



Stony Brook
University



ATHLETIC TRAINING PROGRAM
POLICY AND PROCEDURE MANUAL

2023 - 2024

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UNIVERSITY STATEMENTS

P105: EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION POLICY (November 2022)

Policy Statement/Background:

This policy has been written in compliance with Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Division of Human Rights Law of New York State, SUNY Policy 6502: Equal Opportunity, Employment and Fair Treatment in the State of New York and the SUNY Research Foundation Policy on Equal Employment Opportunity. Stony Brook University has a longstanding commitment to equal employment and educational opportunity, and environments that ensure that everyone in the Stony Brook University community is treated with respect, dignity, fairness, and equity. This policy applies to all University students and employees, as well as individuals outside the University community, including but not limited to guests, visitors, vendors, and volunteers.

Policy:

Stony Brook University prohibits discrimination on the basis of race, sex, sexual orientation, gender identity or expression, religion, age, color, creed, national or ethnic origin, disability, marital status, familial status, pregnancy, genetic predisposition, criminal convictions, domestic violence victim status, and veteran or military status and all other protected classes under federal or state laws in the administration of its policies, programs, activities or other Stony Brook University administered programs or employment, and includes the terms, conditions, and privileges of employment and/or access for students, faculty and staff. Stony Brook University's non-discrimination policy affects all employment practices including, but not limited to, recruiting, hiring, transfers, promotions, benefits, compensation, training, educational opportunities, discipline, daily responsibilities and terminations.

Retaliation against an employee, student or any witness who reports discrimination and/or participates in any University investigation is prohibited. Retaliation is also prohibited against any individual who files a discrimination complaint or participates in a complaint investigation in any manner. Any substantiated act of retaliation may result in sanctions or other disciplinary action as covered by University policy (including the Code of Student Responsibility) and/or the disciplinary procedures pursuant to the applicable collective bargaining agreements, and applicable policies and procedures.

Affirmative action requires that the university take specific actions and make special efforts to recruit, employ, and promote qualified members of formerly excluded or clearly underrepresented groups. To further ensure the goals of equal opportunity and affirmative action with respect to employment and education, the University endeavors to increase the availability of opportunities for students, staff, and faculty from groups that have been previously excluded or underrepresented. Students or employees having disabilities that require reasonable accommodations or auxiliary aids may be accommodated through the Office of the ADA Coordinator.

For more information, contact Student Accessibility Support Center (SASC) in Stony Brook Union, Suite 107; email is SASC@stonybrook.edu or call 631-632-6748 (<https://www.stonybrook.edu/sasc/>)

Any questions concerning this policy or allegations of noncompliance should be directed to the Office of Equity and Access, 201 Administration Building; email is OEA@stonybrook.edu or call 631-632-6280 (<https://www.stonybrook.edu/commcms/oea/>)

For further information: <https://www.stonybrook.edu/policy/policies/?ID=105>

P106: SEXUAL MISCONDUCT & REPORTING POLICY (November -2022)

Stony Brook University is committed to creating and maintaining workplace, educational, and recreational environments that are safe and accessible, and free of all forms of discrimination on the basis of sex, gender and/or gender identity or expression - which includes: discriminatory harassment and sexual harassment, non-consensual sexual contact, sexual violence/assault, domestic violence, dating violence, and stalking. Such behavior is prohibited and will not be tolerated, as it violates Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and New York State Law. This policy applies to all University students and employees, regardless of sexual orientation, gender and/or gender identity or expression, as well as individuals outside the University community, including but not limited to guests, visitors, vendors, and volunteers.

For further information: <https://www.stonybrook.edu/policy/policies/?ID=106>

https://www.stonybrook.edu/policy/pdf/sexual_misconduct_and_reporting_policy.pdf

ACCREDITATION STATEMENT

As a regional accrediting body, the Middle States Commission on Higher Education (“Middle States”) examines each of its member institutions periodically to help promote educational excellence and ensure compliance with its outlined standards of quality. Stony Brook University received its initial accreditation from Middle States in 1957. Our Middle States membership demonstrates our commitment to self-assessment and to providing a comprehensive world-class education, which inspires lifelong learning.

Stony Brook University is accredited by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104. (267-284-5000) www.msche.org. The MSCHE is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation (CHEA).

For further information: <https://www.stonybrook.edu/commcms/middlestates/>.

UNIVERSITY DIVERSITY

The Office of Diversity, Inclusion and Intercultural Initiatives (DI3) has the responsibility for developing and sustaining programs, policies and initiatives that serve to create a welcoming environment for all students, staff, faculty, clinicians and administrators. DI3 sponsors and promotes initiatives, as well as, provides resources for addressing issues of equity and diversity in institutional structure, recruitment and retention, curriculum, community climate, and outreach and engagement.

For further information: <https://www.stonybrook.edu/diversity/>

<https://www.stonybrook.edu/commcms/cdo/index.php>

CONTACT INFORMATION

ATHLETIC TRAINING PROGRAM FACULTY/STAFF (ATP)

Kathy Koshansky, Chair Kathryn.Koshansky@stonybrook.edu	O: 631-632-7217	C: 516-381-2307
Xristos Gaglias, Vice Chair Xristos.Gaglias@stonybrook.edu	O: 631-632-7255	C: 631-889-0215
Lisa Komnik, Clinical Education Coordinator Lisa.Komnik@stonybrook.edu	O: 631-632-7164	C: 631-294-2583
Regina Biasetti, Staff Assistant Regina.Biasetti@stonybrook.edu	O: 631-632-2837	
ATP Office	631-632-ATEP (2837)	
ATP Fax	631-632-7210	

SCHOOL OF HEALTH PROFESSIONS (SHP)

Stacy Jaffe-Gropack, Dean and Professor Office of the Dean, SHP Health Sciences Tower, Level 2, Room 400 Stacy.jaffeegropack@stonybrook.edu	631-444-2252
JoanMarie Schreiber, Assistant Dean for Academic and Student Affairs Office of the Dean, SHP Health Sciences Tower, Level 2, Room 400 joanmarie.schreiber@stonybrook.edu	631-444-2257
Graduate and Health Sciences Admissions, Financial Aid, Records and Registration Health Sciences Tower, Level 2, Room 271 https://www.stonybrook.edu/commcms/graduate-admissions/contact.php Email: gradadmissions@stonybrook.edu	631-444-2111

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

West Campus Office, Student Health Service, 2 nd Floor	631-632-6720 Press 1 for a counselor
East Campus Office, Health Science Center, Level 3, Room 3-040F	<i>By appointment only</i>

TimelyCare

Provides access to around-the-clock virtual medical and mental health care, including scheduling appointments with licensed providers at times convenient for students, including evenings and weekends.

<https://www.stonybrook.edu/commcms/studentaffairs/shs/TimelyCareSBU.php>

<https://app.timelycare.com/auth/login>

or download the TimelyCare app

<https://app.timelycare.com/auth/login>

LIST OF PRECEPTORS

(subject to change - check ATP website)

<https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/curriculum/clinical/preceptors>

ON CAMPUS

LAST NAME	FIRST	CREDENTIALS	SITE
Alaimo	Elizabeth	MS, ATC	SBU Athletics
Buttar	Kamalpreet	MD, CAQ	Stony Brook Family & Preventive Medicine
Cherney	Stuart	MD, PC	Stony Brook Orthopaedics
Cruickshank	Brian	MD, CAQ, ABFM	Stony Brook Orthopaedics
Ercolino	Barbara Jean "BJ"	MA, ATC, CES	SBU Athletics
Glass	Janine	MS, ATC	SBU Athletics
Hopkins	Kristin	MD, MS	Stony Brook Orthopaedics
Koehler	Timothy	MS, ATC	SBU Athletics
Lewis	Christine	MS, ATC	SBU Athletics
Palat	Sujatha	MD	SBU Student Health Services
Patterson	Diana	MD	Stony Brook Orthopaedics
Patti	Patrick	MLS, ATC	SBU Athletics
Penna	James	MD, CAQ	Stony Brook Orthopaedics
Sammons	Brett	MS, ATC	SBU Athletics
Zanolli	Elizabeth	MS, ATC	SBU Athletics

LIST OF PRECEPTORS

(subject to change - check ATP website)

<https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/curriculum/clinical/preceptors>

OFF CAMPUS

LAST NAME	FIRST	CREDENTIALS	SITE
Bucco	Caitlyn	BS, ATC	Half Hollow Hills East High School
Bufinsky	Nicholas	BS, ATC	Long Island University
Castiglione	Anthony	BS, ATC	Half Hollow Hills West High School
Chimienti	Jennifer	MS, ATC	Three Village SD - Ward Melville High School
DeGiorgio	Danielle	DO, FAAPMR	OALI (Orthopedic Associates of LI)
Dornemann	Jessica	BS, ATC	Molloy College
Garrahan	Lindsay	BS, ATC	Orlin & Cohen
Gavagan	Michael	MA, ATC	Adelphi University
Green	Alexander	MS, ATC	Long Island University
Gregory	Christopher	MEd, ATC	Wagner College
Harris	Gina	MS, ATC	Bellport High School
Healey	KatieRose	MS, ATC	Molloy College
Hernandez	Daniel	MS, ATC	Queens College
Jackson	Aaron	MS, LAT, ATC, CES	Milton High School, Georgia
Jennings	Madison	MS, ATC	Long Island University
Joy	Cyril	MD	SB MedGroup
Kilkenny	Kevin	BS, ATC	West Islip High School/Generations PT
Kolnsberg	Madison	BS, ATC	Orlin & Cohen
Kuemmel	Hannah	MA, ATC, CSCS	Miller Place High School
Kulak	Taylor	MS, ATC, ROT, PES	St. Joseph's University
Lantz	Jason	MS, PT, ATC	Brentwood High School
LoCurto	Trish	BS, ATC	Industrial Athlete Pro
Magistro	Mike	BS, ATC	Patchogue-Medford High School

LAST NAME	FIRST	CREDENTIALS	SITE
Mailand	Kristen	DO	Mailand, Kristen - Office of Dr.
Marchewka	Renee	MS, ATC	Connetquot High School/ St. Charles Rehab
Mattimoe	Derek	MD	Mattimoe, Derek - Office of Dr.
McKay	Jason	BA, ATC	William Floyd High School
Mensch	Michele	BS, ATC, CSCS	Longwood High School
Modena	Erica	MS, ATC	Long Island University
Monette	Zach	BS, ATC	Wagner College
Pinard	Allison	MA, ATC, EMT	Three Village SD - Ward Melville High School
Regan	Mike	BS, ATC	John Glenn-Elwood High School/St. Charles-Commack
Ryder	Philip	MPA, ATC	Long Island University
Sileo	Michael	MD	OALI (Orthopedic Associates of LI)
Szallai	Olivia	MS, ATC	Long Island University
Venner	Andre	MS, ATC	St. Joseph's University
Weinstein	SaraJo	MS, ATC	Adelphi University
Zegers	James	MA, ATC	Molloy College

STONY BROOK UNIVERSITY ATHLETIC TRAINING PROGRAM

The Stony Brook University (SBU) Athletic Training Program (ATP), offered by the School of Health Professions (SHP), is a Commission on Accreditation of Athletic Training Education (CAATE) accredited program.

DESCRIPTION OF THE ATHLETIC TRAINING PROFESSIONAL

Athletic Trainers (ATs) are healthcare professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training (AT) encompasses the prevention, diagnosis and intervention of emergency, acute and chronic conditions involving impairment, functional limitations and disabilities. Athletic training is recognized by the American Medical Association (AMA) as a healthcare profession.

PROGRAM DESCRIPTION

The ATP combines classroom, laboratory, and clinical education experiences in a process that culminates in the student graduating with eligibility to take the Board of Certification (BOC) Examination. This comprehensive professional preparation is directed toward the development of specified competencies in the following content areas: Evidence-Based Practice, Prevention and Health Promotion, Clinical Examination and Diagnosis, Acute Care of Injury and Illness, Therapeutic Interventions, Psychological Strategies and Referral, Healthcare Administration, and Professional Development and Responsibility. The experience at SBU prepares students to pass the BOC examination and obtain an entry-level position.

CORE VALUES

Compassion, Integrity, Perseverance, Accountability, Pride

MISSION STATEMENT

The mission of the CAATE-accredited Stony Brook University Athletic Training Program is to provide students with an extensive and comprehensive didactic and clinical education from which to build a strong foundation for a career in athletic training.

STUDENT LEARNING OUTCOMES AND OBJECTIVES

https://drive.google.com/drive/folders/1L0_rxOahZm1ZEJwqsMo9TkPv4M1OERnK

Goal #1 At the time of graduation, athletic training students will be able to understand and incorporate evidence-based practice into clinical decisions.

- 1.1 Develop relevant clinical questions using accepted methods (i.e. PICO).
- 1.2 Understand levels of evidence with regard to study types, clinical practice guidelines and critically appraised topics.
- 1.3 Successfully locate and critically appraise a variety of healthcare related literature from appropriate electronic databases and online libraries.
- 1.4 Understand methods of assessing patient status and progress with clinical outcomes assessments.
- 1.5 Utilize current evidence-based concepts in all aspects of patient care.

Goal #2 At the time of graduation, athletic training students will be able to develop and implement strategies to prevent injury and optimize client/patient overall health and quality of life.

- 2.1 Administer testing procedures to obtain baseline data regarding a client/patient level of general health (including nutritional habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient.
- 2.2 Develop, implement, and monitor prevention strategies for at-risk individuals (e.g., persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions.
- 2.3 Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.

Goal #3 At the time of graduation, athletic training students will be able to demonstrate the clinical skills and knowledge to evaluate and diagnose emergency and ambulatory acute and chronic injuries and illnesses; including the ability to identify the need for referral to appropriate health care providers.

- 3.1 Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care.
- 3.2 Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions.
- 3.3 Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis.
- 3.4 Determine whether patient referral is needed and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.

Goal #4 At the time of graduation, athletic training students will be able to design and implement appropriate therapeutic interventions for injuries and illnesses, including, but not limited to: therapeutic

exercise and physical agents, manual therapy techniques, psychosocial intervention and referral, and education regarding use of pharmaceuticals.

- 4.1 Create and implement a therapeutic intervention that targets treatment goals to include, as appropriate, therapeutic agents, medications (with physician involvement as necessary), and rehabilitative techniques and procedures.
- 4.2 Select and integrate appropriate psychosocial techniques into a patient's treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes.
- 4.3 Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies.

Goal #5 At the time of graduation, athletic training students will be able to integrate best practice in health care administration policy and procedures.

- 5.1 Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statutes that regulate privacy of medical records.
- 5.2 Develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer's role of informed patient advocate in a manner consistent with current practice guidelines.

Goal #6 At the time of graduation, athletic training students will be able to uphold the NATA Code of Ethics and practice within state and national regulations and guidelines for athletic trainers.

- 6.1 Abide by the Standards of Practice established by the Board of Certification.
- 6.2 Abide by the NATA Code of Ethics.
- 6.3 Abide by all State laws governing the practice of athletic training.

Goal #7 At the time of graduation, athletic training students will be able to challenge and pass the Board of Certification exam on the first attempt.

- 7.1 Complete and pass the BOC exam on the first attempt.

Goal #8 At the time of graduation, athletic training students will be able to successfully transition into professional practice as an athletic trainer.

- 8.1 Obtain NPI number.
- 8.2 Obtain state licensure (as applicable).
- 8.3 Employed as an Athletic Trainer.
- 8.4 Graduate with an MS in Athletic Training.

Goal #9 At the time of graduation, athletic training students will be advocates for the profession of athletic training through providing quality health care services to their clients/patients, educating the public and other health care professionals about athletic training, and practice within state and national regulations and guidelines for athletic trainers.

- 9.1 Describe the role and function of the National Athletic Trainers' Association and its influence on the profession.
- 9.2 Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.
- 9.3 Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.

9.4 Access, analyze, and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the NATA Athletic Training Educational Competencies, the BOC Standards of Professional Practice, the NATA Code of Ethics, and the BOC Role Delineation Study/Practice Analysis.

9.5 Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.

Goal #10 The program will provide an academic curriculum based on the most current knowledge, skills, and abilities (KSA) of the athletic training profession.

10.1 Students will demonstrate academic proficiency in the knowledge, skills, and clinical abilities of the athletic training profession.

10.2 Faculty will provide instruction on the most current knowledge, skills, and abilities of the athletic training profession in a manner that meets the university's minimal instructional responsibilities.

Goal #11 The program will provide a comprehensive clinical education experience that addresses the continuum of care for the client/patient.

11.1 Students will complete a progressive and diverse clinical education sequence.

11.2 Preceptors will provide students with authentic opportunities to integrate AT KSA's.

11.3 Clinical Education sites will provide students with authentic opportunities to integrate AT KSA's.

2020 CAATE STANDARDS FOR THE ACCREDITATION OF PROFESSIONAL ATHLETIC TRAINING PROGRAMS

GLOSSARY

https://caate.net/Portals/0/Standards_and_Procedures_Professional_Programs.pdf?ver=45lhjbb4hBwN3vKguwEQMw%3d%3d

Academic year: Customary annual period of sessions at an institution. The academic year is defined by the institution.

Action plan for correction of BOC examination pass-rate deficiency:

- A. A review and analysis of the program's previously submitted action plans. This should include
 1. any assessment data used to evaluate the previous action plan,
 2. a discussion of strategies that have and have not worked, and
 3. any revisions that have been made to the previous action plan based on subsequent assessment data.

- B. Analysis of the program's current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
 1. the number of students enrolled in the program in each of the past three years,
 2. the number of students who have attempted the exam in each of the past three years,
 3. the cohort-by-cohort first-time pass rate for each of the past three exam cohorts, and
 4. the three-year aggregate first-time pass rate for each of the past three years.

- C. Projection for the program's anticipated exam outcomes for next year. This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first-time pass rate in the next year. The analysis must include
 1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
 2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
 3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
 4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.

The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include

1. developing targeted goals and action plans to achieve the desired outcomes,
2. stating the timelines for reaching the outcomes, and
3. identifying the person or persons responsible for each element of the action plan.
4. Updating the elements of the action plan as they are met or as circumstances change.

Affiliation agreement: A formal agreement between the program's institution and a facility where the program wants to send its students for course-related and required off-campus clinical education. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. See also Memorandum of understanding.

Assessment plan: A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of clinical education, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the framework.

Athletic trainer: Health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification.

Athletic training clinical experiences: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students' abilities to meet the curricular content standards. When direct client/patient care opportunities are not available, simulation may be used for this verification. Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member. See also Clinical education.

Biometrics: Measurement and analysis of physical characteristics and activity.

Clinical education: A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences.

Clinical site: A facility where a student is engaged in clinical education.

Contemporary expertise: Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

Core faculty: Core faculty members are involved in meeting the day to day needs of the program, including but not limited to teaching athletic training courses, advising, and mentoring athletic training students, engaging in scholarship, and fulfilling other roles and responsibilities as assigned by the Program Director. Core faculty must have faculty status, rights, responsibilities, privileges, and voting rights as defined by the institution. Core faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed. A core faculty member must be an athletic trainer or physician.

Cultural competency: the ability of both providers and systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.

Cultural humility: A lifelong process of self-reflection and self-critique by which an individual willingly interacts with diverse individuals and not only learns about the cultures of others, but also examines their own beliefs and

cultural identities to create an environment of empowerment, respect, and optimal care for all. Cultural humility includes sensitivity to historical realities of marginalization, violence, and oppression against certain groups.

Durable medical equipment: Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.

Electronic health record: A real-time, patient-centered, and HIPAA-compliant digital version of a patient’s paper chart that can be created and managed by authorized providers across more than one health care organization.

Evidence-based practice: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.

Faculty: See Adjunct faculty; Associated faculty; Core faculty.

First-time pass rate on the Board of Certification examination: The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.

Foundational knowledge: Content that serves as the basis for applied learning in an athletic training curriculum.

Framework: A description of essential program elements and how they’re connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan (including goals and outcome measures).

Goals: Specific statements of educational intention that describe what must be achieved for a program to meet its mission.

Graduate placement rate: Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.

Health care providers: Individuals who 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.

Health care informatics: The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.

Health literacy: The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.

Identities: identities that include but are not limited to: race; ethnicity; religion; national origin; age; marital status; disabilities/ability; sexual orientation; sex; gender; gender identity and expression; socioeconomic status; religion/spirituality; political affiliation; literacy/health literacy.

Immersive clinical experience: A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.

International Classification of Functioning, Disability, and Health (ICF): A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.

Interprofessional education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

Interprofessional practice: The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

Medical director: Currently licensed allopathic or osteopathic physician who is certified by an ABMS- or AOA-approved specialty board and who serves as a resource regarding the program's medical content.

Memorandum of understanding: Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.

Mission: A formal summary of the aims and values of an institution or organization, college/division, department, or program.

Outcomes: Indicators of achievement that may be quantitative or qualitative.

Patient-centered care: Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.

Physician: Health care provider licensed to practice allopathic or osteopathic medicine.

Physiological monitoring systems: Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.

Preceptor: Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be athletic trainers or physicians.

Professionalism: Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through delivery of patient-centered care, participation as a member of an interdisciplinary team, commitment to continuous quality improvement, ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.

Professional preparation: The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.

Professional program: The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two academic years.

Professional socialization: Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.

Program graduation rate: Measures the progress of students who began their studies as full-time degree-seeking students by showing the percentage of these students who complete their degree within 150% of “normal time” for completing the program in which they are enrolled. Programs must post the following data for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.

Program faculty: Includes all faculty members who are involved in the design and/or delivery of the professional athletic training program, regardless of their employment classification.

Program personnel: All program faculty and support staff involved with the professional program.

Program retention rate: Measures the percentage of students who have enrolled in the professional program who return to the institution to continue their studies in the program the following academic year. Programs must post the following data for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.

Quality assurance: Systematic process of assessment to ensure that a service is meeting a desired level.

Quality improvement: Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups. Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.

Scholarship: Scholarly contributions that are broadly defined in four categories.

- Scholarship of discovery contributes to the development or creation of new knowledge.
- Scholarship of integration contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
- Scholarship of application/practice applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
- Scholarship of teaching contributes to the development of critically reflective knowledge associated with teaching and learning.

Social justice: Social justice in healthcare is recognizing that equitable healthcare, which encompasses access to and quality of care, is a fundamental right and that healthcare providers promote fair treatment so that disparities are eliminated.

Simulation: An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.¹⁸ Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member. See also Clinical education.

Social determinants of health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.¹⁹

Socioeconomic status: The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.

Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be onsite and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care. If the patient/client care is occurring via telehealth or telemedicine, the preceptor must concurrently monitor the patient/client care through appropriate telecommunication technology.

Supplemental clinical experiences: Learning opportunities supervised by health care providers other than athletic trainers or physicians. See also Clinical education.

Technical standards: The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

Telehealth: Telehealth is an umbrella term that encompasses the use of telecommunication technology for non-clinical health-related purposes. Some uses of telehealth include enhancing and supporting clinical services and providing individual or public health education.

Telemedicine: Telemedicine involves the delivery of patient/client care remotely using appropriate information and communication technologies. Patient/client care provided via telemedicine must occur in compliance with all local, state, and federal laws.

Value-based care models: Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach.²¹

PROGRAM PERSONNEL ROLES AND RESPONSIBILITIES

The development of a successful program requires that the Athletic Training Program, the student, the faculty, and the preceptors work together to continually improve the overall quality of education.

THE ATHLETIC TRAINING STUDENT (ATS)

Each ATS enrolled in the post-baccalaureate ATP is expected to follow all guidelines established by SBU, SHP, and the ATP. ATS are responsible for maintaining high performance standards in both the classroom and clinical settings. This policy and procedure manual details the expectations placed upon the ATS in these settings. Failure to abide by the policies and procedures set forth can result in the ATS being dismissed from the ATP. There are high expectations placed on the ATS. ATS are expected to be reliable, dependable, trustworthy, diligent, and dedicated in their efforts. ATS must conduct themselves with the highest degree of decorum and to represent themselves, the faculty/staff, program, and the university with professionalism beyond reproach.

THE ATHLETIC TRAINING FACULTY

The ATP faculty is responsible for the didactic education, academic advising, and career counseling for the ATS enrolled in this program. It is the responsibility of the ATP faculty to provide the ATS with a high level of classroom instruction that prepares them to function clinically and culminates in an ATS possessing the skills and knowledge necessary to become a certified athletic trainer.

THE PRECEPTOR

Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to their profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in the CAATE Standards 14 through 18 must be athletic trainers or physicians.

Requirements

- credentialed by the state either as an MD or AT
- receive planned and ongoing education from the program designed to promote a constructive learning environment
- initial preceptor training by Clinical Education Coordinator/designated faculty member to provide the preceptor with an overview of the program, the responsibilities of a preceptor and the program's expectations of both the preceptor and ATS
- participate in annual Program Review
- demonstrate understanding of and compliance with the program's policies and procedures

Conduct Orientation

At the beginning of each clinical experience, the ATS will be oriented to their clinical site by their preceptor. This orientation will include:

- the clinical site's policies and procedures, including bloodborne pathogen policy, site specific emergency action plans, concussion management and action plans, and infectious disease protocols
- review of the clinical course objectives
- setting of clinical goals by the ATS
- establishing means of communication
- creating a schedule for the ATS

Expectations

The preceptor will assist the ATS in refining their skills and knowledge. Walls do not limit classrooms. The practice field, game court, office, and athletic training facility are also to be viewed as learning environments. The clinical experience environment is designed to further enhance the learning of theories and skills taught in the classroom. The preceptor is expected to:

- provide the SBU ATP with a current resume or CV and proof of BOC certification, NYS license and NPI number before on-boarding
- maintain commitment to the ATP
- maintain regular communication with the Clinical Education Coordinator
- adhere to SBU and ATP policies and procedures
- adhere to CAATE Standards
- be a role model to ATS
- mentor ATS
- stay current and up to date with trends in the medical field
- maintain open communication with all program personnel
- verify ATS clinical time and experience logs
- assess students via the progress review and final assessment

Recommendations

To provide for a well-rounded clinical experience and promote consistency throughout all of the affiliated clinical sites, the following are recommendations for the preceptor to enhance the clinical educational experience:

- daily or weekly rounds on athletes' status and progress
- weekly theme and topic review of previous, current, and future material
- review of selected prior case studies
- present a case to the team physician
- demonstrate the use of therapeutic equipment
- develop problem solving skills through scenarios
- all of the above recommendations can be utilized to complement the particular ATS assigned competency tasks regardless of their program level

For ATS and preceptor, report any misconduct or gross clinical deficiencies immediately to the Clinical Education Coordinator.

Refer to Appendix D for tips on successful clinical experience.

ADMISSIONS PROCEDURE FOR THE ATHLETIC TRAINING PROGRAM

2022 ADMISSIONS POLICY & PROCEDURES

For Class of 2025 beginning in summer 2023

The Stony Brook University Athletic Training Program is seeking qualified students who will meet the challenge of the Master of Science program. Much time and energy is put into the student selection process. Program admissions policies and procedures are designed so the admissions committee makes careful choices which take many factors into consideration. Since our program exists to prepare students to become certified and competent athletic trainers, the committee attempts to identify applicants who have made, or who seem likely to make, a career commitment to athletic training.

All applications meeting the program's minimum requirements will be reviewed for academic preparation, clinical observation and references to determine selection for an interview.

All inquiries, either by email, phone or in-person, receive a response from the department. All prospective candidates are advised to review all information posted on the program website. The website contains descriptive information about the Program, School and University. The site provides dates and times when "Information Sessions" are held for prospective applicants. In addition, the website gives the applicant information regarding program prerequisites, application procedure, curriculum, goals, tuition, fees and other programmatic costs as well as program outcomes.

After reviewing the website, individuals who determine that they meet the prerequisites should contact the ATCAS (Athletic Training Centralized Application System) to apply online to the program. The deadline for the program to receive a verified application from the ATCAS is March 31, 2023. Applicants are advised to submit their complete application no later than 3 weeks prior to the March 31 deadline in order to allow time for validation of their transcripts and supporting documentation by the ATCAS. The program must receive the completed and verified electronic application packet from the ATCAS by the deadline date (this includes the 3 letters of reference) in order for the applicant to be considered for the interview portion of the admissions process. The program has a rolling admissions process. Applications will be reviewed and interviews offered on a first-come first-served basis as the application is verified on ATCAS or until the application portal closes on the deadline of March 31, 2023, for a May 22, 2023 start date.

All applications are carefully reviewed by the program's admissions committee. Selected applicants are invited for personal interviews. Meeting the minimum requirements does not guarantee admission, nor does it guarantee an interview. Each candidate is evaluated based on a variety of factors including, but not limited to, academic achievement, references, demonstrated concern for others, motivation and quality of past healthcare experience.

Athletic Training Program Admissions Committee

The program's admissions committee will consist of all program faculty members and a minimum of two students from each of the program's first year and second year classes. Each admissions member is appointed to the committee by the School of Health Professions (SHP) Dean and must participate in the School's training workshop prior to participating in the interviews. In addition, each committee member is briefed on the Athletic Training Program interview process and given an opportunity to review the application materials prior to each interview. The objectives of this orientation are to:

1. acquaint the members with the admissions process;
2. familiarize members with the criteria for admission;
3. inform members of the interview procedure.

Application Assessment Criteria

A *Condition of Admission Acknowledgement* form is completed for all applicants in order to determine whether or not they qualify for an interview. All applicant files are reviewed by a program faculty member. Candidates are considered for personal interviews based on the following criteria:

- completion of a baccalaureate degree;
- a minimum overall cumulative grade point average of 3.00 on a scale of 4.0;
- completion of, or statement of intended completion of (minimum grade of "C"):
 - 4 credits of Biology with lab
 - 8 credits of Anatomy and Physiology I and II with labs
 - 4 credits of Chemistry with lab
 - 4 credits of Physics with lab
 - 3 credits of Psychology
 - 3 credits of Kinesiology or Biomechanics
 - 3 credits of Statistics

NOTE: Required science coursework must be completed within the last ten years:

- current certification in basic life support (BLS) cardiopulmonary resuscitation (CPR);
- 50 hours of clinical experience observing an athletic trainer.

The following coursework is recommended:

- Exercise Physiology
- Nutrition

Three academic or professional reference letters preferably chosen from the following sources:

1. a physician or other health professional for whom the applicant has worked/volunteered;
2. present or past employer/supervisor;
3. instructor in college science course or college faculty advisor.

If any prerequisites are missing, reference must be made on the *Condition of Admissions Acknowledgement* form. The applicant is made aware of the deficiency at the interview and that the requirement(s) must be met prior to entry into the program. (See interview process for further details)

In order to be invited for an interview, a candidate must meet or exceed program requirements as described in the preferences above, have performed well in the prerequisites, have a literate and thoughtful personal statement, and good references. Interviews are offered on a first-come first-served basis.

Recommendation for Interview

- Each application is reviewed by a faculty member.
- Candidates meeting the minimum admission requirements will be placed in an INTERVIEW category. The applicant will be invited via email or phone call from the department to schedule an interview.
- If an applicant is placed in the NON-ACCEPT category because of failure to meet one or more of the above criteria, at least two faculty members must review the application and agree on the decision.
- An application may be placed on HOLD pending clarification of information. If there is a question requiring further information or clarification, the department will communicate with the candidate.
- The Department reserves the right to make exceptions to the minimum prerequisites for applicants with special circumstances.

The Interview

Each candidate who meets the interview criteria is given an interview with members of the Program Admissions Committee. It is the policy of the program that every attempt will be made to ensure that all candidates are interviewed by at least one student and one faculty member.

The interview committee will have a set of predetermined questions. During the interview the candidate is asked, among other things, to describe their desire to pursue the athletic training profession and their perception of the athletic trainer's role on the healthcare team and patient care. From these types of questions, the interviewers try to identify individuals who project an especially high understanding of the profession and relate that to the healthcare team.

Each interview will be approximately 25 minutes. An additional 10 minutes will allow the committee members to finish writing comments and complete the *School of Health Professions (SHP) Prospective Student Interview Form*.

At the conclusion of the interview, a faculty member will review the *Condition of Admissions Acknowledgement* form with the candidate and request a signature. A copy of this form will be given to the candidate. Should the interview be conducted virtually, the acknowledgement form will be sent electronically via email for signature and return.

The *Condition of Admissions Acknowledgement* form acknowledges that the applicant is responsible for providing the program with all official transcripts from any institution previously attended, and any outstanding items for admission (ie: current BLS certification) prior to starting the program. If any prerequisites are missing, the applicant is made aware of the deficiency at the conclusion of the interview and the applicant must meet/or provide a plan to meet the requirement prior to entry into the program. The applicant must sign and return the *Condition of Admissions Acknowledgement* form to the department after the interview. The signature on this condition form indicates understanding on the part of the candidate that entry into the program is conditional upon fulfillment of all requirements. Copies of the condition form are kept by the student and programs admissions committee for the candidate's file. If the conditions are not successfully completed by the applicant, the program reserves the right to rescind the seat.

The Decision

Decisions will be made on a rolling basis. After each of the interview dates, the program admissions committee meets to decide on recommendations of candidates for admission, candidates to hold or candidates to not accept.

Once the Program reaches their target admissions quota, the Committee will continue to reassess the candidates placed on hold and interview new applicants. These candidates will be ranked by their final interview score. Candidates will be offered seats according to their score on the list as candidates already offered seats notify the program that they are declining the offer. After the application deadline, those remaining on the hold list will be placed on a ranked alternate list.

Candidates who are accepted into the Athletic Training Program with outstanding conditions will be admitted on a conditional basis. Students must complete all outstanding conditions in the timeframe outlined by the program. Failure to do so may result in a recommendation of rescinding admission to the athletic training program.

A list of all candidates accepted for admission and an alternate list are submitted to the School's admissions committee for approval. Following approval, accepted applicants are informed by the program of their status via telephone. An official offer of acceptance is emailed to each candidate by the Office of Graduate Admission. Non-accepts are also notified by the Office of Graduate Admissions of their status.

Admission Deferrals

Occasionally an applicant will gain admission to the athletic training program and subsequently must withdraw from the class prior to the start of their program due to unforeseen circumstances that preclude their attendance. Examples of such circumstances include the sudden illness of a family member that necessitates the applicant's presence, a change in financial status that makes college unaffordable, or a student in a military reserve unit who is called to active duty.

The decision to grant deferral status is made on a case-by-case basis. The Program Chair consults with faculty and recommends deferral for one year and for one year only. Students must submit a request to defer in writing (email) to the Program Chair. The Program Chair then submits a memo accepting the deferral decision, with the student's request email attached, to the Assistant Dean. Such deferral guarantees admission to the following year's class.

International Applicants

Application deadlines for international students are historically earlier than domestic applicants. International applicants should contact the Athletic Training department for deadline dates. Applicants are responsible for submitting all necessary documentation. International applicants are also expected to fulfill the following University and federal immigration and naturalization department regulations:

1. It is necessary to provide financial documentation, which indicates that the applicant's sponsor(s) has sufficient funding to pay for all educational and personal expenses while in the United States. The amount considered as sufficient funding may vary from year to year. For details, visit <https://www.stonybrook.edu/commcms/visa/>.
2. Official transcripts and records must be submitted as documentation of academic work. If transcripts are in a foreign language a certified English translation is required in addition to the original documents. All transcripts from a foreign country must also be evaluated by a certified agency in the United States, such as World Education Services (www.wes.org) before starting the admission application process. Applicants to undergraduate programs must submit a course-by-course evaluation. Applicants to graduate programs may submit a document-by-document evaluation.
3. The TOEFL iBT Speak or IELTS Speak test is required for admission. A minimum score of 90 is required for the TOEFL iBT Speak with a minimum score of 22 in each subsection and a minimum score of 7 for the IELTS Speak test with no subsection below a 6. The Educational Testing Service of the College Entrance Examination Board administers the TOEFL iBT Speak. They are given several times each year at centers in all major cities of the world. The examination must be taken prior to the date for which admission is sought. For further information, contact Educational Testing Services, Princeton, NJ 08541-6151, 609-771-7100 or <https://www.ets.org/toefl.html>. Applicants may take the International English Language Testing System (IELTS Speak) tests instead of the TOEFL iBT Speak. Further information is available by contacting the IELTS website, www.ielts.org.

International applicants can visit these websites for further information:

<https://www.stonybrook.edu/hsbulletin/admissions/International-Students.php>

<https://www.stonybrook.edu/commcms/visa/>

<https://www.stonybrook.edu/sb/graduatebulletin/current/admissions/international/index.php>

SAMPLE COURSE PROGRESSION

Master of Science

The two-year graduate curriculum consists of 77 graduate credits, including lecture, laboratory, and clinical education. Curriculum will include foundational content, patient care, research, and critical inquiry.

Year one will include coursework based on physical agents, professional practice, clinical diagnosis and treatment, critical care, evidence-based practice, research design, and two clinical education experiences.

Year two will introduce coursework in research methods, healthcare management, advanced therapeutic intervention, nutrition, general medical conditions, research, and four clinical education experiences. Students will conduct research, utilizing IRB protocol, culminating in a capstone activity resulting in a journal article-style report and poster. In addition, students will be participating in inter-professional education and interacting with other healthcare practitioners through the general medical conditions course and clinical education.

Each clinical experience will involve a minimum number of hours, dependent on course credit and location within the program course sequence.

Schedule - YEAR 1

Term 1: Summer I Year I		Term 2: Summer II Year I	
Course Number & Title	Credits	Course Number & Title	Credits
HAL 515 Foundations of Athletic Training	4	HAL 535 Clinical Diagnosis and Treatment I	5
HAL 520 Principles of Physical Agents	3		
HAL 525 Evidence-Based Practice (on-line)	1		
Term Credit Total	8	Term Credit Total	5
Term 3: Fall Year I		Term 4: Spring Year I	
Course Number & Title	Credits	Course Number & Title	Credits
HAL 530 Critical Care	3	HAL 545 Clinical Diagnosis and Treatment III	3
HAL 540 Clinical Diagnosis and Treatment II	5	HAL 565 Research Design (on-line)	2
HAL 581 Athletic Training Clinical I	7	HAL 582 Athletic Training Clinical II	7
Term Credit Total	15	Term Credit Total	12

Schedule - YEAR 2

Term 5: Summer I Year II			Term 6: Summer II Year II (immersive)	
Course Number & Title	Credits		Course Number & Title	Credits
HAL 550 Advanced Therapeutic Intervention	5		HAL 583 Athletic Training Clinical III	3-5
HAL 570 Research Methods	2		HAL 555 Healthcare Management (on-line)	3
Term Credit Total	7		Term Credit Total	6-8
Term 7: Fall Year II			Term 8: Spring Year II (immersive)	
Course Number & Title	Credits		Course Number & Title	Credits
HAL 571 Research Seminar I	1		HAL 560 Nutrition and Supplement Use for Sports Performance (on-line)	3
HAL 575 General Medical Conditions	4		HAL 572 Research Seminar II	1
HAL 584 Athletic Training Clinical IV	7		HAL 585 Athletic Training Clinical V	7
			HAL 586 General Medical Clinical	1
Term Credit Total	12		Term Credit Total	12

ATHLETIC TRAINING STUDENT GUIDELINES

ATS are obliged to follow guidelines put forth by the ATP relating to the performance of their tasks. ATS are expected to follow these parameters as closely as possible. The following are cornerstones to a successful educational experience.

AVAILABILITY

- The ATS is not to leave the clinical assignment without permission from the preceptor.
- Personal appointments (including employment) should not interfere with the ATS' clinical assignment.
- When unable to attend a scheduled experience, notify the preceptor in advance.

PUNCTUALITY

- It is good practice to arrive ten minutes before all assigned clinical experiences.
- Be ready to begin the experience upon entering the facility.
- When anticipating a late arrival, call as soon as possible.
- **The ATP rule of punctuality: "To be early is to be on time, to be on time is to be late, and to be late is unacceptable."**

ACADEMICS

- ATS are responsible for providing their preceptor with a finalized class schedule each semester.
- Any changes to a completed schedule must be reported as soon as possible.
- ATS must remain in good academic standing.
- ATS who fall behind in their academics may be subject to suspension and/or dismissal from the ATP.

SERVICE

- Participation in professional service activities is expected of all ATS. This can be at the program, school, university, community level as well as state, regional or national level.

ATHLETIC TRAINING STUDENT POLICIES

ADVISING

Upon acceptance into the ATP each student will be assigned an ATP faculty academic advisor. Students are required to meet at least two weeks prior to registration for each academic session.

COURSE PROGRESSION

Professional ATP courses (HAL) must be taken in a sequential manner. ATS who receive the grade of “D+” or below must first retake the course before progressing to the next course in the sequence. ATP professional courses may only be repeated once. An ATS who receives the grade of “C-” may progress on to the next sequence, but must remediate the insufficient grade. Failure to obtain the grade of “C” or higher in two attempts may result in the ATS being dismissed from the program.

TIME TO COMPLETION POLICY

Students are expected to finish the curriculum in two years. If students have special circumstances that require an extension of this length of time, they need to discuss this with the program chair, who can recommend an extension of one year, as circumstances warrant. The final decision rests with the dean of the School of Health Professions. In all cases, including granted leaves of absence (see SHP Handbook), the maximum time to degree completion is four years.

UNIVERSITY POLICY STATEMENT REGARDING RELIGIOUS HOLIDAYS

https://www.stonybrook.edu/commcms/registrar/calendars/religious_holidays.php#2023

The University is committed to ensuring that every student will have the right to pursue their education while practicing their faith. To accomplish this, the Office of the Provost has undertaken the following strategic steps:

- Stony Brook University is committed to providing the opportunity for all students to practice their faith.
- Each spring the Office of the Provost will issue a listing of major religious holidays that will take place during the following academic year. This will ensure that faculty is aware of the major celebrations of the faiths practiced by our students.
- All student absences in order to practice their faith will be viewed as an ‘excused absence’, with no negative consequence.
- Faculty are strongly urged to avoid scheduling examinations, papers, presentations or other assignments to be due on any of the major listed holidays. When this is unavoidable, students will be given the opportunity for an equivalent make-up.
- All courses are registered on the online course management system. We will request that faculty post their lecture notes for classes taking place on any of the major holidays on their individual course site so that all students can access the material.
- Students will be expected to notify their professor in advance, but definitely before the final date of the ‘add/drop’ period of their intention to be out for religious observance. They can discuss with their faculty member at that time how they will be able to secure the work covered.
- If a student is not satisfied that they are being treated appropriately, they can reach out to the Office of the Provost to have their grievance addressed
- Faculty who intend to observe a religious holiday should arrange at the beginning of the semester to reschedule missed classes or to make other provisions for their course-related activities
- The text of the New York State Education Code will be posted on the academic calendar page on the web site of the Office of the Registrar

GRADING POLICY

Final grades are based on the following percentages:

Grade	Percentage
A	93
A-	90
B+	87
B	83
B-	80
C+	77
C	73
C-	70
D+	67
D	63
F	< 63

HEALTH CARE POLICY

A complete medical history and physical are required for all in-coming full-time students at Stony Brook University. New York State Public Health Law requires that every student demonstrate proof of immunity against measles, mumps, and rubella. This law requires the University to prohibit students' future attendance if they fail to acquire or submit certification of the necessary immunizations. Compliance is mandatory; students who fail to provide proof of immunization will be prevented from registering for courses.

The Student Health Service provides health and counseling services to all Stony Brook University students. The clinic at the Health Service is staffed by physicians, physician assistants, nurse practitioners, dietitians, and nurses. See Student Health Services website for services offered.

<https://www.stonybrook.edu/commcms/studentaffairs/shs/>

The comprehensive fee, mandatory for all students, in part entitles students to health services. The University requires a health insurance plan because extensive medical assistance not available at the Health Service may cause financial difficulty.

In their role as faculty advisor, faculty may refer students and assist them in gaining access to these services. The ATP reserves the right to require students to seek professional medical and/or counseling services when there is evidence the student is not able to fulfill their responsibilities in the academic or clinical settings.

ATP students with health issues that may put them, their fellow students, faculty, staff, or the population they work with at risk for illness or disease, must identify these conditions to the program chair. Confidentiality will be

practiced regarding the disclosure of any such conditions. Coordination between the PD, ATP Medical Director, ATS and the student’s personal physician will determine the appropriate course of action.

STUDENT HEALTH INSURANCE

The University requires all students to carry health insurance. Students must provide proof of insurance or purchase health insurance through the University.

TECHNICAL STANDARDS

ATS must meet Technical Standards for continuation in the program. The form must be acknowledged and signed upon entry into the program, indicating an understanding of the standards that must be met. The form can be found in Appendix H and on the ATP web site.

COMMUNICABLE DISEASE POLICY

ATP students with health issues that may put them, their fellow students, faculty, staff, or the population they work with at risk for illness or disease, must identify these conditions to the program chair. Confidentiality will be practiced regarding the disclosure of any such conditions. Coordination between the chair, ATP Medical Director, ATS, and the student’s personal physician will determine the appropriate course of action.

BLOODBORNE PATHOGEN POLICY

All ATS have the potential to be exposed to human blood and other potentially infectious materials during the clinical experience. The ATP provides yearly, formal bloodborne pathogen training prior to participation in the clinical education portion of the curriculum. ATS have access to and can utilize multiple forms of personal protective clothing and equipment and engineering controls to reduce the risk of spreading potentially infectious diseases. Please refer to the program Bloodborne Pathogen Policy and Procedure (BBP P&P) on the following page for more information. Each clinical site also has its own BBP P&P available to the ATS which are posted in Brightspace.

SANITATION POLICY

Good hand hygiene should always be followed. ATS will have the ability to clean hands before and after patient encounters. This ideally will be a sink with water and soap. According to the Center for Disease Control and Prevention (CDC), follow these five steps:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them. (CDC 2021)

If soap and water are not immediately available, hand sanitizer can be used. Wash hands as soon as is feasible.

GRIEVANCES

Personal conflicts can arise during the academic experience. The initial attempt at conflict resolution should include only those parties directly involved. If an amicable solution cannot be reached, an impartial moderator should become involved. If necessary, the issue may be brought to the attention of the program chair or vice chair for resolution. The SHP Academic Standing Committee can hear grievances and make recommendations should the program be unable to find resolution independently. Students are referred to the SHP Academic Policies and Procedures for procedure (see SHP Handbook). See Report of Student Conference Form (Appendix G).

THERAPEUTIC EQUIPMENT POLICY

If a piece of equipment appears to be defective, use of it will be stopped immediately and reported to the PD or the preceptor. The equipment will be removed from the classroom or clinical setting, if possible or unplugged and a visible “out of order” sign will be placed on the piece of equipment. Any repairs required to the equipment will be made according to the manufacturer's recommendation.

RADIATION EXPOSURE

All clinical sites which may expose students to radiation must display and orient ATS to radiation protection and exposure plans. These are site specific documents that will be reviewed during the ATS’ clinical experience orientation and are available for review on Blackboard/Brightspace.

BEING A STUDENT-ATHLETE AND AN ATHLETIC TRAINING STUDENT

Students in this situation must realize that a dual commitment must be made and yearly progress towards completing the clinical requirements for graduation and certification must be demonstrated. ATS will not be eligible to receive credit for athletic training experience providing healthcare to teams on which they are currently participating.

Should the student have a conflict between a SA competition and a scheduled lecture or lab, the student is expected to notify the instructor of that conflict at least 2 weeks in advance (exceptions may be made for competitions rescheduled due to weather). At the time, the student is expected to make arrangements with the instructor to resolve the conflict and complete any work to be missed (obtaining class notes or handouts, attending another lab/lecture, handing in assignments, etc.).

The ATP has required clinical experiences which are normally scheduled at the same time as athletic participation. All clinical experiences must be completed within the two-year graduate program time frame.

SCHOLARSHIPS

Available scholarship opportunities will be disseminated through program announcements and the Scholarship Folder on the Athletic Training Program on Brightspace - ATP Resources. Students are encouraged to search for scholarship opportunities through professional organizations (i.e.: NATA, EATA and NYSATA) and on the SHP and the AT websites. In addition, the Henry and Marsha Laufer Scholarship is awarded to full-time matriculated students in degree-granting programs in the School of Health Professions. Scholarship winners will be selected on the basis of academic credentials and performance, and are expected to demonstrate leadership potential as clinicians, educators, and/or researchers. When available, the Athletic Training Program offers scholarships to ATP students.

Students are also able to use the following link for graduate scholarship opportunities available through the University.

https://www.stonybrook.edu/commcms/finaid/graduate/types_of_aid/Scholarships.php

<https://healthprofessions.stonybrookmedicine.edu/programs/at/scholarships>

BLOODBORNE PATHOGEN EXPOSURE PROCEDURE

<https://ehs.stonybrook.edu/programs/occupational-safety/bloodborne-pathogens.php>

EXPOSURE PROCEDURE

- All exposure incidents must be reported to the supervisor/preceptor and Clinical Education Coordinator immediately.
- The individual will receive appropriate on-site first aid care.
- The individual will be referred to their primary medical care provider, Student Health Service, Emergency Department, Employee Health or University Hospital for further medical care.
- The Health Sciences Schools Student Clinical Affiliate Injury/Illness Report will be completed within 48 hours of occurrence and a copy filed with the Program Chair (see Appendix J).
- Students must follow up within 72 hours of exposure with Student Health Services and/or Occupational and Environmental Medicine. Students should call 631-444-6250 for testing and/or counseling.
- Depending on the BBP, follow up with medical personnel may be required.

GENERAL WOUND CARE

- Wear gloves and personal protective equipment as appropriate.
- If possible, reduce your risk of exposure by having the student-athlete apply gauze and dressing (ie: Band Aid).
- Cleanse wounds with antiseptic.
- Apply antibiotic ointment, dressing and bandage; tape to secure.
- Properly remove gloves and dispose of blood-soaked material in red biohazard waste receptacle.
- Wash hands with soap and water or antimicrobial solution immediately after any wound care.

EQUIPMENT AND FLOOR CONTAMINATION

- Wear gloves and personal protective equipment as appropriate.
- Use appropriate disinfectant (ie: 1 to 10 dilution of bleach) and paper/cloth towel.
- Contaminated cloth towels must be placed in a red biohazard bag to be laundered separately; If beyond laundering, dispose of in a red biohazard waste receptacle.
- Paper towels must be disposed of in a red biohazard bag.
- Remove gloves and discard them appropriately.
- Wash hands with soap and water or antimicrobial solution immediately after any clean up.

CLOTHING

- Small amounts – use 1:10 bleach solution or fabric cleaner directly on clothing until blood is no longer visible.
- Large amounts – place contaminated clothing in a biohazard bag for laundering; ATS must change clothes.

SEVERE BLEEDING AND/OR VOMIT

- Arterial bleeding, spurting blood or severe vomiting requires use of protective gown and facemask.

ADDITIONAL PRECAUTIONS

- All blood saturated materials must be disposed of in red biohazard waste receptacles.
- Any sharp or pointed objects must be disposed of in a designated “sharps” container to minimize risk of puncture contamination.

CLASSROOM POLICIES

ATTENDANCE

Attendance at all lectures and laboratory sessions is mandatory. Unexcused absence and/or lateness may negatively affect the student's final grade. Students should attend all lab sessions in appropriate attire for lab activity. Since critical thinking skills are necessary for the professional practitioner, and active participation is necessary in the learning process, the student is expected to participate in daily critical and creative discussions and explorations. At this level of education, it is the responsibility of the ATS to display a professional approach toward the learning process. Promptness, preparation, participation, and clean-up are expected. Absences from athletic training courses for team travel or special events will be allowed on a case-by-case basis. It is the responsibility of the student to notify the class instructor at least two weeks prior to the scheduled event. Approval will be granted by the instructor provided that the student is performing adequately.

VIRTUAL MEETING/CLASS EXPECTATIONS

- Individual instructors may prohibit eating, electronic devices, etc. during class.
- Students are expected to find a quiet place (with no background noise and/or distractions) with reliable internet connectivity, be seated at a desk or table, and are expected to dress appropriately (as if the class were an in-person class).
- Students are expected to have their camera turned on for the duration of the class, and mute/unmute their microphone as needed. If the camera is not on, instructors may remove the student from the class/session. In the event that a student cannot have the camera on, prior notice must be given to the instructor.
- Students may be permitted to use other electronic devices during classroom time for academic purposes only. Checking email or surfing the web for any purpose other than the class is not permitted. Failure to adhere to this policy could result in the student being asked to leave and the student being marked as absent for the class session.
- Students are expected to participate in class activity/discussions and use classroom etiquette.

EATING

Eating during class is allowed at the discretion of the instructor per current infectious disease guidelines. Eating during laboratory sessions is prohibited. Beverage and food containers must be disposed of properly and surfaces must be cleaned prior to leaving the classroom.

EQUIPMENT

Laboratory equipment is available for education and research purposes. Equipment may be borrowed with instructor permission. Equipment is costly to purchase and maintain, thus it should be handled appropriately. Malfunctioning equipment should be reported to the instructor/preceptor. At the conclusion of class, equipment must be returned to its proper location so that it will be readily available for the next class. Shoes must be removed when using mats and treatment tables.

ELECTRONIC DEVICES

Electronic communication devices, including cellular phones, speakers, and headphones must be put away, not left on the desk/table, during any class.

COMPUTERS

Computer use must be limited to viewing course-related content. Any student using electronic devices to view non-related content will lose computer use privileges.

STUDENT ACCESSIBILITY SUPPORT CENTER (SASC)

If students have a physical, psychological, medical or learning disability that may impact course work, please contact Student Accessibility Support Center, Stony Brook Union, Suite 107, (631) 632-6748; email address is sasc@stonybrook.edu. They will determine with the student what accommodations, if any, are necessary and appropriate. All information and documentation is confidential. Visit website for additional information.

<https://www.stonybrook.edu/commcms/studentaffairs/sasc/Students/index.php>.

Students who require assistance during emergency evacuation are encouraged to discuss their needs with their professors and Student Accessibility Support Center. For procedures and information go to the following website:

<http://www.stonybrook.edu/ehs/fire/disabilities>

<https://ehs.stonybrook.edu//programs/fire-safety/emergency-evacuation/evacuation-guide-disabilities>

CLINICAL EXPERIENCE POLICIES

OUTSIDE EMPLOYMENT

The clinical experience is demanding of the athletic training student's (ATS) time. The clinical experience must be the student's first priority as part of coursework. Absences from assigned clinical experiences due to outside employment will not be tolerated and may result in dismissal from the ATP.

CLINICAL ASSIGNMENTS

The Clinical Education Coordinator will assign ATS to all clinical assignments according to the Standards set forth from CAATE. The clinical experience consists of six (6) clinical courses in which the ATS is assigned to a preceptor for the clinical experience. All clinical assignments at SBU and its affiliated clinical sites involve contractual agreements with the facilities. ATS will be notified four (4) weeks in advance of their clinical assignment for the upcoming clinical course. All ATS will be assigned at least one off-campus clinical assignment during the course of the program.

CLINICAL CLEARANCE

Each student must complete the following requirements. ATS are required to submit and maintain current and valid forms to meet the requirements of SBU, SHP and ATP. The completion of these requirements are attested to by the Clinical Education Coordinator and approved by Stony Brook Medicine. No ATS may attend clinical experience without this clinical clearance.

The ATP will provide each cohort with a yearly Clinical Clearance spreadsheet via the Google Drive folder. This spreadsheet details the requirements, where to locate them, how to complete them and the due dates. Please refer to that document for additional information.

Each ATS will purchase a CastleBranch Compliance tracker at the beginning of their program. Clinical clearance documents will need to be uploaded to CastleBranch for verification. The one-time fee for this service is approximately \$45.

Requirements

1. Health assessment - a form will be provided and must be completed annually. The costs related to completion of this form will vary per health insurance plan.
2. Immunization records, including titers - are included with the Health Form - Health Sciences. Quantitative lab results are required. The costs related to completion of this form will vary per health insurance plan.
3. Primary health insurance – each ATS must provide proof of insurance or purchase the SBU plan.
4. Certificate of Basic Life Support (BLS) CPR – each ATS must maintain BLS level certification throughout the program.
5. HIPAA and FERPA training and confidentiality documentation - free, online training will be provided.
6. Infection Control and Bloodborne Pathogens training - free, online training will be provided.
7. Professional liability insurance for Athletic Training Students - ATS need to purchase this annually. Cost is approximately \$50 per year.
8. Fingerprinting - this only needs to be completed one time and will cost approximately \$120.
9. Background check - this only needs to be completed one time and will cost approximately \$150.
10. Agreement of MSAT Technical Standards - this form is located in the ATP Google Drive folder and must be signed and dated by the ATS (Appendix H).
11. Statement of Student Agreement - is provided at ATP Orientation. This form must be signed and dated by the ATS (Appendix I).

ADDITIONAL CLINICAL EXPENSES

In addition to the costs related to clinical clearance, ATS are responsible for the following items related to their clinical experiences. The full list is located in Appendix F.

1. Clothing - ATS are expected to place a minimum apparel order to be worn during clinical experiences. ATS will receive an on-line store link. The anticipated minimum cost for this is approximately \$200.
2. Supplies - ATS will receive a list of supplies to be purchased.
3. NATA Student Membership - the cost for this professional membership is \$100 per year.

TRANSPORTATION

During the student's clinical experience, the student will be assigned to clinical experiences on and off campus. Additionally, the ATS will be off-campus for the majority of the student's general medical experience during the final semester. All students are responsible for securing their own transportation to/from their clinical site. This includes all costs.

CLINICAL EXPERIENCE HOURS

The purpose of the clinical experience is to provide the ATS with "real world" athletic training experience. At the completion of the clinical experience, the student should have a pragmatic understanding of the typical daily schedule and activities of a certified athletic trainer. For these experiences, the student is required to work directly with their preceptor, assisting with clinical medical care. Settings may include athletic training facilities, physician offices and/or outpatient clinics. The schedule will include evenings and weekends. The student will have at least one day off in every seven-day period.

ATS are required to complete 40 hours of clinical experience per assigned credit under the direct supervision of their preceptor. Students should refer to the clinical course syllabus for the minimum and maximum hour requirements. These hours do not include travel and/or meal times.

DIRECT SUPERVISION

All ATS must be directly supervised by a preceptor during their clinical experiences. Direct supervision requires that the preceptor be physically present and have the ability to intervene on behalf of the ATS and patient/client to provide on-going and consistent education. Also, the preceptor must consistently and physically interact with the ATS at the site of the clinical experience. If an ATS should find themselves in a position unsupervised, the ATS are not to provide patient care and will immediately call the Clinical Education Coordinator: 631- 632-7164.

ATTENDANCE

Attendance at all scheduled clinical experience times is mandatory. The professional athletic training experience that occurs during clinical education is vital to the development of the skills necessary for becoming an athletic trainer. This aspect of the ATS' education should be considered just as important as the classroom experience. The critical thinking and practical application of skills in the clinical environment is a continuation of theory, knowledge, and skills introduced and acquired in the classroom and laboratory. Each ATS is expected to attend the clinical experience for no more than six consecutive days per week which might include weekends. Students will have a minimum of one day off in every seven-day period. The ATS is expected to attend all activities as agreed upon by the preceptor.

All outside employment must be scheduled around the clinical experience. Absences from the clinical experience will be allowed on a case-by-case basis. It is the responsibility of the student to notify the preceptor at least two weeks in advance of a known absence. If a situation arises and the ATS must be absent from a clinical experience, it is the responsibility of the ATS to notify the preceptor immediately. Failure of notification, or excessive absences, will result in a meeting between the ATS and the Clinical Education Coordinator, with an Incident Report (Appendix E) documenting the situation. Further actions, including academic warning, may result after the conference.

Inclement Weather Attendance Policy

The decision to close SBU offices lies with the Governor. The University President may cancel classes. However, clinical experiences may not be canceled. The ATS should check with their preceptor as to the status of their particular site. Students who deem the weather conditions hazardous should contact their preceptor to notify them that they will be unable to attend the clinical experience.

PROFESSIONALISM

All students are expected to behave professionally in the classroom, laboratory, and clinical settings. Those who fail to comply with this policy will be removed from the respective setting.

The student is responsible for notifying the Clinical Education Coordinator of any situation which may be deemed as a conflict of interest with their clinical assignment. Examples include, but are not limited to: relationships with patients, staff, supervisors, and faculty; current or former membership of a team assigned to a preceptor; prior personal relationship with anyone affiliated with the clinical site.

Professionalism is regarded with the utmost importance during the educational experience. Each ATS, regardless of the venue, is viewed as an extension and representative of SBU. Every ATS must maintain the highest professional standards and commitment, as displayed through appearance, conduct, and attitude. Poor exercise in judgment or conduct unbecoming an SBU ATS should be reported to the ATP staff via an Incident Report (Appendix E). The ATS may be counseled or disciplined. The ATS must remember that the preceptor, in conjunction with the ATP staff, retains the authority to determine the appropriateness of the ATS appearance and conduct.

CONFIDENTIALITY

ATS will always stay within the limits of their position and knowledge. Do not discuss any clinical information (injuries, treatments, doctor reports, etc.) with others. The confidentiality of the medical environment is paramount. An ATS must not release information to anyone regarding a patient. This includes the health status of a patient, opening the patient's file for inspection, copying or reproducing any reports, passing authorized information by telephone or using diagnostic test results for demonstration or instruction without prior, written permission. These guidelines must be adhered to strictly. Disregarding these instructions may result in prompt dismissal from the ATP.

MEDICATION

All ATS are never allowed to dispense over-the-counter (OTC) or prescription medications to anyone at any clinical site at any time.

SOCIAL MEDIA

There will be absolutely no social media contact with minors with whom the ATS comes into contact during the clinical experience. This includes during and after the completion of a given clinical assignment. Any contact with a minor outside of the supervised clinical environment can be misconstrued and raise concern over the behavior of the ATS, and thus, the ATP. It is imperative that each ATS maintain a professional relationship with all patients/clients.

DOCUMENTATION OF CLINICAL EXPERIENCE

The ATS is responsible for recording their clinical hours and experiences daily. All hours and case logs will be documented in e Value. Preceptors will verify the hours and approve the case logs submitted by the ATS; this should occur at least one time per week. The e Value ATS Handbook, located on Brightspace - ATP Resources, has additional information regarding this.

CLINICAL EXPERIENCE EVALUATIONS

Each ATS will be oriented to their respective clinical site by their preceptor. The preceptor will complete the Clinical Experience Orientation evaluation within the first three (3) days of the clinical experience. The ATS will be evaluated by their assigned preceptor at least twice during the assignment. The ATS will evaluate their preceptor and clinical site for each clinical experience. All evaluation tools are located on e Value.

CLINICAL GRIEVANCES

Occasionally students encounter challenging situations during clinical experiences. While such instances are quite rare, these situations may require resolution by faculty or administration. These situations may involve clinical instructors, preceptors, patients/clients, clinical staff, other students, supervisors, academic faculty, or any individual an ATS may come in contact with during clinical experiences.

The initial attempt at conflict resolution should include only those parties directly involved. If an amicable solution cannot be reached, an impartial moderator should become involved. If necessary, the issue may be brought to the attention of a faculty member for resolution. The SHP Academic Standing Committee can hear grievances and make recommendations should the program be unable to find resolution independently. Students are referred to the SHP Academic Policies and Procedures for procedure (see SHP Handbook). See Report of Student Conference Form (Appendix G).

DRESS CODE POLICY

The ATP promotes an environment in which all staff display the highest levels of respect and professionalism which will foster an educational environment that is consistent with learning and development of professional practice in athletic training. This policy applies to conduct during, and related to, all assigned clinical experiences of the ATP. An ATS entering the field upon graduation must understand that professional appearance as a health care provider is crucial to the development of respect and patient confidence. The ATS is expected to dress accordingly at all times. This dress code is designed to provide the minimum acceptable level of dress for the ATS during their assigned clinical experiences. Please note that the preceptor or the clinical setting may require the ATS to dress at a level above this dress code, but may not be less stringent. It may become necessary for the ATS to pack appropriate attire in a bag, go to classes, and change clothes before reporting to the clinical assignment. The ATS is financially responsible for meeting dress code requirements.

Preceptors will set the final dress code based on the event(s) and the site. Site specific branded clothing is permitted. All clothing must be properly fitted (not too loose and not too tight), in good and clean condition. ATS are not permitted to wear any clothing representing any institution other than SBU and/or the clinical site. Alcohol brands or any other inappropriate logo/message while representing the ATP in an official capacity are not permitted. What follows is the minimum standard that must be met:

- SHP-issued identification badge must be worn at all times.
- Fanny packs must be worn when at practices or events and be immediately accessible when indoors.
- Grooming:
 - Hair must not interfere with ability to perform clinical duties (i.e.: long hair must be pulled back away from face, etc.).
 - Finger nails must be kept at a length that will not leave imprints on the patient's skin.
- Jewelry:
 - Digital wrist watch or watch with a second hand must be worn at all times.
 - Jewelry must not interfere with any functions that may be performed by an athletic trainer (e.g. multiple necklaces may interfere with evaluations and treatments; lip piercing may interfere with rescue breathing, large hoop earrings may interfere with auscultations, etc.).

- Bottoms:
 - No denim of any type or color.
 - No casual cotton/lycra/spandex sweatpants/pants are permitted.
 - No athletic shorts (mesh, cotton, etc.).
 - No capris.
 - Nylon with pockets is acceptable.
 - All bottoms must be solid khaki, tan, brown, black, blue, gray, or white.
 - Must have a hem (no cutoffs) and pockets.
 - Shorts (with permission of preceptor) must be of mid-thigh length to knee length.
- Shirts:
 - ATS must have sufficient supply of SB logo polos and T-shirts to wear during clinical experience.
 - No tank tops, sleeveless shirts, V-neck shirts, scoop-neck shirts allowed.
 - Shirt sleeves cannot be rolled up above the shoulder.
 - Acceptable colors are: red, white, navy, gray.
 - Shirts must be tucked into the waistline of the shorts or pants at all times.
- Shoes/Sneakers/Socks:
 - The ATS must wear footwear appropriate to the setting.
 - Sandals, flip-flops, slides, crocs or high heel shoes are not permitted.
 - Socks must be worn at all times.
- Outerwear/Hats:
 - Only SBU or clinical site sweatshirts may be worn.
 - Jackets may not be worn in lieu of appropriate clothing.
 - Hats may only be worn outdoors and must be specific to the institution (SBU or clinical site logo).
 - Hats must be worn correctly (e.g. baseball hats must be worn with the brim forward, etc.).
- Game Day Dress:
 - Discuss and verify Game Day dress code with the preceptor, including exceptions for extreme weather.
 - Staff polo shirt:
 - if an additional layer underneath is needed, it must be white or grey and under the polo.
 - Khaki pants.

If clothing is deemed unacceptable by a Preceptor:

- First offense: ATS will be sent home to change.
- Second offense: Incident Report (Appendix E).

CLINICAL COURSES

There are six clinical courses (HAL 581-586) that provide a logical progression of increasingly complex and autonomous patient-care and client-care experiences. Clinical education will include clinical practice opportunities with varied client/patient populations throughout the lifespan with varied sexes, socioeconomic status, levels of activity, and athletic ability. Students will also have opportunities to work with populations who participate in non-athletic activities.

AT Clinical I commences in the Fall of Year I and includes evidence-based principles and foundations of athletic training as well as the clinical diagnosis and treatment of lower extremity injuries. In the Spring of Year I, AT Clinical II will expand on that knowledge by including the skills learned in critical care and clinical and diagnosis and treatment of injuries to the upper extremity and cervical spine.

AT Clinical III occurs during Summer II of Year II, and is the first immersive clinical. An athletic training immersive clinical is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students will participate in the day-to-day and week-to-week role of an athletic trainer. This clinical experience will build on the previous two clinical courses as students will practice skills associated with the thoracic and lumbosacral spine and introduce advanced therapeutic intervention techniques into their clinical practice. These skills will continue into AT Clinical IV in the Fall of Year II allowing students to advance their clinical skills in all of the previously studied areas.

AT Clinical V and VI occur during Spring of Year II, and are also immersive clinical experiences with a focus on general medical conditions, nutrition & supplements. The goal of this last experience is to encourage students to develop critical thinking skills and increased autonomy in making clinical decisions.

These courses earn college credits for ATS. Below presents the stipulations and limitations placed on the clinical courses:

- Clinical credit may only be obtained during semesters in which the ATS is enrolled in the ATP.
- The ATS may only earn credit for the assigned clinical course during any given semester.
- Each ATS is expected to attend the clinical experience for no more than six consecutive days per week which might include weekend days.
- All clinical education must be contained in individual courses that are completed over a minimum of two academic years. Clinical education may begin prior to or extend beyond the institution's academic calendar.
- An ATS receiving less than a grade of "C" in any clinical course may be dismissed from the program.

Each clinical course is proficiency-based, which means that a large percentage of an ATS' final grade will be based on their ability to perform a series of set objectives taken from the incorporation of theory and practice of content learned in previous coursework. This method should help ATS tie together what they learn in the classroom with the clinical aspects of athletic training. For this process to be effective, ATS should approach their clinical experience as a hands-on learning opportunity which simultaneously exposes them to new skills and techniques while providing opportunities to hone previous skills.

Each clinical course contains Course Objectives, which are the CAATE Standards requirements for that course. The ATS should be familiar with these and work to complete them, along with the Professional Attribute components of the Clinical Experience Final Assessment throughout the clinical experience. Waiting until the last few days of their assignment and attempting to do it then does not meet the intent of the clinical experience and is unfair to their preceptor, who has the right to decline the imposition on their time. In this case, ATS should expect to receive an

incomplete grade for their clinical. All of the required standards for each clinical are divided into skill proficiencies and scored 0-10. Each proficiency must be completed with a score of 7 or higher before the student is considered to be proficient.

Credit for AT clinical courses is based on a formula developed by the State University of New York (SUNY) and is applicable system-wide for all laboratory and clinical courses. The formula takes into account the amount of time the student is expected to be involved in activity required by the course. This includes in- class and clinical experience (out-of-class) over the duration of the respective course. Clinical courses taken during the fall (HAL 581, 584) and spring (HAL 582, 585) semesters earn the ATS 7 credit hours. Clinical courses taken during the summer module (HAL 583) earn the ATS a variable amount of credit hours (3-5) based on the length on the applicable preseason schedule. General Medical Clinical (HAL 586) earns the student 1 credit.

Proficiency = Able to perform a task achieving the desired outcome for the ATS academic rank.

The preceptor will also provide objective and subjective feedback regarding the professional attributes and professional ethics of the ATS. The objective measures to be considered are primacy of the patient, teamed approach to practice, legal practice, ethical practice, advancing knowledge, cultural competence, and professionalism.

**The following are the criteria for all components of the
Clinical Skill & Professional Practice Attribute Evaluation**

Incompetent	Marginal	Competent	Proficient
1 - 2 - 3	4 - 5 - 6	7	8 - 9 - 10

ATHLETIC TRAINING STUDENT CONDUCT

Students are required to abide by all rules and regulations set forth by the program, department, school and university. To ensure that ATS are aware of their rights and responsibilities as well as the expectations placed on the ATS, the ATS should make sure they are in possession of the following documents:

- Athletic Training Program Policy and Procedure Manual (this document)
- School of Health Professions Student Orientation Handbook
<https://healthprofessions.stonybrookmedicine.edu/students/incoming/orientation>
<https://mycourses.stonybrook.edu/d2l/login> (Community Page)
- Brightspace - ATP Resources <https://mycourses.stonybrook.edu/d2l/login>
- Health Sciences Bulletin <https://www.stonybrook.edu/hsbulletin/>
- University Community Standards <https://www.stonybrook.edu/commcms/studentaffairs/sccs/>
- Code of Student Responsibility <https://www.stonybrook.edu/commcms/studentaffairs/sccs/conduct.php>
- Grading system
<https://www.stonybrook.edu/hsbulletin/records-registration/Grades-and-Academic-Standards.php>

Students are required to conduct themselves professionally as an athletic training student and future AT professional. Therefore, the National Athletic Trainers' Association (NATA) Code of Ethics (see Appendix B) and Board of Certification (BOC) Standards of Professional Practice must be adhered to (see Appendix C).

Students must also abide by the policies and procedures and code of conduct at the affiliated clinical site to which they are assigned. Their preceptor is responsible for reviewing this information with the student.

Students are expected to be professional at all times, as they represent Stony Brook University, the School of Health Professions, the Athletic Training Program, the Athletic Training profession and themselves.

Discretion should be used in identifying as athletic training students either verbally or with labels on clothing in places where alcohol or other substances can be consumed.

Violations of any of these policies, procedures or codes will result in documented action by the ATP in the form of an ATS Incident Report (Appendix E) or Report of Student Conference (Appendix G). These violations can include: unexcused absence, inappropriate behavior, insubordination, unethical conduct, or any other conduct unbecoming of an athletic training student as mentioned in the policies, procedures or codes mentioned. Violations can result in development of a behavioral contract, probation, failure of course requiring repeat of course, additional semester(s), and/or dismissal from ATP.

APPENDIX A

Commission on Accreditation of Athletic Training Education
2020 Standards for Accreditation of Professional Athletic Training Programs
Master's Degree Programs Adoption date: January 9, 2018
Effective date: July 1, 2020 Last updated: December 2022

https://caate.net/Portals/0/Standards_and_Procedures_Professional_Programs.pdf?ver=45lhjib4hBwN3vKguwEQMw%3d%3d

SECTION IV: CURRICULAR CONTENT

Prerequisite Coursework and Foundational Knowledge

- Standard 54 The professional program requires prerequisite classes in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level.
- Standard 55 Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

Core Competencies

Core Competencies: Patient-Centered Care

- Standard 56 Advocate for the health needs of clients, patients, communities, and populations.
- Standard 57 Analyze the impact of health literacy and social determinants of health on patient care and outcomes to determine healthcare strategies that empower patients and improve outcomes.
- Standard 58 Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.
- Standard 59 Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.
- Standard 60 Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

Core Competencies: Interprofessional Practice and Interprofessional Education

- Standard 61 Practice in collaboration with other health care and wellness professionals.

Core Competencies: Evidence-Based Practice

- Standard 62 Provide athletic training services in a manner that uses evidence to inform practice.

Core Competencies: Quality Improvement

Standard 63 Use systems of quality assurance and quality improvement to enhance client/patient care.

Core Competencies: Health Care Informatics

- Standard 64 Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:
- Use data to drive informed decisions
 - Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
 - Maintain data privacy, protection, and data security
 - Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)
 - Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.

Core Competencies: Professionalism

- Standard 65 Practice in a manner that is congruent with the ethical standards of the profession.
- Standard 66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:
- Requirements for physician direction and collaboration
 - Mandatory reporting obligations
 - Health Insurance Portability and Accountability Act (HIPAA)
 - Family Education Rights and Privacy Act (FERPA)
 - Universal Precautions/OSHA Bloodborne Pathogen Standards
 - Regulations pertaining to over-the-counter and prescription medications
- Standard 67 Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.
- Standard 68 Advocate for the profession.

Patient/Client Care

Care Plan

- Standard 69 Develop a care plan for each patient. The care plan includes (but is not limited to) the following:
- Assessment of the patient on an ongoing basis and adjustment of care accordingly
 - Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
 - Consideration of the patient's goals and level of function in treatment decisions
 - Discharge of the patient when goals are met or the patient is no longer making progress
 - Referral when warranted

Examination, Diagnosis, and Intervention

Standard 70 Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
- Drug overdose (including administration of rescue medications such as naloxone)
- Wounds (including care and closure)
- Testicular injury
- Other musculoskeletal injuries

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
 - Cardiovascular system (including auscultation)
 - Endocrine system
 - Eyes, ears, nose, throat, mouth, and teeth
 - Gastrointestinal system
 - Genitourinary system
 - Integumentary system
 - Mental status
 - Musculoskeletal system
 - Neurological system
 - Pain level
 - Reproductive system
 - Respiratory system (including auscultation)
 - Specific functional tasks
- Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated

Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

- Standard 73 Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:
- Therapeutic and corrective exercise
 - Joint mobilization and manipulation
 - Soft tissue techniques
 - Movement training (including gait training)
 - Motor control/proprioceptive activities
 - Task-specific functional training
 - Therapeutic modalities
 - Home care management
 - Cardiovascular training
- Standard 74 Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.
- Standard 75 Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.
- Standard 76 Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:
- Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview
 - Re-examination of the patient on an ongoing basis
 - Recognition of an atypical response to brain injury
 - Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)
 - Return of the patient to activity/participation
 - Referral to the appropriate provider when indicated
- Standard 77 Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate. These behavioral health conditions include (but are not limited to) the following:
- Suicidal ideation
 - Depression
 - Anxiety Disorder
 - Psychosis
 - Mania
 - Eating Disorders
 - Attention Deficit Disorders

- Standard 78 Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:
- Durable medical equipment
 - Orthotic devices
 - Taping, splinting, protective padding and casting

Prevention, Health Promotion, and Wellness

- Standard 79 Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:
- Adrenal diseases
 - Cardiovascular disease
 - Diabetes
 - Neurocognitive disease
 - Obesity
 - Osteoarthritis
- Standard 80 Develop, implement, and assess the effectiveness of programs to reduce injury risk.
- Standard 81 Plan and implement a comprehensive pre-participation examination process to affect health outcomes.
- Standard 82 Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.
- Standard 83 Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.
- Standard 84 Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.
- Standard 85 Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.
- Standard 86 Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.
- Standard 87 Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.

Health Care Administration

- Standard 88 Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:
- Strategic planning and assessment
 - Managing a physical facility that is compliant with current standards and regulations

- Managing budgetary and fiscal processes
- Identifying and mitigating sources of risk to the individual, the organization, and the community
- Navigating multipayer insurance systems and classifications
- Implementing a model of delivery (for example, value-based care model)

Standard 89 Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

Standard 90 Establish a working relationship with a directing or collaborating physician.

Standard 91 Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

Standard 92 Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

Standard 93 Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- Education of all stakeholders
- Recognition, appraisal, and mitigation of risk factors
- Selection and interpretation of baseline testing
- Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation

Standard 94 Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.

Standard DEI 2: Practice cultural competency, foster cultural humility, and demonstrate respect in client/patient care. This includes (but is not limited to) the following:

- Using contemporary nomenclature of various identities.
- Analyzing the impact of group identification, including the intersectionality of multiple identities, on health disparities, patient care, and patient outcomes.
- Analyzing the impact of marginalization on health disparities, patient care, and patient outcomes.
- Developing strategies that minimize the impact of clinician-based bias, prejudice, and privilege on patient interactions.
- Devising patient-centered interventions to diverse populations that account for the healthcare delivery system

APPENDIX B

NATA CODE OF ETHICS

Revised May 2022

https://www.nata.org/sites/default/files/nata_code_of_ethics_2022.pdf

Preamble

The National Athletic Trainers' Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decisions. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

The National Athletic Trainers' Association respects and values diversity amongst its members and patients served. Our members work respectfully and effectively with diverse patient populations in varied healthcare environments. The NATA prohibits discrimination based on race, ethnicity, color, national origin, citizenship status, religion (creed), sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, military status, family/parental status, income and socioeconomic status, political beliefs, or reprisal or retaliation for prior civil rights activity, or other unlawful basis, in any program or activity conducted or funded by the NATA (VATA, 2020).

Important Professional Values (PV) shared by the NATA membership include: 1) Caring & Compassion, 2) Integrity, 3) Respect, 4) Competence, and 5) Accountability. These shared PV underpin the NATA Code of Ethics, motivate honorable interpersonal behaviors, and conduct in member's interactions with all persons.

The Appendix to the Code of Ethics reveals a definition and sample behaviors for each shared PV.

PRINCIPLE 1. IN THE ROLE OF AN ATHLETIC TRAINER, MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS

(PRINCIPLE 1 is associated with the PV of Respect, Caring & Compassion, and Competence.)

- 1.1 Members shall act in a respectful and appropriate manner to all persons regardless of race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity and expression.
- 1.2 Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other stakeholders to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient as delineated by professional statements and best practices.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2. MEMBERS SHALL COMPLY WITH THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF ATHLETIC TRAINING, NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS

(PRINCIPLE 2 is associated with the PV of Accountability.)

- 2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.
- 2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.
- 2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.
- 2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
- 2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
- 2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

PRINCIPLE 3. MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES
(PRINCIPLE 3 is associated with the PV of Caring & Compassion, Accountability.)

- 3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
- 3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
- 3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
- 3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.
- 3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
- 3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4. MEMBERS SHALL NOT ENGAGE IN CONDUCT THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT'S HEALTH AND WELL-BEING.

(PRINCIPLE 4 is associated with the PV of Respect.)

- 4.1. Members should conduct themselves personally and professionally in a manner that reflects the shared professional values, that does not compromise their professional responsibilities or the practice of athletic training.
- 4.2. All NATA members, whether current or past, shall not use the NATA logo or AT logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
- 4.3. Members shall not place financial gain above the patient's well-being and shall not participate in any arrangement that exploits the patient.
- 4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

Appendix to Code of Ethics

Athletic Training's Shared Professional Values

Established from research conducted by the NATA Professional Responsibility in Athletic Training Committee in 2020, the following are the five shared professional values of athletic training.

Caring & Compassion is an intense concern and desire to help improve the welfare of another.

Sample behaviors include:

- 1) Listening for understanding and a readiness to help.
- 2) Focusing on achieving the greatest well-being and the highest potential for others.
- 3) Spending the time needed to provide quality care.

Integrity is a commitment that is internally motivated by an unyielding desire to do what is honest and right.

Sample behaviors include:

- 1) Providing truthful, accurate and relevant information.
- 2) Abiding by the rules, regulations, laws and standards of the profession.
- 3) Using applicable professional standards and established policies and procedures when taking action or making decisions.

Respect is the act of imparting genuine and unconditional appreciation and value for all persons.

Sample behaviors include:

- 1) Engaging in active listening when communicating with others.
- 2) Acknowledging and expressing concern for others and their well-being.
- 3) Acting in light of the belief that the person has value.

Competence is the ability to perform a task effectively with desirable outcomes.

Sample behaviors include:

- 1) Thinking critically, demonstrating ethical sensitivity, committing to evidence-based practice, delivering quality skills and effective collaboration.
- 2) Making sound decisions while demonstrating integrity.
- 3) Ongoing continuous quality assessment and improvement.

Accountability is a willingness to be responsible for and answerable to one's own actions.

Sample behaviors include:

- 1) Acknowledging and accepting the consequences of one's own actions.
- 2) Adhering to laws, codes, practice acts and standards that govern professional practice.
- 3) Assuming responsibility for learning and change.

APPENDIX C

BOC STANDARDS OF PROFESSIONAL PRACTICE

Version 3.3 - Published November 2020 Implemented January 2021

<https://www.bocatc.org/public-protection/standards-discipline/standards-discipline/standards-of-professional-practice>

Introduction

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

The BOC certifies Athletic Trainers and identifies, for the public, quality health care professionals through a system of certification, adjudication, standards of practice and continuing competency programs. Athletic Trainers are health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities.

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

The "BOC Standards of Professional Practice" consists of two sections:

- I. Practice Standards
- II. Code of Professional Responsibility

I. Practice Standards

Preamble

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

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

Standard 1: Direction

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

Standard 2: Prevention

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

Standard 3: Immediate Care

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

Standard 4: Examination, Assessment and Diagnosis

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

Standard 5: Therapeutic Intervention

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

Standard 6: Program Discontinuation

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

Standard 7: Organization and Administration

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

II. Code of Professional Responsibility**Preamble**

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The "Professional Practice and Discipline Guidelines and Procedures" may be accessed via the BOC website, <https://bocatc.org/>.

Code 1: Patient Care Responsibilities

The Athletic Trainer or applicant:

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

Code 2: Competency

The Athletic Trainer or applicant:

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

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards
- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties
- 3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services
- 3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training
 - 3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
- 3.6 Does not guarantee the results of any athletic training service
- 3.7 Complies with all BOC exam eligibility requirements
- 3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful
- 3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials without proper authorization
- 3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event
- 3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by themselves and/or by another Athletic Trainer that is related to the practice of athletic training
- 3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by themselves or by another Athletic Trainer that is related to athletic training
- 3.13 Complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to mandatory reporting when identified as a "mandatory reporter" or "responsible employee"

- 3.14 Cooperates with BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information
- 3.15 Complies with all confidentiality and disclosure requirements of the BOC and existing law
- 3.16 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization
- 3.17 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the "BOC Professional Practice and Discipline Guidelines and Procedures"
- 3.18 Fulfills financial obligations for all BOC billable goods and services provided

Code 4: Research

The Athletic Trainer or applicant who engages in research:

- 4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
- 4.2 Protects the human rights and well-being of research participants
- 4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or health care delivery

Code 5: Social Responsibility

The Athletic Trainer or applicant:

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

Code 6: Business Practices

The Athletic Trainer or applicant:

- 6.1 Does not participate in deceptive or fraudulent business practices
- 6.2 Seeks remuneration only for those services rendered or supervised by an AT; does not charge for services not rendered
 - 6.2.1 Provides documentation to support recorded charges
 - 6.2.2 Ensures all fees are commensurate with services rendered
- 6.3 Maintains adequate and customary professional liability insurance
- 6.4 Acknowledges and mitigates conflicts of interest

BOC VISION

The BOC exists so that healthcare professionals worldwide have access to globally recognized standards of competence and exceptional credentialing programs that support them in the protection of the public and the provision of excellent patient care.

BOC MISSION

To provide exceptional credentialing programs professionals to assure protection of the public.

BOC VALUES

Integrity, Professionalism, Fairness, Transparency, Service

®Board of Certification, In c. All Rights Reserved Worldwide. *The BOC, a national credentialing agency, has been certifying Athletic Trainers and identifying, for the public, quality healthcare professionals with certainty since 1969.*

APPENDIX D

KEYS TO SUCCESSFUL CLINICAL EDUCATION

1. Take advantage of this unique opportunity. This is the time to incorporate what you have learned in the classroom and laboratory to the clinical environment.
2. Challenge yourself to improve on a daily basis. Do not accept mediocrity.
3. Communication is the key to success. Establish open lines with the preceptor, other preceptors, classmates, coaches, administrators, and faculty.
4. Once arriving at the clinical site, ATS should be ready to become actively involved.
5. Take initiative. Be proactive. Take ownership of your learning. Avoid being prompted to seize an opportunity or a teachable/learning moment.
6. Be open to the new and different. There are many ways to arrive at the desired outcome. Embrace different styles and develop an understanding as to why they were done. If unsure, ASK.
7. ATS should be the preceptor's right-hand person. Observe and listen to all interactions the preceptor has with physicians, parents, student-athletes, patients, coaches, and administrators. Good listening and observation skills go a long way. There is no substitute for your ears and your eyes. Ask questions. Engage.
8. Take advantage of "down time." This is an opportunity to practice skills, read ahead, and continue learning.
9. ATS must be supervised at all times by a preceptor. While the ATS may be working with or observing a clinical instructor, such as a physical therapist, CSCS, etc. during the clinical experience, they must be supervised by a preceptor. The preceptor must be in proximity so that they can intervene on the behalf of the client/patient. If the ATS feels that they are being unsupervised, immediately call the Clinical Education Coordinator at (631) 632-6174 (office) or (631) 294-2583 (cell).
10. If the ATS encounters any problems/incidents at the clinical site, notify the Clinical Education Coordinator within 24 hours of the occurrence.

What you as an ATS does is a reflection on the University, the School of Health Professions, and the Athletic Training Program. Every day is a potential job interview. Be responsible and mature. Poor attitude and inappropriate conduct will not be tolerated.

APPENDIX E

ATHLETIC TRAINING STUDENT INCIDENT REPORT

Athletic Training Student _____

Class _____

Preceptor _____

Date of Report _____

Incident Date _____

Check the appropriate incident box (es):

- Unexcused Absence
- Inappropriate Behavior
- Insubordination
- Unethical Conduct
- Other (please describe)

Procedure:

1. The Preceptor or Instructor who witnesses the incident writes the report (be succinct, not “person A/person B”) and signs it.
2. Preceptor/Instructor discusses the incident with the ATS.
3. Report is signed and placed in the ATS file.
4. If the Preceptor/Instructor is confident that the incident is resolved, no further action is taken.
5. If the Preceptor/Instructor feels ATS needs to discuss further with the Clinical Course Instructor, Clinical Education Coordinator, or Program Director a report is given to that individual and a meeting occurs.
6. Report will affect the ATS course grade.

Incident Description:

ATS (Print Name)
Date

Signature

Preceptor (Print Name)

Signature

Date

Clinical Education Coordinator (Print Name)
Date

Signature

Chair or Vice Chair (Print Name)

Signature

Date

APPENDIX F

ATHLETIC TRAINING PROGRAM-RELATED EXPENSES

Below is the projected cost for Athletic Training Students:

Background Check: This one-time cost is approximately \$150.

CastleBranch: One-time fee of \$45.

Fingerprinting: This one-time cost is approximately \$120.

Clothing: ATS are expected to place a minimum apparel order to be worn during clinical experiences. ATS will receive an on-line store link. The anticipated minimum cost for this is approximately \$200.

NATA Student Membership: The cost for this professional membership is \$100/year.

Professional Liability Insurance: The cost is approximately \$50/year.

Renewal of Basic Life Support Certification: Varies.

Supplies: ATS will receive a list of supplies to be purchased; cost varies (dependent on preference).

Transportation: Cost is dependent on clinical site placement. All ATS are responsible for securing their own transportation to/from their clinical site. This includes cost as well as access to an automobile as many clinical sites are not in close proximity to public transportation.

Health Insurance: All full-time students are required to have health insurance; either through the University health insurance plan or a comparable alternate health insurance

<https://www.stonybrook.edu/commcms/studentaffairs/shs/insurance/index.php>

Health and Counseling Fee (HCF): Assessed to all students as per tuition and fee rates.

<https://www.stonybrook.edu/commcms/sfs/tuition/documents/1234/Spring%202023%20Graduate2.pdf>

Housing: Current Campus Residence Hall Rates can be found here:

<https://www.stonybrook.edu/commcms/studentaffairs/res/housing/rates>

https://www.stonybrook.edu/commcms/studentaffairs/res/housing/graduate_housing/index.php

APPENDIX H

TECHNICAL STANDARDS FOR ADMISSION

Last Name: _____ Preferred First Name: _____

2023-2024

STONY BROOK UNIVERSITY ATHLETIC TRAINING PROGRAM

The School of Health Profession's mission

The mission of the School of Health Professions is to provide the highest quality education in an inter-professional learning environment that fosters educational and translational research, scholarly activity, critical thinking, evidence-based practice, leadership, and professionalism, while affirming the importance of ethical behavior, human diversity, equity and inclusion, cutting-edge technology, and a team approach to health care.

The Athletic Training Program's mission

The mission of the Commission on Accreditation of Athletic Training Education (CAATE) accredited Stony Brook University Athletic Training Program (ATP) is to provide students with an extensive and comprehensive didactic and clinical education from which to build a strong foundation for a career in athletic training.

As such, the ATP 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 ATP establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the CAATE. The following abilities and expectations must be met by all students admitted to the ATP. 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 Board of Certification (BOC) certification exam.

Acquire information

Students must be able to:

- Utilize a variety of sources including but not limited to verbal, print, and electronic means;
- Demonstrate initiative and actively seek opportunities to increase comprehension and expand knowledge base;
- Collaborate with others which includes, but is not limited to: faculty, preceptors, colleagues, clients, and supervisors to obtain pertinent information.

Psychomotor skills

Students must have:

- Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations and treatments using accepted techniques;
- The capability to accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
- The ability to record the physical examination results and a treatment plan clearly and accurately.

Communication

Students must be able to:

- Communicate effectively and sensitively with patients/clients to elicit information regarding mood, activities, and health complaints, as well as perceive nonverbal communications;
- Communicate effectively and efficiently with other members of the health care and athletic community to convey information essential for safe and effective care;
- Read, communicate in writing, and demonstrate computer literacy to complete all didactic and clinical assignments;
- Students must be able to understand and speak the English language at a level consistent with competent professional practice.

Intellectual ability

In order to effectively solve problems, students must be able to:

- The cognitive capacity to assimilate, analyze, synthesize, integrate concepts to formulate assessment and therapeutic judgments, and to be able to distinguish deviations from the norm;
- Comprehend three-dimensional relationships and understand spatial relationships of structures.

Behavioral

Students must have:

- The capacity to maintain composure and continue to function well during periods of high stress;
- The flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
- Tolerate physically and mentally taxing workloads.

Character and Professionalism

Students must demonstrate:

- The perseverance, diligence and commitment to complete the Athletic Training Program as outlined and sequenced;
- Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care;
- Respect for differences in culture, language and life experience by practicing cultural competency and cultural humility in patient/client care;
- Demonstrate ethical behavior, both in the classroom and during their clinical experience.

If you have any questions concerning the **Technical Standards**, please contact the **Athletic Training Program**.

Student Attestation

By signing this document, candidates for selection to the Athletic Training Program verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

If you have a physical, psychological, medical, or learning disability that may impact your course work, please contact the Student Accessibility Support Center (SASC), Stony Brook Union Suite 107, (631) 632-6748, or at sasc@stonybrook.edu (<https://www.stonybrook.edu/sasc/>). They will determine with you what accommodations are necessary and appropriate. All information and documentation are confidential.

The Student Accessibility Support Center will evaluate a student who states they could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

Signature of Applicant _____

Date _____

Print Name _____

OR

Alternative statement for students requesting accommodations:

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards with certain accommodations. I will contact the Student Accessibility Support Center 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.

Signature of Applicant _____

Date _____

Print Name _____

Revised 4/2023

APPENDIX I

STATEMENT OF STUDENT AGREEMENT

Each ATS will receive a separate hard copy of this document which must be read, initialed, signed and returned.

Last Name: _____ Preferred First Name: _____ Year: 2023-24

Please indicate that you have read, understand and agree to the requirements of the following sections by initialing the following statements:

Initial

_____ I have reviewed the Athletic Training Program Policy and Procedure Manual and the School of Health Professions Student Handbook and agree to abide by all procedures, rules and regulations.

_____ I agree to maintain the course progression standards as described in the Athletic Training Student Policies.

_____ I am expected to adhere to my academic plan and may not change it without the advice and consent of my academic advisor. This includes transfer courses and courses substitutions.

_____ I understand that a minimum of 1,280 clock hours of athletic training experience is required from Stony Brook University and its affiliated sites to graduate and be eligible for NYS Certification.

_____ I understand that I must notify the Clinical Education Coordinator of any possible conflicts of interest at clinical sites.

_____ I understand that I must complete all requirements found under the Clinical Experience Policies section of the ATP Handbook.

_____ I understand that I am responsible for all expenses related to my clinical experiences.

_____ I understand that I must complete a minimum of one satisfactory athletic training clinical experience at Stony Brook University.

_____ I understand that I am responsible for securing transportation to/from my assigned clinical sites and related costs.

_____ I understand that Athletic Training is a healthcare profession. Therefore, medical records are initiated and retained in the athletic training facility. I am aware that confidentiality of these records and the information that I acquire during my academic and professional duties must be maintained. At no time should there be discussion about an injury or injured student-athlete with anyone other than the athletic training staff. This includes parents, roommates, professors, administrators, the media, and others in the community. I am aware that any breach of this trust may jeopardize my ability to continue in the program.

_____ I agree to present myself in a professional manner and demeanor and uphold the Standards of Practice established by the Board Of Certification and the National Athletic Trainers' Association Code of Ethics.

_____ I have reviewed and can access the links (URLs) to Stony Brook, SHP and ATP policy/procedures. Links are subject to change.

I have read the ***Athletic Training Program Policies and Procedures Manual (ATP P&P)*** and the ***SHP Student Handbook*** (SHP SH) and agree to abide by its procedures, rules and regulations. I understand that failure to meet the academic and/or clinical requirements presented in these manuals may result in **my being removed from the program.**

Signed

Printed Name

Date

APPENDIX J

Health Sciences Schools:
Student Clinical Affiliate Injury /
Illness Incident Report



For Internal Use Only

Health Sciences Schools Student Clinical Affiliate Injury/Illness Incident Report

Attention: This form contains information relating to student health and MUST be used in a manner that protects the confidentiality of students.

STUDENT INFORMATION: TO BE COMPLETED BY STUDENT AND/OR SUPERVISOR

Last name: Click or tap here to enter text. First name: Click or tap here to enter text. Phone: Click or tap here to enter text.
Home address: Click or tap here to enter text. City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.
Date of Birth: Click or tap here to enter text. Gender: Male Female SBU ID #: Click or tap here to enter text.
Department and Program: Click or tap here to enter text.

INJURY/ILLNESS INFORMATION: TO BE COMPLETED BY STUDENT

Name of Clinical Placement Facility: Click or tap here to enter text.
Address of Clinical Placement Facility: Click or tap here to enter text.
Date of injury or illness: Click or tap here to enter text. Time of injury or illness: Click or tap here to enter text. AM PM
Location of injury or illness (building/area): Click or tap here to enter text.
The specific location of injury or illness (room, stairwell, etc.): Click or tap here to enter text.
Did the student seek medical attention? Yes No Did the student remain on duty? Yes No

If applicable (If the dates below are to be determined, please enter "TBD" and update the information when available):

Date student stopped clinical training because of this injury or illness? Click or tap here to enter text.
Date student returned to clinical placement facility: Click or tap here to enter text.

What was the student doing JUST BEFORE the incident occurred? Describe the activity, as well as the tools, equipment, or materials the student was using. Be specific. (Examples "Transferring a patient from bed to a chair").

Click or tap here to enter text.

Click or tap here to enter text.

What happened? How did the incident occur, and what object or substance directly injured the student? (Example; "The patient became unsteady, and the student tried to hold him up.")

Click or tap here to enter text.

What is the injury or illness? List the affected body part and the nature of the injury/illness (how it was affected); be more specific than "hurt", "pain", or "sore" (Example: "Contusion to right shoulder, elbow and knee").

Click or tap here to enter text.

Student's name(Print): Click or tap here to enter text. Degree Program: Click or tap here to enter text.

Student's Signature: _____ Date: Click or tap here to enter text.

MEDICAL INFORMATION: TO BE COMPLETED BY STUDENT

Type/nature of illness/injury:

- Amputation Burn (chemical) Burn (heat) Chest pain Contaminated sharp
- Contusion/bruise Cut/laceration – sutures Cut/laceration – no sutures
- Exposure (Chemical) Fracture Hernia/rupture Loss of consciousness Poisoning
- Puncture (needlestick/sharps injury) Sprain/strain Other Click or tap here to enter text.
- Dislocation Exposure (Biological)

Type of medical treatment given:

First aid only (i.e., non-prescription strength medications, band-aids, eye patches, immobilization devices, etc.).

X-ray Was a prescription (Rx) prescribed or dispensed? Yes No If yes, what medication [Click or tap here to enter text.](#)

Date of visit: [Click or tap here to enter text.](#) Time of visit: [Click or tap here to enter text.](#) AM PM Body part affected: [Click or tap here to enter text.](#)

Medical treatment provided (Print legibly):

[Click or tap here to enter text.](#)

Location where treatment was rendered: Stony Brook ED Employee Health Clinic Clinical Affiliate Facility Other

Was the student hospitalized? Yes No If the student expired, provide date: [Click or tap here to enter text.](#) Time: [Click or tap here to enter text.](#) AM PM

Medical facility name: [Click or tap here to enter text.](#) Phone: [Click or tap here to enter text.](#)

Medical facility address: [Click or tap here to enter text.](#) State: [Click or tap here to enter text.](#) Zip: [Click or tap here to enter text.](#)

Are you (the student) able to return to clinical education yes No If no, for how many days: [Click or tap here to enter text.](#)

Name (Print): [Click or tap here to enter text.](#)

Signature: [Click or tap here to enter text.](#) Date: [Click or tap here to enter text.](#)

WITNESS STATEMENT/SUPERVISOR INJURY OR ILLNESS INVESTIGATION STATEMENT

Statement of witness:

[Click or tap here to enter text.](#)

Name (Print): [Click or tap here to enter text.](#) Title: [Click or tap here to enter text.](#)

Signature: _____ Date: [Click or tap here to enter text.](#)

Supervisor's injury or illness investigation statement: (Provide confirmation of the incident to the extent possible, cause(s), and corrective actions to be taken). Did the supervisor see the injury happen? Yes No

[Click or tap here to enter text.](#)

Name (Print): [Click or tap here to enter text.](#) Title: [Click or tap here to enter text.](#)

Signature: _____ Date: [Click or tap here to enter text.](#)

APPENDIX K

STONY BROOK, SHP, AND ATP POLICY & PROCEDURES URL LISTINGS

The following URLs will direct students to Stony Brook, SHP and ATP policy/procedures.
Links are subject to change.

<i>Policy/Procedure</i>	<i>URL</i>
Academic calendars	https://www.stonybrook.edu/commcms/registrar/calendars/academic_calendars.php
Academic curriculum and course sequence	https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/curriculum
Admissions process (including prerequisite courses)	https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/prospective student/admissionrequirements
All costs associated with the program, including (but not limited to) tuition, fees, refund policies, travel costs, and clothing	https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/programcosts https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/prospective student/tuition https://www.stonybrook.edu/commcms/sfs/ https://www.stonybrook.edu/bursar/tuition/ https://www.stonybrook.edu/commcms/sfs/tuition/documents/1234/Spring%202023%20Graduate2.pdf
Catalogs-Bulletin	https://www.stonybrook.edu/commcms/hsstudents/bulletin.php
Criminal background check policies	https://www.stonybrook.edu/hsbulletin/admissions/Background-Checks.php
Degree requirements	https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/curriculum https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/clinical-edu
Financial aid	https://www.stonybrook.edu/commcms/hsstudents/financialaid/index.php
Grade policies	https://www.stonybrook.edu/hsbulletin/records-registration/Grades-and-Academic-Standards.php
Immunization requirements on Health Form - Health Sciences	https://healthprofessions.stonybrookmedicine.edu/sites/default/files/HSCHealthForms%202022_0.pdf

Policy/Procedure	URL
Information about athletic training and supplemental clinical experiences, including travel expectations to clinical sites	https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/clinical-edu
Matriculation requirements	https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/curriculum https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/curriculum/course-seq
Nondiscrimination policies	https://www.stonybrook.edu/policy/policies.shtml?ID=105 https://www.stonybrook.edu/commcms/pres/from_president/message_102620 https://renaissance.stonybrookmedicine.edu/ugme/mistreatment_policy
Patient/client privacy protection (FERPA and HIPAA)	https://www.stonybrook.edu/commcms/registrar/policies/ferpatraining https://www.stonybrook.edu/commcms/orientation/family/ferpa.php https://healthprofessions.stonybrookmedicine.edu/programs/hcpm/studentonly/hipaa
Procedures governing the award of available funding for scholarships	https://www.stonybrook.edu/commcms/hsstudents/financialaid/scholarships https://healthprofessions.stonybrookmedicine.edu/programs/at/scholarships
Program mission, goals, and expected outcomes	https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/accreditation
Recruitment and admissions information, including admissions criteria, policies regarding transfer of credit, and any special considerations used in the process	https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/prospectivestudent/admissionrequirements https://www.stonybrook.edu/sb/graduatebulletin/current/admissions/transfer-credit/index.php https://www.stonybrook.edu/sb/graduatebulletin/current/
Technical standards or essential functions	https://healthprofessions.stonybrookmedicine.edu/programs/at/graduate/admissions/techstandards