

**Marshall University**  
**College of Health Professions**  
**School of Kinesiology**  
**Professional Master of Science in Athletic Training Program 2018 Application**

Please type or print in blue ink.

Full name \_\_\_\_\_ MU ID# \_\_\_\_\_ - - \_\_\_\_\_

Email (print/type in all lower case) \_\_\_\_\_

Local Address \_\_\_\_\_ Local Phone ( ) - \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone ( ) - \_\_\_\_\_

Current Overall GPA: \_\_\_\_\_ Total Academic Hours Completed: \_\_\_\_\_

Record your letter grade and date taken for the following courses:

**\*\* Attach a copy of your official transcript with the courses below highlighted in yellow. \*\***

<u>Semester and Year Taken</u>					<u>Grade</u>		
BSC 227 Human Anatomy	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
BSC 228 Human Physiology	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
DTS 210 Nutrition	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
ESS 345 Exercise Physiology	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
HS 200 Medical Terminology	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
HS 215 Intro to AT	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
HS 220 Personal Health	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
HS 222*	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
<small>*or proof of First Aid and CPR/AED certification</small>							
HS 365 Kinesiology	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
PSY 101 General Psychology	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
Statistics	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> Su	Year _____	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C

Directed Observation Clinical Outcomes and 50 Hours Completed: YES/NO

Are you a NATA member?  Yes  No If so, Membership # \_\_\_\_\_

**I have read and will comply with the Athletic Training Technical Standards for Admission, the PMSATP Policy on Professional Behavior, and the dress code policy as they are described in the back of this packet.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I understand that if I am accepted to the Professional Master of Science in Athletic Training Program, I am responsible for obtaining transportation when I am assigned to off-campus clinical sites. This may range from 30-45 minutes from campus depending upon the off-campus clinical site I am assigned during a given semester.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Marshall University  
Graduate College Admission Requirements\***

1. Complete and submit Graduate College Application for Admission and application fee along with the following:
2. Letter of Application
  - a. 1-2 pages in length addressing the following elements: why you chose to complete this program; what leadership abilities you have to offer that would enhance the PMSAT program at Marshall; what observations/experiences you have obtained that would make you an asset to the PMSATP; why you should be accepted for admission to the PMSATP; also, please provide a statement of your educational and professional goals as a result of being admitted to and completing this program.
3. Three (3) reference evaluation forms (at least two of these forms **must** be completed by full time faculty, staff, or other college/university employees)
4. At least one (1) typewritten character letter of recommendation.
  - a. This letter can come from any of the following individuals: University administrator, faculty, or staff member; person of your choice (i.e., high school teacher or coach, clergy member, etc.) who is not a family member (NOTE: this individual cannot also have completed a reference evaluation form)
  - b. Letter of recommendation should address the following character traits: self-confidence, leadership, integrity, initiative, communication skills, responsibility, and professionalism.
5. Must have official bachelor's degree transcripts sent directly to MU Graduate Admissions from the issuing institution. Students who have not received the bachelor's degree at the time of application, must submit official preliminary college transcripts to MU Graduate Admissions.

\* = items submitted directly to

Marshall University Graduate Admissions Office  
100 Angus E. Peyton Drive  
South Charleston, WV 25303

**PMSAT Program Requirements\*\***

1. Professional Resume.
2. Physical examination (signed by your family physician or University physician on the appropriate form included in this packet) noting you have passed a physical exam and can meet the technical standards for this program. This exam must be completed within the last 12 months of your application to the PMSATP.
3. A copy of your immunization records including a negative TB (PPD) Test within the past twelve months. The TB test can be obtained at Marshall Medical for \$5.
4. Students must read and sign the "Hepatitis B Immunization Informed Consent/Refusal form" in the appropriate location.
5. Evidence of current American Heart Association or American Red Cross certification in First aid and CPR; must be either Healthcare Provider or Professional Rescuer certifications.
6. Drug Testing and Background Check (NOTE: information on completing both these requirements and the associated costs will be sent to candidates once the application is received).
7. Read "**Technical Standards for Admission**" document contained in this packet and sign in the appropriate location in blue ink
8. Read and sign the final page of the "**Athletic Training Major Requirements Checklist**" that is included in the application packet.
9. Students admitted to the PMSAT must complete Bloodborne Pathogen Training prior to beginning their first clinical rotation.
10. Students admitted to the PMSATP must complete Title IX Sexual Harassment Training prior to beginning their first clinical rotation.

11. Students admitted to the PMSATP must provide evidence of student membership in the National Athletic Trainers' Association and maintain this membership as they matriculate through the ATP; for details go to <http://www.nata.org/membership>

\*\* = items mailed to: Dr. Joseph A. Beckett, ATC  
Director, Professional Master of Science in Athletic Training Program  
Marshall University  
1 John Marshall Drive  
School of Kinesiology GH 108  
Huntington, WV 25755  
(304) 696-2929  
[beckett76@marshall.edu](mailto:beckett76@marshall.edu)

*February 15 will be the priority admission deadline for full consideration*

Students with junior standing or higher must have completed the specific requirements described previously and throughout this application before they will be invited for an interview. Those applicants satisfying the minimum standards will receive official notice from the Athletic Training Program Director and be invited for an interview. The formal interview process will allow candidates the opportunity to clarify any requirements, ask questions, and demonstrate your knowledge of and dedication to the academic program and the athletic training profession.

*Entry into the Professional Master of Science in Athletic Training Program involves formal application by candidates and **competitive** selection by an admissions committee. Thus, admission of qualified applicants is not guaranteed and is competitive. Applicants must achieve the minimum acceptance score of 70 points on the Marshall University PMSATP Applicant Admission Assessment form in order to be considered for acceptance.*

If there are more applicants who meet this 70 point threshold than there are available slots to the PMSATP, then applicants will be rank ordered based upon their score on the Applicant Admission Assessment Form. Available slots within the PMSATP would then be filled according to this prioritized listing of candidates starting from the top score downward. Should applicants have the same score on the Applicant Admission Assessment Form, then a tie breaker will be used to further determine this rank order. The tie breaker would be based upon documented evidence provided in their application file regarding the quantity and quality of their directed observation clinical experience.

PMSATP applicants not being accepted may re-apply for admission during the next available application period. Because of the competitive nature of this admission process, it is recommended that students seeking admission to the Professional Master of Science in Athletic Training Program develop an alternative academic plan in the event they are not admitted.

**If any portion of the application is dishonest or deceptive in any way the applicant will no longer be considered.**

**Marshall University  
College of Health Professions  
School of Kinesiology  
Professional Master of Science in Athletic Training Program  
Reference Evaluation Form**

Name of Applicant _____	Date _____
MU ID _____ - _____ - _____	

**CONFIDENTIAL RECOMMENDATION**

To the applicant: Under the Federal law entitled the Family Educational Rights and Privacy act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater utility in the assessment of the student's qualifications, abilities, and promise.

We invite you, therefore, but do not require you, to sign the following waiver (1): you may however, expressly decline to do so (2).

1. I expressly waive any rights I might have to access to the letter of recommendation under the Family Educational Rights and Privacy Act of 1974 or any other law, regulation, or policy.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_

2. I do not agree to the waiver above

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_

*Below this line is to be filled out by the person recommending the above candidate.*



Name \_\_\_\_\_

Date \_\_\_\_\_

Employer \_\_\_\_\_

Daytime Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Please rank the applicant from 1-5, with 1 being the lowest and 5 being the highest. N/A = not applicable or no opportunity to observe

Professionalism	1	2	3	4	5	N/A
Punctuality	1	2	3	4	5	N/A
Enthusiasm	1	2	3	4	5	N/A
Verbal Communication	1	2	3	4	5	N/A
Written Communication	1	2	3	4	5	N/A
Responsibility/Dependability	1	2	3	4	5	N/A
Health and Vitality	1	2	3	4	5	N/A
Time management	1	2	3	4	5	N/A
Accepts constructive criticism/feedback	1	2	3	4	5	N/A
Honesty/Integrity	1	2	3	4	5	N/A
Perseverance	1	2	3	4	5	N/A
Maturity	1	2	3	4	5	N/A
Multitasking ability	1	2	3	4	5	N/A
Rapport with other students	1	2	3	4	5	N/A
Rapport with faculty/staff	1	2	3	4	5	N/A
Leadership Potential	1	2	3	4	5	N/A
Knowledge of the AT Profession	1	2	3	4	5	N/A
Academic Preparation	1	2	3	4	5	N/A
Emotional stability	1	2	3	4	5	N/A
Creativity	1	2	3	4	5	N/A

In what capacity have you known the applicant?

How long have you known the applicant?

What do you perceive as this applicant's best qualities?

Other comments relative to this applicant:

**Marshall University  
College of Health Professions  
School of Kinesiology  
Professional Master of Science in Athletic Training Program  
Reference Evaluation Form**

Name of Applicant _____	Date _____
MU ID _____ - _____ - _____	

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Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

4. I do not agree to the waiver above

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

*Below this line is to be filled out by the person recommending the above candidate.*



Name \_\_\_\_\_ Date \_\_\_\_\_  
Employer \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

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In what capacity have you known the applicant?

How long have you known the applicant?

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Other comments relative to this applicant:

**Marshall University  
College of Health Professions  
School of Kinesiology  
Professional Master of Science in Athletic Training Program  
Reference Evaluation Form**

Name of Applicant _____	Date _____
MU ID _____ - _____ - _____	

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Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

6. I do not agree to the waiver above

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

*Below this line is to be filled out by the person recommending the above candidate.*



Name \_\_\_\_\_ Date \_\_\_\_\_  
Employer \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_



Please rank the applicant from 1-5, with 1 being the lowest and 5 being the highest. N/A = not applicable or no opportunity to observe

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In what capacity have you known the applicant?

How long have you known the applicant?

What do you perceive as this applicant's best qualities?

Other comments relative to this applicant:

**Marshall University  
College of Health Professions  
School of Kinesiology  
Professional Master of Science in Athletic Training Program  
Reference Evaluation Form**

Name of Applicant _____	Date _____
MU ID _____ - _____ - _____	

**CONFIDENTIAL RECOMMENDATION**

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Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

8. I do not agree to the waiver above

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

*Below this line is to be filled out by the person recommending the above candidate.*



Name \_\_\_\_\_ Date \_\_\_\_\_  
Employer \_\_\_\_\_ Daytime Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Please rank the applicant from 1-5, with 1 being the lowest and 5 being the highest. N/A = not applicable or no opportunity to observe

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Creativity	1	2	3	4	5	N/A

In what capacity have you known the applicant?

How long have you known the applicant?

What do you perceive as this applicant's best qualities?

Other comments relative to this applicant:

**MARSHALL UNIVERSITY**  
**PROFESSIONAL MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM**  
**TECHNICAL STANDARDS FOR ADMISSION**

The Professional Master of Science in Athletic Training Program (PMSATP) at Marshall University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of patients. The technical standards establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of a professional-level athletic trainer, as well as meet the expectations of the accrediting agency of athletic training education, the Commission on Accreditation of Athletic Training Education (CAATE), in addition to state regulations. The following must be attainable by all students admitted to the PMSATP.

Compliance with the program's technical standards does not guarantee a student will successfully complete the program and meet degree requirements nor achieve a passing score on the BOC (Board of Certification) examination nor to become licensed as an athletic trainer in any states the student seeks licensure or certification.

The following technical standards must be demonstrated for a student to participate in the educational program:

- Ability to assimilate, analyze, and synthesize information; integrate concepts and problem solve; and formulate appropriate therapeutic judgments while distinguishing deviations from the norm.
- Read patient (athlete) charts, instructions related to the use of all equipment and supplies, and instrument panels and print outs generated by various pieces of equipment (i.e., isokinetic therapy equipment).
- Detect the presence of various bodily fluids, ascertain the presence of biological abnormalities according to visual cues (i.e., erythema {redness}), and differentiate various topical applications.
- Read, write, and communicate in the English language to facilitate effective communication including assessments and providing treatment information to patients (athletes), physicians, clinical staff, peers, and others charged with patient care functions. Candidates must also demonstrate the ability to communicate with individuals of diverse cultural and social origins and establish levels of rapport consistent with competent professional practice.
- Be able to verbally communicate effectively and appropriately and discern instrument alert signals and timing devices.
- Demonstrate competency in areas including, but not limited to: emergency management (i.e. rescue breathing, CPR, and airway management) and first aid techniques (i.e. wound care, splinting, patient transportation); applying supportive devices (i.e. taping, bracing, wrapping, equipment fitting); assessing joint/extremity motion, strength, and stability; application of therapeutic modalities (i.e. ultrasound and muscle stimulation equipment); and passive/active-assisted mobility/strength restoration techniques while utilizing accepted guidelines. Candidates must use equipment and supplies accurately and safely during such circumstances.
- Traverse about on-campus and to assigned affiliated site clinical settings and render assistance to patients (athletes) acutely disabled on an athletic field or court.
- Problem solve, maintain composure, and react expediently yet effectively in emergency and other stressful circumstances. Must be able to recognize situations and then take appropriate steps. The student must be able to function effectively.
- Demonstrate the perseverance, diligence, and commitment to complete the PMSATP as outlined and sequenced. This will include experiences beyond the confines of the Marshall University campus for which the student must provide their own transportation.

Candidates for selection to the PMSATP at Marshall University will be required to verify that they understand and meet these technical standards or that they believe, with certain reasonable accommodations, they can meet the standards.

The Marshall University Office of Equal Opportunity (see below) in conjunction with additional offices and departments on-campus and as appropriate, will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

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. Moreover, if at any time I am enrolled in the PMSATP, I become unable to meet the Technical Standards, I understand it is my responsibility to report this to the AT Program Director, so that my status can be reviewed and potential accommodations can be developed.

_____ Signature of Applicant	_____ Date
_____ Signature of Faculty Witness	_____ Date

Alternative statement for students requesting accommodations.

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Marshall University Office of Disability Services (see below) 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. Moreover, if at any time I am enrolled in the PMSATP, I become unable to meet the Technical Standards, I understand it is my responsibility to report this to the AT Program Director, so that my status can be reviewed and potential accommodations can be developed.

_____ Signature of Applicant	_____ Date
_____ Signature of Witness	_____ Date

The Office of Disability Services Coordinator at Marshall University is Ms. Sandra Clements. She can be contacted at (304) 696-2271 or in her office at Prichard Hall, Room 117, Marshall University.

Marshall University is an Equal Opportunity/Affirmative Action employer and educational institution and does not discriminate on the basis of age, race, color, religion, sex, sexual orientation, disability, national origin or Vietnam era or other veteran status, in the admission to, or participation in, any educational program or activity which it conducts, or in any employment policy or practice. Any complaint arising by reason of alleged discrimination should be directed to the Office of Disability Services, Marshall University, Prichard Hall, Room 117, Huntington, WV 25755, (304) 696-2271, or the Director of the Office for Civil Rights, U.S. Department of Education, Philadelphia, PA.

Revised 9/2016

# PROFESSIONAL MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM REQUIREMENTS CHECKLIST

*(Please make photocopy of this document for your records)*

Students must read, sign and date as part of the application process during their first semester as a prospective Athletic Training major and again upon acceptance into the Professional Master of Science in Athletic Training Program (PMSATP).

## **I. PROGRAM CONSIDERATION:**

To be considered for acceptance into the PMSATP, all students shall:

- \_\_\_ A. Meet/Contact the PMSAT Program Director or Clinical Education Coordinator during the semester prior to which application will be submitted, to indicate interest and qualifications, learn about requirements and criteria for formal acceptance into the PMSATP, and provide information to start a prospective student file (NOTE: see Director of PMSATP if you are a transfer student).

## **II. STUDENT APPLICATION, SCREENING AND APPROVAL:**

To be screened and considered for approval into the PMSATP, all students shall make a formal application when the following criteria have been met:

- \_\_\_ A. Students must have completed a minimum of 90 college credits with a minimum overall grade point average of 2.75.
- \_\_\_ B. Satisfactory completion of the following prerequisite courses (or equivalents) prior to acceptance: BSC 226 (Human Anatomy); BSC 227 (Human Physiology); DTS 210 (Nutrition); ESS 345 (Exercise Physiology); HS 200 (Medical Terminology); HS 215 (Intro to Athletic Training); HS 220 (Personal Health/Wellness); HS 222 (First Aid & CPR; or provide evidence of appropriate certifications); HS 365 (Kinesiology/Biomechanics); PSY 101 (General Psychology); and Statistics.
- \_\_\_ C. Meet minimal acceptable level for Athletic Training competencies (cognitive, psychomotor, and affective) from prerequisite courses identified above.
- \_\_\_ D. Will be interviewed by the PMSATP Interview Committee to determine oral communication skills, critical thinking skills, professional attitude and attributes, and overall suitability as an Athletic Training student.
- \_\_\_ E. Submits a formal typed (1-2 page minimum) letter of application indicating why he/she wants to become a Certified Athletic Trainer and explain what important contributions one will make to the Athletic Training profession in general, and specifically to the MU PMSATP.
- \_\_\_ F. Complete all application forms, be screened and formally recommended (or denied) for formal approval by the PMSATP Selection Committee.
- \_\_\_ G. Understand that final selections are determined on a space available basis, and individuals most suitable and qualified are accepted. A rubric will be used to objectively make this decision.

### **III. STUDENT COMPLIANCE/EVALUATION:**

To successfully matriculate through the PMSATP in order to graduate with the Master of Science degree in Athletic Training, and meet the Board of Certification (BOC) examination requirements all students shall:

- \_\_\_ A. Maintain a 3.0 cumulative GPA (NOTE: students may earn a letter grade of “C” in no more than 2 classes).
- \_\_\_ B. Maintain a 3.0 cumulative GPA in all clinical courses.
- \_\_\_ C. Meet all professional/behavioral requirements and expectations (NATA code of ethics, University code of conduct, AT standards of practice, etc.).
- \_\_\_ D. Meet all clinical related requirements (i.e., competencies, clinical hours, required rotations, policies and procedures, etc.).
- \_\_\_ E. Meet all additional requirements (maintaining first aid/CPR certifications, maintaining NATA student membership, meeting service points requirement, etc.).
- \_\_\_ F. Understand that failure to meet the above requirements will lead to probation and/or dismissal from the PMSATP if the offense persists. Students can appeal probation/suspension status. (NOTE: refer to “Grievance Procedure” in current copy of *Professional Master of Science in Athletic Training Program Policies and Procedures Manual*).
- \_\_\_ G. Follow all policies, procedures, guidelines, etc. as stated in the current copy of the *Marshall University Professional Master of Science in Athletic Training Program Policies and Procedures Manual*.

### **IV. CLINICAL EXPERIENCE REQUIREMENTS:**

To successfully matriculate through the PMSATP in order to graduate with the Master of Science degree in Athletic Training and to meet the BOC examination requirements all students shall:

- \_\_\_ A. Satisfactorily complete all Athletic Training Competencies associated with the following content areas: Evidence-Based Practice, Prevention and Health Promotion, Clinical Examination and Diagnosis, Acute Care of Injury and Illness, Therapeutic Interventions, Psychosocial Strategies and Referral, Health Care Administration, and Professional Development and Responsibility).
- \_\_\_ B. Accurately record and total all clinical hours and related clinical education experiences.
- \_\_\_ C. Satisfactorily complete all required clinical rotations.
- \_\_\_ D. Satisfactorily complete athletic team/patient, and Athletic Training Clinic/Sports Medicine Clinic responsibilities as assigned or required.
- \_\_\_ E. Meet all course/curriculum and service points requirements for graduation.
- \_\_\_ F. Become a student member of the National Athletic Trainers Association (NATA) once accepted into the PMSATP and maintain membership while matriculating through the PMSATP.
- \_\_\_ G. Understand that the student bears responsibility for travel and travel-related expenses for off-campus required clinical experiences.

**V. GRADUATION REQUIREMENTS:**

To graduate with the Master of Science degree in Athletic Training and meet the BOC examination requirements all students shall:

- \_\_\_ A. Complete each Athletic Training course with a letter grade of "B" or higher.
- \_\_\_ B. Complete each Athletic Training clinical practicum course with a grade of "B" or higher.
- \_\_\_ C. Complete each level of Athletic Training course with a "B" or higher prior to enrolling in a higher level course (NOTE: the exception to this requirement is for practicum courses, in which students must earn a grade of "B" or higher.)
- \_\_\_ D. Achieve a minimum GPA of 3.0 on all work completed at MU.
- \_\_\_ E. Complete all the required courses for the PMSATP.
- \_\_\_ F. Complete all required components of the clinical education program, including competencies and clinical hours.
- \_\_\_ F. Complete the required number of service points (NOTE: see current copy of the *Marshall University PMSATP Policies and Procedures Manual* for details.).
- \_\_\_ G. Successfully pass all competency exams administered by the PMSATP.

**VI. STUDENT INFORMATION:**

Providing my name and signature below indicates my understanding of, and acceptance to meet all requirements of the Professional Master of Science in Athletic Training Program at Marshall University as described above.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_



As a mechanism to further evaluate applicants to the Marshall University Professional Master of Science in Athletic Training Program, the PMSATP Selection Committee will interview each applicant. The questions are not designed to disqualify applicants, but rather to give the Committee more complete information about an applicant's ability to meet the non-academic standards adopted by the PMSATP. Some examples of these considerations include the following:

1. Is the candidate able to observe demonstrations and experiments in the basic sciences?
2. Is the candidate able to analyze, synthesize, solve problems, and reach diagnostic and therapeutic judgments?
3. Does the candidate have sufficient use of the senses of vision and hearing and the somatic sensation necessary to perform an evaluation of an injured or ill individual? Can the candidate perform palpation, auscultation, and percussion?
4. Can the candidate reasonably be expected to relate to a variety of patients and establish appropriate professional relationships with patients?
5. Can the candidate reasonably be expected to communicate the results of their evaluation to the patient and to the physician with accuracy and clarity?
6. Can the candidate reasonably be expected to learn and perform routine diagnostic procedures including but limited to special joint tests?
7. Can the candidate reasonably be expected to display good judgment in the assessment and treatment of patients?
8. Can the candidate reasonably be expected to perform with precise, quick, and appropriate actions in emergency situations?
9. Can the candidate reasonably be expected to accept constructive criticism and respond by appropriate modification of behavior?
10. Can the candidate reasonably be expected to possess the perseverance to complete the curriculum and enter the profession of athletic training?

When an applicant does not meet these non-academic standards as defined above, and when this would in the professional judgment of the Committee not satisfy the objectives for the student regarding patient care, education, and/or the student's personal and professional goals, the applicant may not be admitted.

*Refer to the next two pages of this Professional Master of Science in Athletic Training Program application packet, to review the rubric that will be used by the Committee to evaluate applicant interviews, in addition to the types of questions that will be asked during these interviews.*

## Marshall University Professional Master's ATP Interview Evaluation

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Use the following scale and criteria. Choose the single best response for each question.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable/ No basis to judge
	0	.25	.50	.75	1	NA
1) Student described his/her personal background (i.e., family, high school activities, hobbies, etc.) openly and freely.	0	.25	.50	.75	1	NA
2) Student adequately described and has a clear understanding of his/her professional aspirations for the future.	0	.25	.50	.75	1	NA
3) Student provided good reasons why he/she should be accepted into the PMSATP.	0	.25	.50	.75	1	NA
4) Student appears to be a good manager of his/her time and could handle an increased time commitment	0	.25	.50	.75	1	NA
5) Student appears to be as good as or better than other students his/her level.	0	.25	.50	.75	1	NA
6) Student has good verbal communication skills.	0	.25	.50	.75	1	NA
7) Student can appropriately describe the role and responsibilities of the certified athletic trainer to a layperson.	0	.25	.50	.75	1	NA
8) Student has above average leadership skills and leadership ability.	0	.25	.50	.75	1	NA
9) Student can adequately identify areas in which they need to improve and has an appropriate plan to address these weaknesses.	0	.25	.50	.75	1	NA
10) Student participated in an adequate amount of DO experiences to clearly understand the role/responsibilities of the ATC.	0	.25	.50	.75	1	NA
11) Student adequately and appropriately responded to scenario question _____ (below):	0	.25	.50	.75	1	NA
12) Student adequately and appropriately responded to scenario question _____ (below):	0	.25	.50	.75	1	NA
13) Student adequately and appropriately responded to scenario question _____ (below):	0	.25	.50	.75	1	NA
14) Student adequately and appropriately responded to scenario question _____ (below):	0	.25	.50	.75	1	NA
15) Student adequately and appropriately responded to scenario question _____ (below):	0	.25	.50	.75	1	NA

Evaluator Signature \_\_\_\_\_

Total Points \_\_\_\_\_ / 15

## **Scenarios**

- A. Please describe a situation that you have experienced where a peer or superior asked you to do something that you were uncomfortable with. How did you handle the situation? What, if anything, would you do differently?
  
- B. Describe the type of people you find the most enjoyable to work with and why.
  
- C. What approach do you take in getting people to accept your ideas, suggestions, or goals?
  
- D. Describe at least one aspect of the athletic training profession that you consider a positive, and one aspect you consider as a negative, and why you feel this way.
  
- E. If you were the only person in the athletic training room and an athlete of the opposite sex came in with a groin injury, how would you handle the situation?
  
- F. What do you use as resources when you have a question regarding an AT responsibility or assignment you are unfamiliar with?
  
- G. What relationship do you believe should occur between the AT student and the ATC? Between the ATC and the coach? The physician?
  
- H. How did you become interested in the athletic training education program?
  
- I. What unique quality would you bring to the PMSATP?
  
- J. Describe what you have heard and what you believe needs to occur during your required clinical education rotations.
  
- H. Describe what you know about the following PMSATP policies that are discussed in the PMSATP Policies & Procedures Manual: 1) Transportation to off-campus clinical sites, 2) Uniforms, 3) the plan for clinical rotation assignment for first semester students, 4) Other policies relative to the clinical education experience.

*Others?* \_\_\_\_\_

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**MARSHALL UNIVERSITY**  
**PROFESSIONAL MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM**  
**DRESS, PROGRAM COSTS, AND CONDUCT CODE**

A professional appearance contributes enormously to the success in Athletic Training experiences. Moreover, one's general appearance should not be a distraction to the athletic training environment. **This dress code applies to all Athletic Training classes, labs, clinical classes and all clinical sites** (NOTE: clinical experiences may include travel with teams which may require a more stringent dress code). Additional standards may be imposed by your specific clinical site.

- All students enrolled in the PMSATP must wear the prescribed uniform (unless otherwise designated) while performing clinical rotations in any of the MU Athletic Training facilities or assigned to other clinical experiences on or off-campus (NOTE: for details and information please refer to the current copy of the PMSATP Policies and Procedures Manual).
- Students should expect to spend approximately \$1,000.00 while matriculating through the PMSATP to purchase prescribed clothing items, necessary personal equipment, E-value access fee, drug testing and background check costs, NATA student membership fee, and registration fee to take the BOC-certification examination. Additional costs would be incurred to pay for transportation to assigned clinical sites and to purchase prescribed pants or shorts.
- Tattoos or other body modifications must be covered.
- Jewelry may not be worn in any visible piercing other than in the earlobes.
- Rings, bracelets, watches, and other jewelry should be minimal and not interfere with OSHA procedures. (i.e. wearing properly fitted disposable gloves)
- Skin must be covered at the midriff when working. (i.e. reaching arms overhead, back boarding, etc.)
- No cleavage, midriff, bra (including bra strap or bra colors seen through shirt), or underwear may show.
- No tight or excessively loose clothing.
- Necklines and hemlines must be modest.
- Meticulous personal hygiene must be maintained.
- All clothing must be free of numbers, writing or screen printed designs. (excluding Athletic Training attire)
- Shirts with buttons must be worn buttoned, except for top button and tucked unless they are designed to be worn un-tucked.
- Strapless shirts are prohibited.
- Shorts should be of modest length (e.g. should not be excessively tight and no "Daisy Dukes" or short shorts – shorts should be within the length of the MU ID Card from the patella)
- No open toed shoes or flip flops are permitted
- Hats or headwear are only worn for outdoor clinical settings as approved by the clinical supervisor.
- Athletic Training Program ID's worn as appropriate.
- No foul, demeaning, or derogatory language or gestures are to be used.
- No tobacco (smokeless or other) is to be used or in one's possession.
- No alcoholic beverages or illegal drugs are to be consumed (which includes on one's breath) or in one's possession.
- Cell phones and other personal electronic devices are not permitted to be used during clinical rotations and/or during classes, labs, or other organized meetings.
- Discrimination of any type will not be tolerated.

## ***Directed Observation Clinical Experience***

### • **EDUCATION?**

- Interview 1 of the below individuals:
  - An established set of questions would be determined prior to the interviews and share with ATP applicants. FAQs would be posted on website in the future.
    - AT Faculty?
    - Alumni of the MU ATP?
- Interview 1 of the current AT students
- Sitting in on 1-2 AT classes (that students accepted into the ATP must take)?
  - What did you learn?
  - How was info that was presented different from previous AT pre-requisite classes you have taken?
  - Lab? Lecture?
- For experiences above document time spent with each experience (NOTE: this portion of the DO experience can count as no more than 5 hours)

### • **CAREER?**

- Interview a current ATC or Preceptor of the PMATP at Marshall University?
  - Why did you choose AT as a career?
  - What type of clinical settings have you been employed?
  - What are things both good and bad that you noticed or learned was part of the job?
  - How did this interview change your perception of ATC's
  - Others?
- Send questionnaire to all preceptors, ATC's, etc. prior to interview
- Above item can count as no more than 1 hour towards the completion of the DO experience, but document time completing this experience

### • **CLINICAL?**

- Approximately 45 hours (NOTE: refer to comments above)
- Must obtain a diversity of clinical experiences in order to obtain understanding of the various roles and responsibilities of the certified athletic trainer
  - Collision Sports (includes **only** Football, Ice Hockey, and Lacrosse)
    - College level – 4 practices and 1 game
    - High School level – 4 practices and 1 game
  - Contact-Sports (i.e., soccer, basketball, baseball, volleyball, wrestling, etc.) and Non-contact sports (i.e., track and field, swimming, etc.)
    - College level – 2 practices and 1 game
    - High School level – 2 practices and 1 game
  - Sports Medicine or outpatient PT clinic that employs an ATC (2 hours)
  - Treatment/Rehab sessions prior to, after, or when practices or games are not being conducted (4 hours)
  - Provide written reflection of each experience:
    - What did you see?
    - Evaluations of certain body parts?
    - Certain procedures?
    - Injuries?
    - Observation of therapeutic exercise procedures (Identify)
    - Observation of therapeutic modality application (Identify) – refer to “clinical engagement form” for examples
    - Identify ATCs and/or AT students at each event

**DIRECTED OBSERVATION CLINICAL EXPERIENCE LOG MONTH \_\_\_\_\_**

	NAME	MU ID#	TIME	TIME	Total	Supervisor
	<i>Location &amp; Activities Observed</i>		IN	OUT	TIME	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

**TOTAL DAYS =** \_\_\_\_\_

**HOURS =** \_\_\_\_\_

**I VERIFY THAT THE ABOVE ACTIVITIES AND HOURS ARE TRUE AND ACCURATE. I ALSO ACCEPT RESPONSIBILITY TO KEEP A COPY OF THESE HOURS FOR MY OWN RECORDS.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I CERTIFY THAT THE ABOVE ACTIVITIES AND HOURS WERE COMPLETED AS DOCUMENTED.**

**Clinical Supervisor:** \_\_\_\_\_ **(print) BOC#** \_\_\_\_\_

**Clinical Supervisor Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**MARSHALL UNIVERSITY**  
**Professional Master of Science in Athletic Training Program**  
**PHYSICAL EXAMINATION**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

**History:** Please indicate if you have a history of any of the following. (Attach additional sheets if necessary)

Allergy _____	Muscular Disorders _____
Diabetes _____	Nervous Disorders _____
Epilepsy _____	Psychiatric Disorders _____
Heart Disease _____	Ear Disease or Defective Hearing _____
Kidney Disease _____	Eye Disease or Defective Vision _____
Lung Disease _____	Bone or Joint Injury or Disease _____
Menstrual Disorder _____	Other _____

Elaborate on any yes answers above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ B.P. \_\_\_\_\_ Pulse \_\_\_\_\_ Vision R20/ \_\_\_\_\_ L20/ \_\_\_\_\_

Corrected? YES / NO     Glasses     Contacts    Color Blind? YES / NO

Urine Analysis: Protein \_\_\_\_\_ Sugar \_\_\_\_\_

**Physical:**

1. General Appearance _____	6. Abdomen _____
2. Eyes, Nose, Throat _____	7. Hernia _____
3. Heart _____	8. Neurological _____
4. Lungs _____	9. Spine _____
5. Skin _____	10. Musculoskeletal _____

**Immunizations:** Date of last Tetanus injection \_\_\_\_\_ Hepatitis B \_\_\_\_\_

PPD    Positive \_\_\_\_\_    Negative \_\_\_\_\_    Date \_\_\_\_\_

**Check One**

At the time of examination, this person is free from physical defects that might interfere with the performance of his/her duties, except as noted above, and is physically able to participate in the Athletic Training Program.

This student requires a follow-up evaluation with the following medical specialist prior to participation in the Athletic Training Program.

Cardiologist\*     Orthopaedist\*     Other\* \_\_\_\_\_

\_\_\_\_\_  
Date of Physical Exam

\_\_\_\_\_  
Physician's Signature

*\* Students requiring a follow-up evaluation must provide a copy of the Specialist's recommendation regarding the student's physical ability to participate in the Athletic Training Program (ATP) to the Marshall University Student Health Center. For more details on the ATP please visit <http://www.marshall.edu/athletic-training>.*



