally and in writing.
- Students will demonstrate cultural competency (knowledge and sensitivity) regarding patients from diverse backgrounds.
- Students will demonstrate acceptable level of clinical decision making
- Students will demonstrate knowledge and skill in using evidence-based practice (EBP).

Academic Excellence
The AT program promotes high academic standards and promotes professional activity by using a variety of teaching and learning strategies, the latest educational technology, and collaborative learning. Contextual experiences in the service-learning partnership serve to develop inter-professional collaboration, civic responsibility, cognitive understanding, psychomotor skills, foundational professional behaviors, and professional experience through reflective practice. We recognize that students may initially be dependent-learners, but we strive to cultivate self-directed, independent-learners over the course of the academic plan.
A Spirit of Collegiality
The AT program fosters a spirit of collegiality by encouraging peer learning and professional interactions through student involvement in the clinical setting, as well as local, state, regional, and national associations. The athletic training faculty and preceptors also promote collegiality by modeling exemplary professional behaviors and standards of practice in the classroom, laboratory and clinical setting.

History
Modern athletic training at Northern Illinois University (NIU) began in 1970 when the National Athletic Trainers' Association (NATA) awarded NIU graduates the Certified Athletic Training (ATC) credential after sequentially completing: 1) appropriate coursework and clinical hours and 2) passing the Board of Certification (BOC) examination. This route to the ATC credential was referred to as the NATA 'Internship' route.

After the American Medical Association (AMA) recognized athletic training as a bona fide health care profession in 1990, the NATA mandated one route to BOC certification. The mandate required that all institutions holding a route to NATA certification must become accredited by the Commission on the Association of Allied Health Educational Program (CAAHEP) by 2004.

Accreditation Status
NIU gained initial CAAHEP accreditation in 1999, followed by continuing accreditation in 2005. Today's accrediting body, the Commission on the Accreditation of Athletic Training Education (CAATE), required a stand-alone degree, and in December 2010, the Illinois Board of Higher Education approved the BS in Athletic Training. In 2012, the CAATE granted the NIU AT with ten more years of continuing accreditation, and thus, the next site visit by the CAATE is scheduled for the 2021-22 academic year.

SECTION II: Curricular Phase

A. Pre-Professional Phase
The pre-professional phase of the athletic training program is open to all pre-professional students (PPS), freshman and transfers, wishing to be an athletic training major. It is recommended that the PPS meets with the AT advisor in the College of Education/Department of Kinesiology and Physical Education to declare the pre-athletic training major and to plan their pre-requisite coursework. This can be initiated by calling 815-753-1407 or by sending an email to ATP@niu.edu.

The pre-professional phase is designed for the PPS to gain an appreciation of the athletic training profession. It is strongly recommended the PPS in this phase enroll in KNPE 202, Introduction to Athletic Training. Furthermore, it is required for admission to observe an athletic trainer (ATC credential), as it provides the student with more information relative to the day-to-day role and responsibilities of an athletic trainer. Together the required activities in the pre-professional phase allow the interested PPS to make an informed decision relative to entering the process of Athletic Training Limited Admissions. Having met all the pre-admission requirements is not a guarantee of admission into the major.

Admission Process
Admission into the AT program is a two-step process. First, the PPS should apply to undergraduate admissions or transfer admissions at Northern Illinois University. Secondly, the PPS should apply to limited admissions program in athletic training.
The athletic training program major is three years. Interested NIU freshman students, who have declared Pre-Athletic Training, should work closely with the AT Advisor to meet the limited admission’s coursework requirements. The completed limited admissions application packet is due on February 1st of each year. Should February 1st fall on a Saturday or Sunday, then the limited admissions application packet is due on the following Monday. Application directions will provide details regarding where to deposit the limited admissions application. Interested transfer students from a community college or a four-year institution should review information regarding transfer admissions and contact the AT Advisor.

Application Materials
The admission requirements outlined below are subject to revision on an annual review. Before applying to the program, the PPS may contact the AT Advisor for assistance. The limited admissions application packet may be secured online. Admission is once a year beginning February 1st and enrollment into the major is the following fall semester. Fall enrollment is fluid, so we encourage interested students, who miss the deadline, to submit a late application (after the February 1st). If slots become available, late applicants may compete for open seat(s) in the program. Application to the AT program is required, and the application packet includes:

- All post-secondary transcripts presenting;
- Completed pre-admission courses (CHEM or MATH; ENGL; PSYC) with a C or better;
- Minimum overall GPA of 2.50 in all NIU and transfer courses;
- One or more completed essays;
- Documentation with an athletic trainer’s signature of observation or experience in an athletic training setting within the last 10 months prior to application, and
- Two letters of recommendation with at least one, but preferably both, from an athletic trainer, from people who are familiar with and/or have supervised the applicant’s professional work related or volunteer experiences.

Limited Admission Process
The applicant is required to contact the AT Advisor on a regular basis to ensure all materials are submitted. The limited admissions committee is composed of AT faculty and staff and will determine which applicants are invited to the interview. Those applicants, who are invited to the next phase, will receive email notification. Details regarding the interview and procedures are outlined in this message. Information from interview and application is used to determine which students are admitted into the athletic training major. Depending on resources available, the AT program admits 20-24 applicants per year.

Notification of Acceptance
The applicant should receive email notification of acceptance within three weeks after the interview. The student, who is accepted, is required to formally respond to the offer of acceptance by either responding directly to the notification email or by calling the AT office administrator at (815-753-1407). Admissions is contingent upon maintaining a 2.50 grade point average (GPA) or higher at the conclusion of summer semester, and completing all the necessary paperwork. Failure to do so may result in disciplinary action (e.g., dismissal).
Fall Enrollment (First Semester) of AT Courses
The email notification of acceptance from the AT program director will prompt the student to contact the AT Advisor, who will provide the student permission numbers to enroll in the following courses

- KNPE 202 – Introduction to Athletic Training (1) [only, if the student has not already taken this class]
- KNPE 264 – Prevention and Care of Athletic Injuries (3)
- KNPE 265 – Practicum in Athletic Training (3)
- KNPE 266 – Emergency Medical Response (3)

Summer Requirements
By September 1, prior to the first fall semester, the newly admitted student is required to complete and submit (mail, email, or hand delivery) to AT office administrator [221 Anderson Hall; (815-753-1407)] the following information:

- Technical Standards form (Appendix A),
- **Send Immunization record to PMU by September 1**

As the newly admitted student prepares for the first fall semester, s/he should be mindful of the expenses that they may incur as a professional student. Although the list is not exhaustive, Appendix D provides estimates of expenditures.

B. Professional Phase
Overview of Classroom and Laboratory Experience
Students in the professional phase are referred to as an athletic training student (ATS). The professional phase consists of a three-year sequence of athletic training coursework. Courses are regarded as classroom, laboratory, or clinical depending on the course objectives. Cognitive skills are developed in the classroom; psychomotor skills are developed and refined in the laboratory, and clinical integration is promoted in clinical education. Foundational professional behaviors (FPB) and ethical conduct are integrated in all of the AT courses.

Effective Communication
Clear and effective communication is essential between the classroom/laboratory Instructor of Record (faculty/staff) and the ATS. Issues can be addressed, and problems can be resolved quickly, by following the appropriate communication series outlined below. If the ATS has difficulty in the classroom/laboratory, s/he should speak to the Instructor of Record. If the Instructor of Record fails to address the student’s concern, then s/he should speak with the Program Director and/or the AT Advisor, who may place the issue on the AT agenda whereby Athletic Training Program Group (PD, AT Advisor, CEC, Faculty, and Staff) will address the concern.
Course Sequence
The AT curriculum follows the course sequence outlined in the table below. Each semester builds on the knowledge and clinical skills of the previous semester. A demonstration of competence and proficiency in skill, knowledge, and foundation professional behaviors are required by the ATS each semester before moving to the next semester. Failure to do so will result in a disciplinary consequence.

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Curricular Content and Course Descriptions
Information regarding the BS in Athletic Training is found in the undergraduate catalogue along with course descriptions. The ATS should make an appointment to meet with the AT Advisor each semester so as to matriculate in a timely manner.

Internships
The internship course (KNPE 494) in athletic training is a key component of the degree program. Generally, the internship course is the final course wherein the ATS draws upon the clinical and critical thinking skills in the day-to-day care of assigned patients.

Policy: Academic Limited Retention
The AT has limited retention requirements. The ATS must present academic competency and proficiency is required in knowledge, skill, and behaviors before matriculating to the subsequent semester. To be in good-academic-standing, the ATS must maintain a grade point average (GPA) of 2.50 or higher at the conclusion of each semester and attain a letter grade of C or better in all required athletic training courses.
Procedure – Failure to maintain a 2.50 or higher, a grade of C or better in all athletic training courses, and/or demonstrate appropriate foundational professional behaviors will lead to disciplinary action outlined in Section V of this handbook.

Overview of Clinical Education Experiences
The hours the ATS spends in the clinical education component of the program are just as important as those spent in the classroom and laboratory. While completing clinical education experiences, the ATS is required to follow the specific policies and procedures (i.e., professional dress, assignment schedule, etc.) established by the assigned preceptor at the clinical site. The clinical education experience provides the ATS with the opportunity to apply what was learned in the classroom and the skills learned in the laboratory toward the actual patient-care while also developing clinical decision-making skills.

Effective Communication
Clear and effective communication is essential between the preceptor at the clinical site and the ATS. Issues can be addressed, and problems can be resolved quickly, by following the appropriate communication series outlined below. If the ATS is experiencing difficulty at the clinical site, s/he should speak to their assigned preceptor. If the assigned Preceptor fails to address the student’s concern, then s/he should speak with the Clinical Education Coordinator (CEC) who may confer with the Program Director (PD). The CEC and/or PD may place the issue on the AT agenda whereby Athletic Training Program Group (PD, AT Advisor, CEC, Faculty, and Staff) will address the concern.

* THE ATS CAN CONTACT THE ATHLETIC TRAINING ADVISOR OR DEPARTMENT CHAIRPERSON AT ANYTIME

Clinical Education Procedures
The clinical education experience provides the ATS with diverse, peer-mentoring, and clinical education opportunities that focus on the integration of proficiencies while also developing foundational professional behaviors (FPB) and ethical conduct. The ATS is assigned to a preceptor. The preceptor, vetted and trained, provides instruction, assessment, and opportunities to practice the clinical integration of proficiencies in patient-care. While working under the direct supervision of the preceptor, the ATS not only gains clinical skills, but also develops communication skills, foundational
professional behaviors, and ethical conduct through a variety of clinical education experiences that address the continuum of care.

Matters relating to health and safety in patient-care require specific operational policies and procedures. Outlined below are clinical education requirements and the steps necessary to carry out the policy. The word, must (bold and italicized), is a requirement. Failure to follow a requirement results in a disciplinary action outlined in Section IV.

**Policy: Clinical Education Course Sequencing**
The ATS must sequence and successfully complete six clinical education courses (KNPE 331, 332, 434, 435) that progressively integrates and develops proficient patient care skills and behaviors. In addition, students are required to complete an internship. Consideration for early enrollment (summer) in KNPE 494 may be granted to an ATS who has successfully completed KNPE 434 and is in good standing. The ATS must submit an application for consideration for early enrollment to the AT program no later than February 1st prior to the summer the student wishes to intern.

**Procedure** - The ATS should make an appointment with the AT advisor each semester to ensure appropriate sequencing. Students desiring consideration for an early internship experience should submit an early internship application to the AT faculty by February 1. Applications may be obtained from the Clinical Education Coordinator.

**Policy: Clinical Site Placement and Minimum/Maximum Hours**
The table below illustrates the minimum and maximum number of clinical hours for each clinical education course (KNPE 265, 331, 332, 434, 435, and 494). The majority of the clinical education experiences will be completed in the afternoon between 2-6 PM. However, certain clinical education experiences may occur at varying times and days. The ATS:

- has one day off in every seven-day period,
- is assigned a preceptor, and
- works with the preceptor to develop an appropriate schedule for clinical education
- and will not accept pay for the hours accrued.

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<tr>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
<th>SEMESTER</th>
<th>HOUR REQUIREMENT</th>
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<td>MIN-MAX EACH SEMESTER*</td>
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<td>Clinical I</td>
<td>Spring</td>
<td>120-300</td>
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<td>KNPE 332</td>
<td>Clinical II</td>
<td>Fall</td>
<td>150-300</td>
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<td>KNPE 434</td>
<td>Clinical III</td>
<td>Spring</td>
<td>180-300</td>
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<td>KNPE 435</td>
<td>Clinical IV</td>
<td>Fall</td>
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<td>TOTAL 660-1200</td>
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*based on 15 weeks/semester
†This is the average number of hours attained by students in past years
The CEC will develop the initial draft of ATS clinical site placement for approval by the AT faculty. Unless there are extenuating circumstances, the ATS will receive their clinical site placement notice of assignment before finals week.

The ATS will gain diverse clinical education opportunities under the supervision of their assigned preceptor. Appropriate clinical engagement is measured in minimal and maximum number of hours. The table above outlines clinical site placements linked to clinical education courses and hour requirements (min-max) per semester and per week.

NIU Athletic Training Program Clinical Hour Policy

Procedure for recording clinical hours - The ATS must record clinical hours in ATrack and earn the minimal number of clinical hours in the respective clinical education course outlined in the table above. 

Procedure for student placement- In the month of November, the ATS must present to the Coordinator (CEC) information to be consider for clinical site placement. 

Procedure to petition for reconsideration preceptor assignment – If the ATS would like to request a change in preceptor assignment, s/he must request in writing to the CEC a change within 48 hours after receiving the clinical site placement notice of assignment. If the ATS is not satisfied with the decision of the CEC, s/he may petition the program director (PD) in writing within 48 hours to request a change. The student may expect a decision from the CEC and/or PD within 3 days of each petition.

Policy: Professional Liability Insurance

Clinical education experiences may place the ATS at risk for litigation. The ATS is insured through the university’s program of insurance, which is purchased on behalf of the student with fees associated with the clinical education courses (KNPE 265, 331,332, 434, 435, and 494). The professional student liability policy provides coverage limits of no less than $1 million per incident and $3 million in the aggregate. Please note, the professional liability policy only covers the student during events associated with clinical education courses and only extends while the ATS is enrolled and registered for credit hours during a fall/spring semesters or summer session. Once the grade is posted for a clinical education course, the student is no longer enrolled, and therefore, no longer covered by the student professional liability policy.

Policy: Immunizations

For health and safety, the ATS must demonstrate protection against communicable diseases before engaging in patient care. This includes the completion of NIU and AT program immunizations. The ATS must show evidence of the following immunizations and test:

- Measles
- Rubella
- Hepatitis B
- Mumps
- TD/Tdap
- 2-step TB test (ppd)
Immunizations

Procedure for New Student – With exception to the 2-step TB test, the new ATS must present documentation of the above immunizations to the NIU Preventive Medicine Unit at the University Health Center (PMU) before the 10th day of their first term enrolled to avoid a late processing fee and registration hold. The newly admitted ATS must complete the 2-step TB test and present evidence of this test to the Clinical Educator Coordinator by Oct. 1st. The two-step TB test can be completed at the NIU Preventive Medicine Unit or other health care agency. The CEC will maintain the ATS immunization file.

Procedure for Continuing ATS – Annual 2-step tuberculosis (TB) testing is required. The ATS must be tested at PMU or other health care agency. Regardless of where the test is obtained, s/he must submit the results to the CEC. Note; following the first 2-step TB tests (2nd and 3rd year), if the ATS initiates the TB test within 365 days of the previous test, then there will only be one-step necessary for the TB test.

Procedure to Access Immunization Record - For an up-to-date listing of current immunizations, the ATS should enter the Secure Patient Website, click-on forms, and then click-on immunizations. Another option is to go to the PMU and ask for a print out. Note: for the 2-step TB test you will look for “ppd” on the secure patient website.

Policy: Communicable Disease

Procedure when the ATS is ill – The ATS should seek treatment when ill. Relative to missing clinical education experience, the ATS must notify his/her assigned Preceptor and a plan to make up missed clinical education experience. Relative to classroom and lab experience, the ATS must notify the instructor prior to class and follow the NIU Notification of Absence Policy and Procedures.

Procedure to Acknowledge Universal Precaution – The ATS must understand and sign an agreement stating s/he agrees to follow universal precautions and use personal protective equipment and other scientifically accepted infection control practices during patient care. The CEC will provide more information about this at the beginning of the semester.

Procedure to Participate in Clinical Education – The ATS must ensure that all the above listed immunizations as well as the 2-step TB are current to participate in clinical education experiences.

Policy: NATA Membership and ATrack

Membership in the professional organization, National Athletic Trainers’ Association (NATA) is important. The ATS can learn more about the membership, dues, and benefits on the NATA website (www.nata.org). One benefit to NATA membership is free use of ATrack.

What is ATrack?
This is a powerful database used to document the ATS’s clinical proficiency test data and clinical hours while enrolled in the program.

Procedure for New Student - The ATS must enroll as a new member of the NATA before entering the professional program. Information about how to join NATA as a new member will be distributed around August 1st of the student’s first year in the program.

Procedure for Continuing Student – The ATS must annually rejoin/renew NATA membership to continue in the professional program. The NATA membership renewal cycle begins in October. All students must renew their membership by December 31 in order to avoid losing access to ATrack.

Policy: Clinical Site Requirements

Each site will have unique set of criteria. The student must meet the unique set of criteria of each site.
**Policy: Traveling**
While it is not mandated, the ATS may travel with their assigned preceptor.

**Policy: Exposure Control Plan**
Clinical education experiences place the ATS at risk for potential exposure to blood and bloodborne pathogens or other potentially infectious materials while engaging in patient care, including but not limited to: wound care, cleaning body fluid spills, handling contaminated medical devices, handling contaminated laundry, etc. To reduce exposure, the Occupational Safety and Health Administration (OSHA) published its regulation Occupational Exposure to Bloodborne Pathogens, (29 CFR 1910.1030).

**Procedure** – Each year the ATS must participate in an AT program sponsored seminar in accordance to OSHA Guidelines to eliminate/minimize the risk of exposure. The CEC will provide specific details as to the training.

**Procedure for the care of the athlete and environment surfaces** – Regarding the care of the patient and environment surfaces, the ATS must comply with procedures outlined in Appendix E.

**Policy: Confidentiality Agreement**
Clinical education experiences require the ATS to respect the confidentiality of information regarding patients and their records. The Board of Certification Standards of Practice and the NATA’s Competencies in Athletic Training and Code of Ethics stipulate several duties owed to the patient and physically active individual by the athletic trainer. Among other duties, is the duty to maintain confidentiality of medical records.

**Procedure** – The ATS must comply and sign a confidentiality agreement form (Appendix I). Specific instructions will be provided by the CEC regarding depositing the agreement form.

**Policy: Emergency Action Plan (EAP)**
An emergency action plan is a blueprint for handling emergencies. Proper emergency management of limb-or life-threatening injuries is critical and should be handled by trained medical and healthcare personnel. Preparation for response to emergencies includes education and training, maintenance of emergency equipment and supplies, appropriate use of personnel, and the formation and implementation of an emergency action plan. A sound emergency plan is easily understood and establishes accountability for the management of emergencies.

**Procedure** - The ATS must review the site-and-venue-specific EAP with their assigned preceptor prior to patient care during their orientation session. The ATS must have immediate access to, become familiar with, and follow the clinical site-and-venue-specific EAP.

**Policy: Clinical Education Site Orientation**
Orientation to clinical education is important and includes a review of:

- Emergency Action Plans;
- OSHA regulations including location of personal protective devices, biohazard containers and related site policies for blood-borne pathogens;
- Chain of command followed at clinical site;
- Best mode of communication between preceptor and student in case of illness, postponed or cancelled events, etc.;
- Dress Code: ATS should utilize the dress code of the affiliated clinical site;
- Selection of a clinical schedule that will maximize student meaningful learning experiences;
- Introductions to the appropriate personnel (athletic director, coaches, players, and colleagues);
- Identify the student’s learning goals for this rotation;
• Discussion about the student’s previous clinical education as it pertains to the ATS clinical performance and the clinical skills and proficiencies the student was exposed to. Students are encouraged to share the previous semester(s) final evaluations to facilitate this discussion; and
• Review of evaluation tools used by preceptors to assess student performance, student to assess preceptors’ performance and clinical setting. Review and discuss preceptor expectations and responsibilities of student.

**Procedure** – The ATS **must** participate in clinical education orientation. S/he **must** print and complete Orientation Form (Appendix J) with the assigned preceptor prior to engaging in patient care. The Orientation Form should be given to the CEC, who will provide advance notification regarding the procedure for submission.

**Nearing Graduation, BOC exam, and Licensure**

As the ATS approaches the last semester in the degree program, s/he should be mindful of graduation, BOC exam, and state license requirements. Regular advising will ensure that the ATS has met all the requirements for graduation.

**BOC Examination Scheduling Policy**

In order to ensure that students have as much time as possible to review and prepare for the BOC examination, the earliest examination date students will be allowed to apply for the exam is that which is closest to their expected graduation date. For example, a student scheduled to graduate in May, may take the BOC examination as early as April; for a student scheduled to graduate in December, he/she may take the BOC examination as early as October. To learn more about exam eligibility, application, registration, deadlines, and preparation visit the **BOC candidate** website.

Upon successful completion of the BOC exam, the student should apply for license/registration in the state in which the student plans to gain employment. The process for licensure/registration varies by state. In Illinois, the application for licensure in athletic training is available on the **Illinois Department of Financial and Professional Regulation** website. The newly certified professional is required to complete all forms in the **Acceptance of Examination** Packet.

The Department of Records and Registration at NIU is required to complete the ED form, one of several forms in the packet of material. The ATS should contact the Department of Records and Registration to initiate this process.

**SECTION III: STANDARDS OF FOUNDATIONAL PROFESSIONAL BEHAVIORS AND ETHICAL CONDUCT**

At the heart of professional practice are foundational professional behaviors (FPB) and ethical conduct. These behaviors are guided by the BOC Standards of Professional Practice and Code of Professional Responsibility, NATA Code of Ethics and the Foundational Behaviors of Professional Practice (Appendix E). FPB are also guided by federal (FERPA, OSHA, HIPAA, Sexual Harassment), state, and NIU (Conduct and Discipline) laws and regulations.

**Policy: Foundational Professional Behaviors (FPB)**

FPB are essential in the delivery of patient-care services. The ATS receives continual formative and summative feedback regarding FPB and responsibility so as to establish and maintain high standards of
professionalism. The ATS **must** demonstrate FPB and ethical conduct in the AT including, but not limited to, the classroom, laboratory, and clinical education courses. The word, **must** (bold and italicized), is a requirement. Failure to follow a requirement results in a disciplinary action outlined in Section V.

Below are the values-based FPBs that are emphasized and regularly evaluated.

**Respect:** as demonstrated, for example, by adhering to confidentiality and professional boundaries; working towards conflict resolution in a collegial way; demonstrating consideration for the opinions, and values of others; following all ATP policies and procedures; advocating for the patient; being open-minded; appropriate use of social media and showing a regard for diversity.

**Integrity:** as demonstrated, for example, by being truthful and sincere; engaging in academic honesty; practicing clinical skills in a legally competent manner; not blaming others and accepting responsibility for one’s action; advocating for the profession and building trust with others by following through on commitments.

**Maturity:** as demonstrated, for example, by conveying emotional stability (displaying appropriate emotions); demonstrating appropriate confidence yet humble; inspiring confidence in others; willingness to critically examine and integrate the evidence in EBP; promoting the values of research and scholarship; not being hostile, disruptive, confrontational, or aggressive; and not engaging in behavior that endangers or threatens self or others.

**Dependability:** as demonstrated, for example, by being on time for class, clinical rotations, and meetings; being responsible to carry-out and follow-through on all assignments; submitting assignments on the due-date, and following-through with commitments and responsibilities.

**Professionalism:** as demonstrated, for example, by presenting oneself in a manner acceptable to the AT; using body posture and affect that communicates engaged attention, and displaying a positive attitude toward becoming a professional.

**Initiative:** as demonstrated, for example, by showing an energetic, positive, motivated manner; self-starting projects, tasks, and assignments; and taking responsibility to direct own learning.

**Empathy:** as demonstrated, for example, by being sensitive and responding to the feelings and behaviors of others; listening to and considering the ideas and opinions of others, and rendering assistance to all individuals without bias or prejudice.

**Cooperation:** as demonstrated, for example, by working effectively with others; showing consideration for the needs of the group; work with others to effect positive patient outcomes and developing group cohesiveness by assisting in the development of knowledge of others.

**Organization:** as demonstrated, for example, by prioritizing self and task; managing time and materials to meet program requirements; and using organizational skills to contribute to the development of others.

**Clinical Reasoning:** as demonstrated, for example, by using an inquiring approach in class or clinic; recognizing sources of conflict of interest; analyzing, synthesizing, and interpreting the evidence in EPB; and giving alternative solutions to complex issues and situations.
Supervisory process: as demonstrated, for example, by giving and receiving constructive feedback; modifying performance in response to constructive feedback; and operating within the scope of one’s own skills and seeking guidance when needed.

Verbal Communication: as demonstrated, for example, by verbally interacting in class or clinic; sharing perceptions and opinions with clarity and quality of content, and verbalizing opposing opinions with constructive results.

Written Communication: as demonstrated, for example by writing complete and clear sentences; being effective and courteous relative to sharing information; responsibly communicating ideas/opinions clearly and concisely in writing, and responsibly communicating complex subject matter clearly and concisely in writing.

Social Media Policy
The inappropriate use of social media by the ATS is not tolerated. Social media includes the dissemination of information in order to engage other individuals. Social media most commonly includes the internet, e-mail, and social networking sites; however, this policy also refers to print and radio media. Social networking includes, but is not limited to online platforms such as Facebook, Snapchat, Twitter, and related blogs or chatrooms. The ATS must follow appropriate social media etiquette. Inappropriate use of social media by students includes, but may not be limited to:

- “ Friending” a patient;
- Use of derogatory language regarding patients, preceptors, coaches, athletes, faculty and peers;
- Threats to a third party;
- Posting of incriminating photos related to illegal or inappropriate behaviors;
- Violation of patient confidentiality.

SECTION IV: DISCIPLINARY ACTION
When AT policies and procedures are violated, disciplinary action(s) is prompt. With the exception of the provisional expulsion disciplinary action, the PD provides the ATS with a written notification outlining the disciplinary action(s) which becomes part of the ATS’s academic file. AT disciplinary actions include: provisional expulsion, educational intervention, probation, and dismissal.

Provisional Expulsion: This disciplinary action is an immediate response that removes the ATS from one or more courses for a brief period of time. For example, the ATS could be immediately removed from a class/lab if s/he is disruptive. Another example is the ATS could be immediately removed from clinical education site until s/he shows proof of professional liability insurance. During this period of time the ATS is responsible to keep pace with readings, assignments, and other class activities. In the aforementioned examples, the CEC will determine when a student can return to the class/lab or clinical education site.

Educational Intervention: This disciplinary action is a planned AT response. The program faculty issues the ATS a written plan of remediation. This action may last for the remaining part of the semester and beyond and may be issued with other disciplinary actions, e.g., provisional expulsion, probation. The ATS is expected to continue to attend all classes and complete all course requirements.

Probation: This disciplinary action serves to warn the ATS that s/he is not in good standing.
Probation due to poor academic performance – if GPA falls below 2.50 and/or a letter grade of D or F has been earned and posted at the end of the semester, the ATS will automatically be on-probation the following semester.

- Course Probation resulting in the cessation of progression - If the AT faculty deem the course to be critical to matriculation, the ATS must sit out the subsequent semester. If an ATS sits out the subsequent semester, s/he will be out for a full academic year due to the nature of sequencing and course offerings.
- Course Probation resulting in the continuation of programs - If the faculty deem the course NOT to be critical to matriculation, the ATS may continue in the appropriate sequence and may receive an educational intervention.

Reinstatement Following Academic Probation - Automatic reinstatement to the AT is granted and the ATS is in good standing in the subsequent semester when his/her GPA elevates to a 2.50 or higher and/or attains a letter grade of C or better in a required athletic training course.

Dismissal Following Academic Probation – Dismissal from the AT results in the subsequent semester when an ATS on probation fails to raise his/her GPA to a 2.50 or higher and/or fails to attain a letter grade of C or better in a required athletic training course.

Probation due to a pattern of unprofessional or unethical behaviors – If there is a pattern of unprofessional foundational or unethical behaviors, probation will last for the entire semester. The nature of the infraction determines whether or not there is a cessation of progression in the program.

Reinstatement following a pattern of unprofessional and unethical behaviors - At the end of the semester in which the unprofessional/unethical behavior occurred, the AT faculty determines further consequences, for example educational intervention, extending probation, or reinstate in good standing.

Dismissal following a pattern of unprofessional and unethical behaviors- Dismissal from the AT program will result in the subsequent semester when a student on probation fails to demonstrate a pattern of professional and ethical behavior.
GLOSSARY

Clinical education: The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated, and feedback is provided, by a preceptor.

Clinical site: A physical area where clinical education occurs.

Clinical Education Coordinator (CEC): The CEC will have input and assurance of student clinical progression, clinical site evaluation, student evaluation, preceptor training, and preceptor evaluation.

Direct patient care: The application of athletic training knowledge, skills, and clinical abilities on an actual patient.


Health Care Professional: Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse, or Social Worker. These individuals are required to hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty.

Preprofessional student: A student who is not formally admitted into the program. Preprofessional students may be required to participate in non-patient activities as described by the term Directed Observation Athletic Training.

Preceptor: A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base. The responsibilities of the preceptor include: supervision of ATS during clinical education; instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission; provide opportunities for the student to develop clinical integration proficiencies, provide communication regarding skills and clinical decision-making during actual patient/client care; assessment of athletic training students’ clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care; and the facilitation and clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.

Program Director (PD): The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program.
APPENDIX A
Technical Standards

The Athletic Training (AT) Program at Northern Illinois University is a physically demanding and mentally intense curriculum that places specific requirements on its students. 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 in this document by the Northern Illinois University AT program, establish the essential qualities necessary for successful completion of the curriculum. Essential qualities are related to achieving the knowledge, skills, and competencies of an entry-level athletic trainer, which is the goal of the program. Furthermore, essential qualities meet the expectations of the Commission on Accreditation of Athletic Training Education (CAATE), which is the accrediting agency of athletic training education. Compliance with the Northern Illinois University Athletic Training Program’s technical standards does not guarantee a student’s eligibility for the Board of Certification (BOC) certification examination, nor does compliance necessarily mean successful completion of the program. In this regard, program faculty have the right to determine whether each student, regardless of compliance with technical standards, has met the academic (classroom/clinical), and behavioral requisites for program completion and/or the award of a degree. The abilities and expectations that follow are required by all students admitted into the Northern Illinois University 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.

Candidates for selection to the Northern Illinois University ATEP are required to demonstrate:
1. The mental capacity to acquire knowledge, comprehend, analyze, apply, evaluate, and synthesize cognitive educational material related to athletic training;
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate assessments using accepted methods;
3. Sufficient postural and neuromuscular control, sensory function, and coordination to accurately, safely, and efficiently use equipment and materials during the treatment and rehabilitation of patients;
4. The ability to clearly and accurately record the results of athletic injury and illness assessments;
5. The ability to clearly and accurately record plans for the treatment and rehabilitation of athletic injuries and illnesses;
6. The capacity to maintain composure and continue to function well during periods of high stress;
7. The perseverance, diligence, and commitment to complete the athletic training educational program as outlined and sequenced;
8. The flexibility and ability to adjust to the uncertainty of a dynamic clinical setting;
9. The affective skills, appropriate demeanor, and rapport that relate to professional education and quality patient care.

Candidates for the selection to the NIU AT program will be required to verify they understand these technical standards and they believe that, with or without reasonable accommodations*, they can meet the standards.

*Reasonable accommodations are designed to ensure that the student has equal access to the program and they in no manner may jeopardize clinician/patient safety, the educational process of the student or institution, including all coursework, clinical education and internship deemed essential to graduation.
I certify that I have read and understand the technical standards for the selection listed above, and I believe to the best of my knowledge that I can meet each of these standards with or without reasonable accommodation. I understand that if I am unable to meet these standards, I will not be admitted into the program.

Print Name: __________________________________________________________

Applicant’s Signature Date: _____________________________________________

_________________________________________________
APPENDIX B
Monetary Expenses

It is important to emphasize there are some monetary expenses you will incur beyond the usual university fees. Pre-professionals in the athletic training program should budget for the following expenses:

**FIRST YEAR**
- Apply to AT

**SECOND YEAR**
- NATA membership for access to ATrack $80
- Professional AT logo Shirt $45
- Professional pants/shorts
- Cold/wet weather professional gear *
- Criminal background check $80
- 2 step TB Test (Minimal Charge-Health Services on campus)
- Criteria for clinical site $0-100
- Gas/Transportation to off campus clinical sites

**THIRD YEAR**
- NATA Membership for access to ATrack $80
- BOC exam preparation $35
- Professional AT logo shirt*
- Professional pants/shorts
- Cold/wet weather professional gear*
- Criminal background check $80
- 2 step TB Test (Minimal Charge-Health Services on campus)
- Criteria for clinical site $0-100
- Gas/Transportation to off campus clinical sites

**FOURTH YEAR**
- NATA Membership for access to ATrack $80
- BOC Certification Exam and Application $300+
- First Aid/CPR/AED recertification training $20 (held on campus)
- Professional AT logo shirt*
- Professional pants/shorts
- Cold/wet weather professional gear*
- 2 step TB Test (Minimal Charge-Health Services on campus)
- Gas/Transportation to off campus sites

*optional

Please understand that these costs are estimates and may increase or decrease. Also, you may incur other pre-professional expenses that are not listed. *optional
APPENDIX C
Foundational Behaviors of Professional Practice

These basic behaviors permeate every aspect of professional practice and should be incorporated into instruction in every part of the educational program. The behaviors in this section comprise the application of the common values of the athletic training profession.

Primacy of the Patient
- Recognize sources of conflict of interest that can impact the patient’s health
- Know and apply the commonly accepted standards for patient confidentiality
- Provide the best health care available for the patient
- Advocate for the needs of the patient

Teamed Approach to Practice
- Recognize the unique skills and abilities of other health care professionals
- Understand the scope of practice of other health care professionals
- Understand and execute duties within the identified scope of practice for athletic trainers
- Include the patient (and family, where appropriate) in the decision making process
- Demonstrate the ability to work with others in effecting positive patient outcomes

Legal Practice
- Practice athletic training in a legally competent manner
- Recognize the need to document compliance with the laws that govern athletic training
- Understand the consequences of violating the laws that govern athletic training

Ethical Practice
- Understand and comply with NATA’s Code of Ethics and the BOC’s Standards of Practice
- Understand the consequences of violating NATA’s Code of Ethics and BOC’s Standards of Practice
- Understand and comply with other codes of ethics, as applicable

Advancing Knowledge
- Critically examine the body of knowledge in athletic training and related fields
- Use evidence-based practice as a foundation for the delivery of care
- Understand the connection between continuing education and the improvement of athletic training practice
- Promote the value of research and scholarship in athletic training
- Disseminate new knowledge in athletic training to fellow athletic trainers, patients, other health care professionals, and others as necessary

Cultural Competence
- Understand the cultural differences of patients’ attitudes and behaviors toward health care
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to achieve optimal health outcomes for diverse patient populations
- Demonstrate knowledge, attitudes, behaviors, and skills necessary to work respectfully and effectively with diverse populations and in a diverse work environment

Professionalism
- Advocate for the profession
- Demonstrate honesty and integrity
- Exhibit compassion and empathy
- Demonstrate effective interpersonal communication skills
APPENDIX D
Communicable Disease Agreement

I understand that:

• I am required to properly use universal precautions, personal protective equipment and other scientifically accepted infection control practices at ALL times during patient care.
• In the event that I contract any communicable disease (see list below), I have an ethical obligation to protect my patients from disease contraction.
• In the event that I have a communicable disease where common universal precautions may not completely protect my patients, it is my ethical responsibility to report the potential for disease transmission. In consultation with a license health care professional, the Clinical Education Coordinator may remove me from clinical exposures until I am cleared to return to clinical duties. During this time, I will not report to my clinical assignment due to the risk of spreading the infection. This will be considered an excused absence having no effect on the final clinical evaluation.
• All disclosed medical information will be treated confidentially as directed by HIPAA and FERPA regulations.

Communicable Diseases Cited by the CDC:

<table>
<thead>
<tr>
<th>Bloodborne pathogens</th>
<th>Herpes simplex</th>
<th>Poliomyelitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conjunctivitis</td>
<td>Measles</td>
<td>Rabies</td>
</tr>
<tr>
<td>Cytomegalovirus</td>
<td>Meningococcal disease</td>
<td>Rubella</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Mumps</td>
<td>Scabies and pediculosis</td>
</tr>
<tr>
<td>Gastrointestinal infections</td>
<td>Parovirus</td>
<td>Staphylococcus aureus infection</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Pertussis</td>
<td>Streptococcus infection</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Vaccinia (smallpox)</td>
<td>Varicella</td>
</tr>
<tr>
<td>Viral respiratory infections (influenza, respiratory syncytial virus)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that I have read and understand the complete communicable disease policy and agree to comply with the statements therein.

Student Print Name

Student Signature

Date:

APPENDIX E
Exposure Control Plan

The following procedure for care of the athlete and environmental surfaces is taken from the 2013-2014 NCAA Sports Medicine Handbook, pages 78-80.

Care of the Athlete:

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid and standard precautions.

2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include personal protective equipment (PPE) (minimal protection includes gloves, goggles, mask, fluid-resistant gown if chance of splash or splatter); antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled “sharps” container for disposal of needles, syringes and scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.

3. Pre-event preparation includes proper care for wounds, abrasions or cuts that may serve as a source of bleeding or as a port of entry for bloodborne pathogens or other potentially infectious organisms. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment on high-risk areas, such as elbows and hands.

4. The necessary equipment and/or supplies important for compliance with standard precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings, and a container for appropriate disposal of needles, syringes or scalpels.

5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease. Participants with active bleeding should be removed from the event as soon as is practical. Return to play is determined by appropriate medical staff personnel and/or sport officials. Any participant whose uniform is saturated with blood must change the uniform before return to participation.

6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.

7. Personnel managing an acute blood exposure must follow the guidelines for standard precaution and presume all blood is infectious. Gloves and other PPE, if necessary, should be worn for direct contact.
with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.

8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobial wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student-athletes.

9. Any needles, syringes or scalpels should be carefully disposed of in an appropriately labeled “sharps” container. Medical equipment, bandages, dressings and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot water at temperatures of 71 degrees Celsius (160 degrees Fahrenheit) for 25-minute cycles may be used.

10. Post-exposure evaluation and follow-up. Following the report of any incident in which an athlete has non-intact skin, eye, mouth, mucous membrane or parenteral (under the skin) contact with blood or other potentially infectious materials, the athlete should seek a confidential medical evaluation and follow-up. This evaluation must be conducted by a licensed health care professional.

**Care of Environmental Surfaces:**

1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.

2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include personal protective equipment (PPE) (gloves, goggles, mask, fluid resistant gown if chance of splash or splatter); supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol; and properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:100 bleach/water ratio).

3. Put on disposable gloves.

4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)

5. Spray the surface with a properly diluted chemical germicide used according to manufacturer’s label recommendations for disinfection and wipe clean. Place soiled towels in waste receptacle.
6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:10 and follow manufacturer’s label directions for disinfection; wipe clean. Place towels in waste receptacle.

7. Remove gloves and wash hands.

8. Dispose of waste according to facility protocol, the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC).

**Reporting an Incident**

Student is required to immediately report the incident to CEC and assigned preceptor followed by care and referral as needed. If the incident occurs at NIU, the student may be instructed by the CEC or preceptor to complete a [general incident form](#).
APPENDIX F
Confidentiality Agreement

As a student at Northern Illinois University enrolled in the Athletic Training Program and participating in clinical experiences and internships as part of said Program, I, (Name)________________________, understand that I may come into contact with, have access to, and be responsible for confidential information. Confidential information includes, but is not limited to, patient health information. I understand and agree to the following:

1. I understand that the confidentiality of patient records is required by law.

2. My right to have access to or use confidential information is restricted to my need to know such information in connection with the performance of my clinical and/or internship responsibilities.

3. I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any confidential information except as properly authorized within the scope of my services as an student/intern.

4. I will not misuse or negligently handle or fail to safeguard confidential information.

5. Any violation of confidentiality or any of these provisions may result in disciplinary action, which may include termination of my status as a student/intern. Violations will be reported to all personnel responsible for evaluation of students/interns. I understand that violations of confidentiality and privacy laws may also result in criminal and/or civil liability or fines.

6. I agree to abide by and be bound by any confidentiality policies or agreements that an internship site may require me to sign as a condition of an internship.

7. This Agreement is a condition of my participation in a clinical experience or internship, covers the entire term of such internship, and its obligations shall continue indefinitely, including after termination of my status as a student at the University.

I have read this Confidentiality Agreement and agree to its terms.

________________________________________
Name (Please print)

________________________________________  ____________
Signature  Date
APPENDIX G
Orientation Form

Clinical site: ______________________________  Date completed: ____________________________

Preceptor initials that student has been informed understands the following:

_______ Emergency Action Plan: location of EAP, procedures, phone numbers, AED locations and other information relevant to this clinical site

_______ OSHA Regulations: location of personal protective devices, biohazard containers and other blood-borne pathogen information relevant to this clinical site.

_______ Personnel: Student understands chain of command for this clinical site and how to verbally address all personnel. Student was introduced to appropriate personnel such as team physician/medical staff, coaches, administration, etc.

_______ Communication: Mode of communication and appropriate contact information shared. Student understands process of communication in relation to illness, postponed or cancelled events, inclement weather, etc.

_______ Dress Code

_______ Schedule: A weekly clinical education schedule established that will maximize meaningful learning experiences for student

_______ Evaluations: Reviewed what (behavioral and proficiencies) will be evaluated, when the evaluations will occur, and how (one on one meetings) they will occur throughout the semester

_______ Expectations/Supervision: Student understands Preceptor expectations and direct supervision

_______ Clinical site-specific policies: Such as cell phone usage, where to park, how to enter/exit facility, etc.

Student initials that Preceptor has been informed and understands the following:

_______ Current level of emergency response, CPR certification and first aid

_______ Courses completed, current level of skill integration and learning goals for this rotation

_______ Current course and other schedule

Preceptor Signature: _____________________________________________________________

ATS Signature: ________________________________________________________________
APPENDIX H

FILM, VIDEOTAPE, AND PHOTOGRAPH RELEASE FORM

RELEASE FORM

Production Title: ____________________________________________________________

I ________________________, the undersigned, authorize the staff of Northern Illinois University (NIU), NIU Media Services and affiliate departments and organizations to record, film and videotape my voice and image and to photograph my person.

I further authorize Northern Illinois University to use, televise, and publish (in print or on the Internet) such voice and image recordings and photographs for any purpose which Northern Illinois University deems suitable and which is consistent with the educational purpose of Northern Illinois University. I agree that no representations have been made regarding the purpose or use of my voice or image except for those set forth in this release.

In consideration of participating in the media production described herein, I do for myself, my heirs, executor, administrators, legal representatives and assigns release and forever discharge the Board of Trustees, NIU, NIU Media Services, and their officers, agents, and employees and all other persons connected with the named production from any and every claim, demand, action, in law or equity that may arise as a result of my participation in the production named in this release.

I further state that I have carefully read the terms of this release. I understand that I am signing a complete release and bar to any claim resulting from my participation in the production named in this release.

Signature of Participant

Signature of authorized person when Participant is a minor or otherwise unable to sign in his or her own behalf

Witness