



Athletic Training Program Application to the Professional Phase

Application Requirements:

Acceptance in the Professional Phase of the Athletic Training program will be based on students' scores in the following categories: overall GPA, portfolio assessment, and a professional interview.

Overall GPA (70%)

- Cumulative Grade Point Average of 2.5 or higher for all NSU courses
- Student must receive a "C" or better for the following prerequisite courses: ATTR 1100, ATTR 1200, ATTR 1300, ATTR 1400, BIOL 1400 (or equivalent), and BIOL 3312 (or equivalent).

Portfolio Assessment (20%)

The portfolio is a packet of required documents, including the Professional Phase Application. These documents and forms are included in the Professional Phase Portfolio packet.

Professional Interview (10%)

- The professional interview is conducted with the athletic training admissions committee.
- Interviews are conducted with all candidates who have met academic requirements (GPA and coursework) and have submitted a completed application, portfolio, and all supplemental application materials by the deadline.

This professional portfolio including all application packet materials must be completed and submitted to the ATP Program Director by **February 1, 5:00pm**.

Students with questions should contact Pradeep R. Vanguri, Ph.D., LAT, ATC, athletic training program director and associate professor at the college, at (954) 262-8166 or pv101@nova.edu.

Athletic Training Program
Professional Phase



Portfolio Checklist

Name: _____

NSU ID: _____

This checklist must be completed by the athletic training student applicant and used by the review committee to evaluate the student’s application to the professional phase of the Athletic Training Program.

	Status
Application to the ATP Professional Phase: This form is included in the application packet.	
Letter of Intent: Essay describing the applicant’s career goals and why the student wishes to become a Certified Athletic Trainer.	
Professional Résumé: As completed for ATTR 1100.	
ATP Compliance Documents: Confidentiality Statement, FERPA Waiver, OSHA Compliance Statement, First Aid/CPR Responsibility Agreement, and Technical Standards for Admission	
Professional Recommendation Forms The applicant must submit three (3) professional reference forms which are included in this application packet. One form MUST be completed by a Certified Athletic Trainer.	
Cardiopulmonary Resuscitation (CPR) The applicant must submit a copy of his/her current CPR certification card. CPR must be from the American Heart Association Basic Life Support for the Healthcare Provider.	
Background Check Broward County School Board www.fieldprintbrowardschools.com . The applicant must submit a copy of his/her current identification badge.	
Unofficial Transcript (CAPP Report) from Nova Southeastern University. The applicant should request this from his/her advisor showing courses taken and overall grade point average (GPA).	
Medical History and Questionnaire This form is included in the application packet.	
Physical Examination completed by a medical doctor. This application packet includes a form that must be completed and submitted with the application. Documentation of Hepatitis B vaccination, Tuberculosis (TB) Skin Test, and Immunization Records are also required.	
Total Clinical Hours This is a combined total from ATTR 1100 (fall semester) and ATTR 1200 (winter semester). A minimum of 50 hours must be completed each semester (100 hours total).	



**Athletic Training Program
Professional Phase
Application**
PLEASE TYPE OR PRINT IN INK

Name (use full name as it appears on birth certificate):			Date: / /		
Nickname or Preferred Name:					
Permanent Mailing Address:				City:	
State:	ZIP:	Cell Phone: ()		Date of Birth: / /	
NSU ID:		NSU Email:			
Parent(s)/Guardian Name and Permanent Address:					
Education: High School Name:			City/State:		Graduation Date:
Previous College:			City/State:		Dates Attended:
Current credits earned, including transfer credits (circle): 0–30 31–60 61–90 91–120					
WORK EXPERIENCE IN ATHLETIC TRAINING (Outside of the clinical rotations in ATTR 1100 and ATTR 1200)					
Institution or Organization:		Sport:		Dates:	
SPORTS MEDICINE EDUCATION (not required)					
Workshops, Clinics, Camps Completed:					
Unisex T-shirt size: _____					



ATP Compliance STATEMENTS

Confidentiality Statement

I understand that information in the offices of the Athletic Training Facility at any affiliate site is confidential and may not be divulged to anyone except the person who owns the information, those faculty, staff, or administrators who have need to know, and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Act of 1974, as amended (FERPA) and the federally mandated Health Information Portability and Accountability Act (HIPAA). If I release confidential information or discuss confidential information outside of the office, I understand that I will be immediately discharged from the Athletic Training Program curriculum. I have read the above statement and agree to maintain the confidentiality of all information that I have access to through the ATP. _____
initial

Non-discrimination Statement

Nova Southeastern University admits students of any race, color, sex, age, non-disqualifying disability, religion or creed, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. Employees and students of the University who believe they have been discriminated against should adhere to the University guidelines outlined at www.nova.edu/cwis/vpaa/policies/protections.html.

Compliance Statement

As an athletic training student at Nova Southeastern University, I agree to comply with all policies and procedures in this document, as well as CAATE accreditation standards and guidelines. I also accept the responsibility of the NATA Code of Ethics, and the professional characteristics that are representative of a healthcare professional.

Print Name

Time and Date

Signature

NSU Student Number

Witness Print name

Witness Signature



OSHA Compliance Statement

Blood borne pathogens (BBP) are disease-causing microorganisms that may be present in human blood. Two pathogens that are of special importance to athletic trainers are Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Hepatitis B directly affects the liver by resulting in swelling, soreness, and the loss of normal functions to the liver. Human Immunodeficiency Virus affects the immune system by destroying the T-cells, which helps prevent disease. At this time, there is no known cure for either. There is a vaccine for prevention of HBV that is available. All individuals working within the Nova Southeastern University Athletic Training Program are anticipated to come in contact with blood or other infectious materials while performing their duties. The potential for exposure not only exists in the athletic training facility, but also on the practice and/or competition fields. These potential areas of exposure and disease transmission, as well as techniques of transmission prevention, are documented and outlined. I understand that I must take part in yearly in-service programs on the OSHA guidelines and universal precautions. _____ (initial)

CPR Responsibility Agreement

Using athletic training students as “First Responders” exposes those involved to liability risk and conflicts with the mission of the NSU ATP. For this reason, you cannot be used as a replacement for ATs while functioning in the role of a “First Responder”. Athletic training students must never be scheduled to be at an unsupervised event, practice, or facility as part of their clinical experience. In the case where an athletic training student is left unsupervised, they should notify the supervising Preceptor immediately, or the ATP Director/Clinical Director if necessary.

In a medical emergency or crisis situation the athletic training student is required to function in the role of a CPR trained individual. If this situation arises, the athletic training student may only apply those skills deemed appropriate by the CPR certifying agency. At no time should the athletic training student utilize athletic training skills related to: evaluation to determine participation status, therapeutic modality and exercise application or any other skill that is protected under Florida’s State Athletic Training Licensure Act.

The University’s liability insurance plan provides protection during your clinical experience portion of your education as an athletic training student. This insurance may not provide liability protection when the athletic training student becomes a volunteer (on or off campus) providing CPR services. If the athletic training student is unsupervised, they are doing so with the knowledge of the uncertainty of whether or not the University’s insurance plan will offer liability protection and are in direct violation of the state practice act and CAATE accreditation standards. _____ (initial)

Communicable Diseases Policy

It is the intent of the NSU Athletic Training Program (ATP) to protect the athletic training students, faculty, and staff from exposure to communicable diseases that pose reasonable risk of harm to members of the University community. Athletic training students will be educated on OSHA guidelines prior to doing any observation hours, and will be re-educated annually in

order to maintain safety standards required of an allied health professional. It is also the intent of the NSU ATP to protect the rights of those infected with a communicable disease pursuant to the Medical (Sick) Leave policy of the University.

Employees and students of the University who do become infected with a communicable disease should adhere to the University guidelines outlined at:

www.nova.edu/cwis/hrd/emphanbk/commdis.html _____ (initial)

TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Program at Nova Southeastern 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 to progress through this program to achieve the knowledge, skills, and competencies of an entry-level Athletic Trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). In order for athletic training students to progress through the ATP students must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be permitted to progress to the next level of the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

In order to progress to level II of the Athletic Training Program students 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 ATP 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.

To progress to level II of the athletic training educational program students 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. The Disabilities Department 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.

Candidates for selection to the professional phase of the athletic training educational 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. The Nova Southeastern University office of disability services www.nova.edu/disabilityservices 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.

TECHNICAL STANDARDS FOR ADMISSION

_____	_____
Print Name	Time and Date
_____	_____
Signature	NSU Student Number
_____	_____
Witness Print name	Witness Signature



Athletic Training Program Recommendation Form

The Athletic Training Program is looking for students who have the potential to become future certified athletic trainers and allied health professionals. The formal acceptance into the Athletic Training Program (ATP) requires recommendations concerning four domains. Using the assessment scale, please circle the most appropriate response and provide your feedback concerning _____ (Athletic Training Student Applicant).

Name of Reference: _____ Signature: _____

Title/Position: _____ Date: _____

Phone Number: _____ Address: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Domain	Components	Assessment *
Competency	Refers to the student's didactic performance: <ul style="list-style-type: none"> • <u>Knowledge</u>: Student demonstrates knowledge of what he/she has been taught and shows comprehension of theoretical concepts. • <u>Critical thinking</u>: Student is able to analyze situations and problem-solve when needed. • <u>Understanding</u>: Student is able to explain theoretical concepts. 	1 2 3 4 5 N/A
Attitude	Refers to the manner in which the student approaches his/her assignment(s): <ul style="list-style-type: none"> • <u>Work ethic</u>: Student comes willing to work and reflects a positive work ethic. • <u>Feedback</u>: Student accepts constructive criticism with positive changes. • <u>Initiative</u>: Student responds to requests as opportunities to learn. 	1 2 3 4 5 N/A
Personal Attributes	Refers to personal attributes exhibited by the student: <ul style="list-style-type: none"> • <u>Enthusiasm</u>: Student demonstrates excitement and a willingness to learn, try new things, and volunteer for extra tasks. • <u>Communication</u>: Student properly communicates in oral and written forms. • <u>Organization</u>: Student manages his/her time effectively and completes tasks by/meets the deadline in an organized and efficient way. 	1 2 3 4 5 N/A
Reliability	Refers to the student's responsibility: <ul style="list-style-type: none"> • Student arrives early on time. • Student has NO unexcused absences. • Student makes an effort to prepare academically for classes and is eager to learn. 	1 2 3 4 5 N/A
OVERALL RECOMMENDATION		1 2 3 4 5 N/A

* (1) poor (2) below average (3) average (4) above average (5) excellent (N/A) not applicable

Please use the back of this form for any additional comments.

Athletic Training Program



Athletic Training Program Recommendation Form

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Phone Number: _____ Address: _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Domain	Components	Assessment *
Competency	Refers to the student's didactic performance: <ul style="list-style-type: none"> • <u>Knowledge</u>: Student demonstrates knowledge of what he/she has been taught and shows comprehension of theoretical concepts. • <u>Critical thinking</u>: Student is able to analyze situations and problem-solve when needed. • <u>Understanding</u>: Student is able to explain theoretical concepts. 	1 2 3 4 5 N/A
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Athletic Training Program



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Please use the back of this form for any additional comments.

Athletic Training Program



Athletic Training Student Physical Examination

Name: _____

Date: _____

NSU ID: _____

Date of Birth: _____

As part of our Athletic Training Program at Nova Southeastern University, students must comply with the Accreditation Standards, which includes the following from Section F: Health and Safety. Additional required documentation is necessary for clinical rotation sites. Applicants must obtain copies of all of the following and submit as part of the ATP Professional Phase Portfolio.

Required Documentation	Checklist
Medical History and Questionnaire	
Physical Examination	
Hepatitis B Vaccination or signed waiver	
Immunizations Records	
Tuberculosis (TB) Skin Test	



Athletic Training Program Medical History and Questionnaire

Please print clearly. All information is required.

Name: _____ DOB: ____/____/____ NSU ID: _____

Past Medical History

Please check YES if you currently have or have ever had any of the conditions listed.

	YES	NO		YES	NO
Migraine Headaches	___	___	Frequent Headaches	___	___
Seizures	___	___	Frequent Sore Throats	___	___
Mononucleosis	___	___	Hearing Problems	___	___
Vision Problems	___	___	Chest Pain	___	___
Heart Murmur(s)	___	___	Asthma	___	___
Fainting Spells	___	___	High Blood Pressure	___	___
Appendicitis	___	___	Ulcers	___	___
Anemia	___	___	Hernia	___	___
Diabetes	___	___	Heat Exhaustion	___	___

Family Medical History

Please check YES if anyone in your family (Father, Mother, Brother, Sister) currently has or has ever had any of the conditions listed.

	YES	NO	
Diabetes	___	___	WHO: _____
High Blood Pressure	___	___	WHO: _____
Heart Disease	___	___	WHO: _____
Fainting Spells	___	___	WHO: _____
Blood Diseases	___	___	WHO: _____
Any death prior to age 40	___	___	WHO: _____

Personal Medical History:

	YES	NO
1. Have you ever been hospitalized?	___	___
2. Have you ever had surgery?	___	___
3. Are you presently under a doctor's care for a chronic condition?	___	___
4. Have you ever had the mumps or measles?	___	___
5. Do you have a history of asthma?	___	___
6. Do you have any problems with your eyes or vision?	___	___
7. Have you ever had any other medical problems (<i>mono, diabetes, anemia</i>)?	___	___
8. Have you ever had heat cramps, heat illness, or muscle cramps?	___	___
9. Have you ever had chest pain during or after exercise?	___	___
10. Have you ever had high blood pressure?	___	___
11. Have you ever been told you have a heart murmur?	___	___
12. Have you ever had racing of you heart or a skipped heart beat?	___	___
13. Have you ever had an EKG or echocardiogram?	___	___



Explain all "Yes" answers:

14. Have you ever sprained/strained, dislocated, fractured, or had repeated swelling or other injury of any bones or joints? Explain any "Yes" answers.

Head/neck	Yes	No	_____
Shoulder	Yes	No	_____
Elbow and arm	Yes	No	_____
Wrist, hand, and fingers	Yes	No	_____
Back	Yes	No	_____
Hip/Thigh	Yes	No	_____
Knee	Yes	No	_____
Shin/calf	Yes	No	_____
Ankle, foot, toes	Yes	No	_____

Operations/Surgery

Name of Operation: _____ Date: ____/____/____

Doctor: _____ Town and Hospital: _____

Description: _____

Name of Operation: _____ Date: ____/____/____

Doctor: _____ Town and Hospital: _____

Description: _____

Other Pertinent Medical Information:

By signing this document, I certify that the above information is accurate to the best of my knowledge.

Student Name (print): _____

Student Signature: _____

Date: _____

Vital Information:

Height _____

Weight _____

Blood Pressure _____ / _____

Pulse _____

Physical Exam *(to be completed by the physician)*

	NORMAL	ABNORMAL FINDINGS
Heart / Cardiovascular	<input type="checkbox"/>	
Pulmonary / Lungs	<input type="checkbox"/>	
Abdomen / Gastrointestinal	<input type="checkbox"/>	
Musculoskeletal Review	<input type="checkbox"/>	
Any Medical Problems in the last 12 months	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Recommendations/Comments:

Physical Status: (Student's ability to perform athletic training/sports medicine duties)

- Pass without restrictions
- Pass with restrictions
- Further Evaluation Needed

_____ Physician's Signature	_____ Date
_____ Physician Print Name	_____ Specialty/Credentials
_____ Address	