



2025-26

Policy and Procedures Manual, 10th edition

**PROFESSIONAL MASTER OF SCIENCE IN
ATHLETIC TRAINING PROGRAM**

**Marshall University
College of Health Professions
School of Health & Movement Sciences
1 John Marshall Drive
Huntington, WV 25755**



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MARSHALL UNIVERSITY CAN BE PLACED HERE

For additional information regarding the PMSATP application process, admissions, retention, and graduation criteria, the transfer policy, clinical education guidelines and policies, or other information on for students matriculating through the program, please also refer to the ATP website <http://www.marshall.edu/athletic-training/>

Welcome!

Welcome to the Professional Master of Science in Athletic Training Program (PMSATP) at Marshall University! Summer 2016 marked the official founding of this program and the acceptance of our first class of students. Prior to 2016, Marshall University had an extensive history of over 30 years for its accredited undergraduate Athletic Training program. Summer 2025 marks the start of the 10th cohort in PMSATP history.

We are excited about your interest in the Athletic Training profession and in particular, joining the “long green line” of students who have graduated from the Marshall University Athletic Training Program. The information in this Manual will help you become familiar with the PMSATP and the requirements set forth at Marshall University and required and enforced by the CAATE (The Commission on Accreditation of Athletic Training Education). The PMSAT curriculum at Marshall University combines didactic (classroom), laboratory setting, and clinical education experiences. Through a combination of these various experiences, each student is provided the opportunity to acquire the skills necessary to enter the athletic training field. By accepting admission into the Marshall University PMSATP, students will be asked to make a commitment to establishing a foundation of excellence. Matriculating through the PMSATP has numerous strengths that you can and should take advantage of during your next two years at Marshall. From faculty, clinical staff, and students knowing you by name to being involved in a diversity of clinical experiences, you can have a productive and enjoyable experience at Marshall University. Conversely, being a successful Athletic Training student at Marshall will require you to perform well in all the following areas: managing your time effectively; being dependable; demonstrating initiative; learning to work together with your classmates and fellow AT students as a team; working cooperatively and effectively with faculty, clinical instructors, and athletic coaches; placing your classroom and clinical education experiences as your top priority; and demonstrating your leadership qualities at all times. Furthermore, you will become part of a program desiring to become one of excellence that is regionally if not nationally recognized. It is up to the student to obtain the most information you can through active participation in course work, practical laboratory experiences, and your assigned clinical education experiences.

It is my hope that you will accept our challenge to become an integral and successful part of the tenth class of students in the PMSATP at Marshall University. Beginning in summer 2025, you will have a critical role in assisting us in this process, as we strive to make our program one of the prominent PMSATPs in the United States. Once again, welcome to the PMSATP and good luck!

I.

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ATHLETIC TRAINING PROGRAM FACULTY & STAFF
2025-26

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Marshall Sports Medicine Directory



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FALL 2025 ATHLETIC TRAINING STUDENTS

PMSAT 2nd Year Students (16)

1.	Berkley, Emma
2.	Cunningham, Abel
3.	Fitzpatrick, Kaylee
4.	Hale, Tanner
5.	Harrold, Justin
6.	Holbrook, Megan
7.	Hooper, Brittney
8.	Madison, Kadence
9.	McDaniel, Justin
10.	Miles, Shelby
11.	Nash, Grayson
12.	Pope, Elle
13.	Rice, Courtney
14.	Rings, Jocelyn
15.	Saxton, Lindsey
16.	White, Marc

PMSAT 1st Year Students (23)

1.	Belville, Santana (Cheyenne)
2.	Booth, Kinley
3.	Brim, Dylan
4.	Carroll, Chloe
5.	Chapman, Seth
6.	Coles, Amaya
7.	Duncan, Matthew
8.	Herold, Paula

9. Hess, Kayleigh
10. Hilliard, Erika
11. Hurst, Caleb
12. Jenkins, Emma
13. Keeney, Kendall
14. Lovejoy, Auston
15. Maybush, Brianna
16. Page, Ragan
17. Petrozelli, Nicco
18. Rader, Marin
19. Reedy, Ian
20. Riddle, Samantha
21. Ritter, Kaitlyn
22. Smith, Hannah
23. Thompson, Monica

II. GLOSSARY OF COMMONLY USED ATHLETIC TRAINING TERMS

Ability to Intervene – the preceptor is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being “physically present.”

Adequate – allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.

Affiliated Clinical Setting – Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATP for clinical experiences.

Affiliation Agreement – formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding. All sites where students are involved in patient care or observation-only experience (excluding the Program’s sponsoring institution) must have an affiliation agreement or memorandum(s) of understanding that is endorsed by the appropriate administrative authority (i.e. those bearing signature authority) at both the sponsoring institution and site. Refer to p. 41 for a listing of the sites which have been designated as affiliated clinical sites for the current academic year, and pp. 6-8 for the associated medical and other healthcare personnel at these sites.

Allied Clinical Setting - those sites that will enhance and broaden the clinical experiences of the Athletic Training or Sports Medicine student; these sites do not employ an ATC but have other medical and allied health professionals whom the Sports Medicine Professional must communicate and/or work with (i.e., physician, nurse, podiatrist, oral surgeon, chiropractor, dietitian, etc.). Students may do class experiences with these individuals, but cannot be assessed on clinical proficiencies at these sites.

ATP Faculty – BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training program.

Athletic Training Facility/Clinic – the facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.

ATS – the Athletic Training student who is enrolled in a CAATE-accredited professional athletic training program.

CAATE – Commission on Accreditation of Athletic Training Education; the body that accredits Athletic Training Programs.

Clinical Education – Comprises all of the formal and practical learning experiences provided for students to apply classroom knowledge, skills and professional behaviors in the clinical environment. The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of preceptors.

Clinical Instruction Site – the location in which a preceptor interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.

Clinical Instructor Educator (CIE) – the BOC Certified Athletic Trainer recognized by the institution as the individual responsible for Preceptor training. If more than one individual is recognized as a CIE for an ATP, then at least one of those individuals must be a BOC Certified Athletic Trainer.

Clinical Plan – the plan that encompasses all aspects of the clinical education and clinical experiences.

Clinical Ratio – the ratio of preceptors to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed five students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.

Clinical Education Coordinator (CEC) – the individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATP.

Core Competencies: patient-centered care, interprofessional education and collaboration, evidence-based practice, quality improvement, use of healthcare informatics, and professionalism.

Direct Patient Care – the application of professional knowledge and skills in the provision of health care.

Directed Observation/Pre-Professional Athletic Training Student – a student who has not yet been admitted formally into the ATP; this student may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.

Emergency Action Plan: A venue-specific “blueprint” used for the management of medical emergencies; also called “Emergency Care Plan”.

General Medical Experience – clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.

Health Care Professional - Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline 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.

Immersive Clinical Education: formal and practical learning experiences that place the learner at the center of the educational process and should promote ‘whole encounters’.

Independent Practice: opportunity provided for student to practice skills and concepts previously taught on an actual patient/client population.

Learning over Time (Clinical Proficiency/Mastery of Skills) – the process by which professional knowledge and skills are learned and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.

Medical Director – the physician (MD or DO) who serves as a resource for the programs director and ATP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.

Memorandum of Agreement – in the case where the administrative oversight of the preceptor differs from the affiliate site, formal agreements must be obtained from all parties (NOTE: also refer to “Affiliation Agreement” above).

Physically Interact See: Ability to intervene and physically present.

Physically Present See: Ability to intervene.

Preceptor: A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base.

Prerequisite Knowledge: concepts or coursework required prior to matriculation into the professional program.

Professional Program: Begins following formal admission to the Master of Athletic Training program; incorporates clinical education, curricular content, and all components necessary for the granting of a master’s degree

Supervision/Supervised: Experiences in which the preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient. All clinical education experiences must be supervised.

Team Physician – the physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.

Technical Standards – Program-defined required abilities and skills in the areas of observation, communication, motor, intellectual/critical thinking, interpersonal, and behavioral/social attributes necessary to complete the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

NOTE: also refer to this link <http://caate.net/prospective-students/> for additional information.

PROFESSIONAL MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM

III. INTRODUCTION AND PURPOSE

The Professional Master of Science in Athletic Training Program (PMSATP) at Marshall University prepares students for entry into athletic training, medicine, physical therapy, and other allied health and professional fields. Near the completion of this program, the student has the opportunity to sit for the Board of Certification (BOC) Examination as a result of the program's CAATE-accreditation status.

MISSION: The mission of the PMSATP at Marshall University is to meet the academic and clinical education needs of individuals desiring to become BOC-certified athletic trainers. This mission is accomplished through curricular planning, along with faculty and preceptor organization, in order to educate each student about the theoretical and clinical skills necessary to work effectively with the physiological, psychological and biomechanical aspects of injury, illness and performance regarding physically active patients. The PMSATP provides education and services for a society that is open, complex, demanding, and evolving. To this end, the PMSATP seeks to achieve the following goals:

1. Prepare students to pass the Board of Certification Examination. The program will have an overall 80% or higher pass rate.
2. Prepare students for professional practice by demonstrating the Foundational Behaviors of Professional Practice as identified by the 5th edition of the Competencies in Athletic Training (i.e., Primacy of the Patient, Team Approach to Practice, Legal Practice, Ethical Practice, Advancing Knowledge, Cultural Competence, and Professionalism) and the 2020 CAATE Standards.
3. Prepare students for entry into the Athletic Training workforce in any chosen clinical setting, including entrance into professional schools and advanced graduate level education.
4. Present students with the didactic, psychomotor, and affective experiences that will lead them to being able to exercise sound ethical judgment, achieve satisfying careers, and make positive contributions to their communities.
5. Participate in the continuing development of practicing athletic trainers through the development and dissemination of new theories, concepts, and practices.
6. Increase the Athletic Training body of knowledge by providing opportunities to conduct original research and dissemination of results of this research related to athletic training.
7. Cooperate with individuals and clinicians, both on campus and off campus, to provide enhanced educational and clinical opportunities for students.
8. Provide educational and service resources to West Virginia, Tri-State Region, and nationally.

IV. PROGRAM OBJECTIVES AND OUTCOMES:

The PMSATP curriculum is designed to prepare the student to first meet and then become proficient in the Competencies in Athletic Training identified in the current version of this document. To this end, the PMSATP has identified the following eight program outcomes:

1. The student will apply clinical reasoning skills throughout the physical examination process, and will assimilate the acquired data in order to select the appropriate assessment tests, formulate a differential diagnosis, and determine an appropriate treatment plan or referral to other healthcare professionals.
2. The student will adapt therapeutic interventions using clinician- and patient-based outcome measures with the consideration to the stage of healing and treatment goals, thus maximizing the patient's participation and health-related quality of life.
3. The student will adapt evidence-based and best practice standards when making clinical decisions and critically examining athletic training practice.
4. The student will integrate strategies and programs to reduce the incidence and/or severity of injuries and illnesses, as well as optimize their patients' overall health and quality of life.
5. The student will be able to evaluate and construct management strategies for patients with acute injuries and illnesses.
6. The student will identify, adapt to, and abide by local, state, and national governmental regulations, as well as the regulation of the appropriate professional organizations, in order to display sound moral and ethical judgment in the practice of Athletic Training.
7. The student will be able to determine if a patient is exhibiting abnormal social, emotional, and mental behaviors, and then refer the patient to other healthcare providers as necessary.
8. The student will be able to perform within the context of a healthcare system. Integral to this function is an understanding of risk management, healthcare delivery mechanisms, insurance, reimbursement documentation, patient privacy, and facility management.
9. The student will gain experience working with diverse populations which includes but limited to: sex, race, age, disabilities/abnormalities, and socioeconomic status.

V. THE 21ST CENTURY ATHLETIC TRAINER

The athletic trainer of the 21st Century is a highly trained allied health professional. The expectations of the certified athletic trainer (ATC) today are far greater in scope and in practice than ever before. The profession has changed drastically over the past two decades and is now a field crossing multiple disciplines. The only limitations for the ATC are the limitations he/she puts on him/herself. Careers in various settings are becoming more and more prevalent, breaking down previous barriers.

The daily functions of the athletic trainer changes with the chosen setting in which they practice. Each setting offers different challenges, responsibilities, and endeavors. Some settings in which ATCs practice are high school, college, education, clinic, professional sports, Olympic sports, military, NASCAR, pharmaceutical representatives, sales, bracing, physician assistant, administration, and many other areas.

VI. PROFESSIONAL ORGANIZATION

Athletic Training programs are under the jurisdiction of the Commission on Accreditation of Athletic Training Education (CAATE). The National Athletic Trainers' Association (NATA) is the professional membership organization for athletic trainers. The Board of Certification (BOC) is the agency that certifies athletic trainers. To be eligible for BOC certification, students must graduate from a CAATE-accredited athletic training program. The following chart depicts which agency regulates the different aspects of accreditation, membership, and certification:

	BOC		CAATE		NATA	
Eligibility to sit for the exam	√					
Certification exam development	√					
Certification exam administration	√					
Professional Practice/Discipline	√					
Standards of Professional Practice	√					
State Regulation	√				√	
Accreditation site visitations			√			
Accreditation Standards and guidelines			√			
Forward Accreditation recommendations			√			
Train and Evaluate			√			
Educational Competencies					√	
Code of Ethics					√	
Membership					√	

Post-Professional Education



The Commission on Accreditation of Athletic Training Education (CAATE)

Rules governing the accreditation of all athletic training programs are overseen by the CAATE (www.caate.net). The CAATE is the only agency that grants accreditation to Athletic Training Programs, thus extending BOC eligibility to graduating athletic training students. The Marshall University ATP is fully accredited by the CAATE.

The National Athletic Trainers Association (NATA)

The National Athletic Trainers' Association (NATA) is the professional membership association for certified athletic trainers and others who support the athletic training profession. Founded in 1950, the NATA has grown to more than 43,000 members worldwide today. The majority of certified athletic trainers choose to be members of NATA to support their profession and to receive a broad array of membership benefits. By joining forces as a group, NATA members can accomplish more for the athletic training profession than they can individually. www.nata.org

Vision

Athletic trainers will be globally recognized as vital practitioners in the delivery and advancement of health care. Through passionate provision of unique services, athletic trainers will be an integral part of the inter-professional health care team.

Mission

The mission of the National Athletic Trainers' Association is to represent, engage and foster the continued growth and development of the athletic training profession and athletic trainers as unique health care providers.

History of NATA

The National Athletic Trainers' Association (NATA) was founded in 1950 when the first meeting of the NATA took place in Kansas City. About 200 athletic trainers gathered to discuss the future of their profession.

Recognizing the need for a set of professional standards and appropriate professional recognition, the NATA has helped to unify certified athletic trainers across the country by setting a standard for professionalism, education, certification, research and practice settings. Since its inception, the NATA has been a driving force behind the recognition of the athletic training profession.

Once housed in Greenville, NC, NATA now is headquartered in Carrollton, TX. From humble beginnings, the association has expanded to encompass a global membership totaling more than 43,000, plus a full-time executive director and more than 40 full-time staff. Members serve as leaders for the association, which has multiple committees working together to help advance the profession.

A complete history of the NATA and the development of the athletic training profession is included in the hardcover book, *"Far Beyond the Shoe Box: Fifty Years of the National Athletic Trainers' Association."*

NATA CODE OF ETHICS

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 (NATA, 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.

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.

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.

Board of Certification

The Board of Certification, Inc. (BOC; www.bocatc.org) sets the standards for the practice of athletic training. The BOC is the only accredited certifying body for Athletic Trainers in the US. The BOC was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers and recertification standards for Certified Athletic Trainers. The entry-level certification program is designed to establish standards for entry in to the athletic training profession.

BOC Mission & Vision

The Board of Certification, Inc. (BOC) has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was an entity of the professional membership organization the National Athletic Trainers' Association (NATA). However, in 1989, the BOC became an independent non-profit corporation.

Mission of the Board of Certification: To certify Athletic Trainers and to identify, for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice and continuing competency programs.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer and establishes requirements for maintaining status as a Certified Athletic Trainer (AT). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the US. Every five years, the BOC must undergo review and reaccreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance (NOCA).

BOC Certification

The BOC was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers. The purpose of this program is to establish standards for entry in to the profession of athletic training. Additionally, the BOC has established the continuing education requirements that a Certified Athletic Trainer must satisfy in order to maintain current status as a BOC Certified Athletic Trainer.

On a regular basis, the BOC reviews the requirements for certification eligibility and the standards for continuing education. Additionally, the Board reviews and revises the certification exam in accordance with the exam specifications of the BOC *Role Delineation Study* that is reviewed and revised every five years. The BOC uses a criterion-referenced passing point for the anchor form of the exam. Each new exam version is equated to the anchor version to ensure that candidates are not rewarded or penalized for taking different versions of the exam.

The BOC does not discriminate against any individual on the basis of religion, gender, ethnic background or physical disability.

Standards of Professional Practice

Athletic Trainers are required to comply with the *BOC Standards of Professional Practice*, which consists of Practice Standards and the Code of Professional Responsibility.

BOC Standards of Professional Practice
Effective January 2025

Download available at <https://bocatc.org/athletic-trainers/maintain-certification/standards-of-professional-practice/standards-of-professional-practice>

VII. POLICIES FOR PROGRESSION AND GRADUATION

Once accepted into the Professional Master of Science in Athletic Training Program, students must complete each Athletic Training course (HS) with a grade of "B" or higher. Per Marshall University Graduate College policy, students may obtain no more than two letter grades of "C" that total more than 6 hours while enrolled in graduate level courses, and students must complete the PMSAT program with a minimum GPA of 3.0 in order to graduate. Students who earn a "C" in any of the courses required to complete this program during a given semester will be placed on a remediation plan the following semester in order to correct specific deficiencies. For example, this plan may require students to remediate a whole year of courses. Thus, students are monitored for satisfactory progression at regular intervals.

In order to graduate with the MS degree in Athletic Training students must: achieve a minimum cumulative GPA of 3.0 on all work completed at the University; complete all required PMSAT program courses; successfully complete all required Athletic Training competencies; complete the required number of clinical hours; complete the required number of service points; successfully complete all competency exams associated with each of the clinical courses; and successfully complete the graduating student comprehensive examination. The student is responsible for fulfilling all requirements for graduation.

VIII. PROFESSIONAL MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM

The Marshall University Professional Master of Science Athletic Training Program (PMSATP) is fully accredited by the CAATE (Commission on Accreditation of Athletic Training Education; www.caate.net). Currently, the PMSATP is one of only a handful of such programs in the Tri-State. It is a rigorous academic program that includes coursework in athletic training, anatomy, physiology, exercise physiology, psychology, and other science-related courses. The multifaceted program blends classroom instruction with clinical rotations, where students obtain real life experience working hands-on with certified athletic trainers, physicians, physical therapists, and other allied health care professionals to provide patient care. The rigorous curriculum prepares students to take the national BOC board exam (Board of Certification Exam; www.bocatc.org) to practice as professional-level professionals. This program is NOT a Post-Professional (Advanced Practice) Master's degree available to students who are already eligible for BOC certification or currently certified by the BOC. A degree in Athletic Training and BOC certification offers a graduate opportunities to practice in a variety of clinical settings. These settings include, but are not limited to, high school, college and professional athletics; outpatient clinics; industrial rehabilitation sites; physician practices; the performing arts; safety settings, and higher education.

The PMSATP is a 3-2 program, allowing current Marshall University students to apply after their third year of undergraduate studies and to graduate two years later (5 years total) with both bachelor's and master's degrees. Additionally, students who hold a bachelor's degree from either Marshall or another accredited institution can also apply and complete the PMSAT program. Both routes prepare students to take the national BOC Examination. Acceptance into the PMSAT program is competitive and separate from acceptance to Marshall University.

Prior to 2016, the Athletic Training program at Marshall University has been in existence since 1985 as a BA Physical Education with a concentration in Athletic Training. It became a standalone degree program (BS in Athletic Training) in August of 2008. Prior to 2010, the School of Kinesiology (formerly Department of Exercise Science, Sport, and Recreation) was housed under the College of Education and Human Services. During the 2008 accreditation cycle, the University began the transition of moving the program and the newly named School of Kinesiology, to be under the College of Health Professions which took place in the summer of 2010 as recommended by the Commission on Accreditation of Athletic Training Education (CAATE) and reflected by the site visit team in 2008. The ATP received a 10-year award of re-accreditation during this site visit and was scheduled to renew its accreditation with the CAATE during 2018-19 academic year. During the 2018-19 site visit, the program was once again awarded 10-years of re-affirmation of accreditation, meaning a new site visit will not take place until 2028-29. During the 2015-16 academic year, the ATP submitted the required Substantive Change self-study and supporting documentation to the CAATE to transition the program from the baccalaureate level to the master's degree. The first class of students admitted to the PMSATP began the program in the summer of 2016. By completing the Marshall PMSATP, the student is eligible to take the BOC examination. Passing the certification exam will broaden employment possibilities at the secondary school, college, university and private/clinical settings. To obtain a more thorough understanding of the employment prospects visit <http://www.nata.org/athletic-training>.

A. Admission Criteria

Acceptance into the Professional Master of Science in Athletic Training program is competitive and not guaranteed. Prospective students must meet the minimum criteria listed that follow to be considered for admission to the program:

- Admission to Marshall University Graduate College;
- An overall cumulative GPA of 3.0 or higher
- A minimum letter grade of C or better on all prerequisite coursework
- Submit by the application deadline all forms and supporting documentation to apply to the PMSATP (NOTE: refer to <http://www.marshall.edu/athletic-training/> for information and details regarding the application and admission requirements)
- Directed observation clinical experience (NOTE: refer to <http://www.marshall.edu/athletic-training/> for details regarding the requirements for this DO clinical experience)
- Successful interview (Interviews are extended beginning in March)
- Ability to meet the Technical Standards of Admission documented by a licensed physician

B. Prerequisites - Provisional Admission Criteria

Prospective students must have taken or be currently enrolled in the following courses when applying to the PMSAT program. All students applying in their 3rd year from Marshall University must have all Core I, Core II, and a minimum of 90 credit hours completed by the end of the application semester, including the below prerequisite courses:

- Anatomy and physiology (6-8 cr.)
- Introduction to Athletic Training/Prevention and Care of Athletic Injuries (3 cr.)
- Exercise physiology (3-4 cr.)
- First Aid and CPR; must also hold current First Aid and CPR healthcare provider or professional rescuer certifications (1 -3 cr.)
- General psychology (3cr.)
- Kinesiology or biomechanics (3-4 cr.)
- Nutrition (3 cr.)
- Personal Health/Wellness (2-3 cr.)
- Statistical methods (3 cr.)
- Medical terminology (2-3 cr.)
- Biology(3cr)
- Chemistry (3cr)
- Physics (3cr)
- Sociology (3cr)

C. PMSAT PROGRAM APPLICATION AND ADMISSION REQUIREMENTS

Students with junior standing or above must have completed the specific requirements identified below and throughout their 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. *Entry to the Professional Master of Science in Athletic Training Program involves formal application by candidates and **competitive** selection by an Admissions Committee.* The formal interview process will allow candidates the opportunity to clarify any requirements, ask questions, and demonstrate their knowledge of and dedication to the academic program and the athletic training profession.

The number of available openings for new students in this program is based on available instructional and clinical resources both on campus and at affiliated clinical sites. Because of this **competitiveness**, applicants are encouraged to establish and maintain a high degree of academic excellence and professionalism as they pursue acceptance into this program. Please note that transportation to clinical sites and locating housing are the student's responsibility.

Admission of qualified applicants is not guaranteed and is competitive. Applicants must achieve the minimum score of 70 points on the Marshall University ATP Applicant Admission Assessment Form to be considered for full acceptance into the program. All candidates will be ranked according to their assessment form score. Available slots within the ATP will be filled according to this prioritized listing of candidates starting with the top score downward. If there is a tie score and there are not enough slots to admit all the students with a tie into the ATP, then a tie breaker will be used. Applicants will be rank ordered from the highest to lowest based upon the documented evidence provided in their application file regarding their directed observation clinical experiences for the available slots. ATP 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.

Given below are the requirements for applicants desiring admission to the Professional Master of Science in Athletic Training Program at Marshall University, in addition to the PMSAT Program requirements.

Professional Master of Science in Athletic Training Program 2026 Application/Admission Requirements

Initial application to the Marshall University PMAT program is completed through a centralized application system known as ATCAS. Applicants will apply online using the ATCAS system. To learn more about the ATCAS application process [click here](#). Application to the PMAT is a rolling admission, however, to receive priority consideration application materials must be received by **February 15 for the summer session, which is when the program begins. Students may continue to apply through **May 15th, 2026**.**

Initial application requirements for ATCAS:

1. Letter of Interest which is 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.

2. Two (2) letters of recommendation/evaluation forms (one **must** be completed by a Certified Athletic Trainer and the second can be a professional reference. Both will be submitted to ATCAS)
3. Must have official bachelor's degree transcripts sent directly to ATCAS. Students who have not received the bachelor's degree at the time of application, must submit official preliminary college transcripts to ATCAS.
4. Professional Resume.
5. Upload your Directed Observation Experiences to ATCAS. (Observation hours don't have to be completely finished to apply, but will need to be completed prior to program start).
6. Read and sign the ***"Technical Standards for Admission"*** and upload to ATCAS.

Once the student has completed steps 1-6, those applicants satisfying the minimum standards will receive official notice from the Athletic Training Program Director and be invited for an interview. The program will extend the applicant an on campus interview (online interviews can be conducted for out of state applicants). 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. The applicant will be notified of their acceptance status within 2 weeks of their interview. If the student accepts the program invitation, the applicant will be required to complete and submit the items on page 2 prior to the program start.

****Additional items required once a student is granted acceptance into the PMAT.****

7. If applying as a 3+2 student at Marshall you may **skip** step 7. If applying with a completed Bachelor's Degree, Apply to the Marshall University Graduate College.
<https://www.marshall.edu/admissions/apply/>
8. 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.
9. A copy of your immunization records including a negative TB (PPD) Test within the past twelve months. The TB test can be obtained at most local health departments.
10. Students must read and sign the *"Hepatitis B Immunization Informed Consent/Refusal form"* in the appropriate location.
11. 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.
12. Drug Testing and Background Check (*NOTE: information on completing both these requirements and the associated costs will be provided to students who are accepted at orientation*).
13. Read and sign the final page of the ***"Athletic Training Major Requirements Checklist"*** that is included in the application packet.

14. Students admitted to the PMSAT must complete Bloodborne Pathogen Training prior to beginning their first clinical rotation. *(NOTE: information on completing this requirement will be provided to students who are accepted at orientation)*.
15. Students admitted to the PMSATP must complete Sexual Harassment Training prior to beginning their first clinical rotation. *(NOTE: information on completing this requirement will be provided to students who are accepted at orientation)*.
16. 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> *(NOTE: information on completing this requirement will be provided to students who are accepted at orientation)*
17. Pay \$275 deposit for athletic training uniform and supplies.

February 15 is the priority admission deadline for full consideration; however, the program does have a rolling admissions process for applications submitted after this date

Questions:

Dr. Zach Garrett, ATC
Director, Athletic Training Program
Marshall University
GH 107-A
(304) 696-2924
Garrett46@marshall.edu

February 15 will be the priority admission deadline for full consideration

If any portion of the application is dishonest or deceptive in any way the candidate will not be considered for admission.

D. PMSAT CURRICULUM REQUIREMENTS

Courses required to complete the Professional Master of Science in Athletic Training – 58 hours

AT didactic courses – ESS 670, HS 512, 523, 524, 548, 549, 609, 630, 639, 679, 681 (37 hours)

AT Clinical courses – HS 515, 525, 634, 645, 655 (15 hours)

Remaining Requirements (6 hours)

HS/ESS Electives – 2 courses HS 657, ESS 636 (6 hours)

Total Credit Hours for Degree = 58 hours*

***The CPR-PR/Healthcare Provider certification must be current during the timeframe when students are completing required clinical rotations. Additionally, the service point requirement and the clinical education requirements must all have been met in order to graduate from the program.**

NOTE: refer to following page for the PMSATP "Curriculum Sequence" which contains a recommended 4-semester plus one summer curriculum sequence of courses.

E. PMSAT Program Plan of Study
(For students entering PMSATP in summer 2022)

<u>Pre-requisites</u>

Completion of a minimum of 90 credit hours or
 Completion of the bachelor's degree
 3.0 minimum overall cumulative GPA
 Biology (3-4)
 Chemistry (3-4)
 Physics (3-4)
 Sociology or equivalent (3)
 Anatomy/Physiology (8)
 Exercise Physiology (3-4)
 Introduction to Athletic Training/Prevention & Care of Injuries (3)
 Kinesiology/Biomechanics (3)
 First Aid/CPR healthcare provider certification
 Nutrition (3)
 Personal Health/Wellness (2-3)
 General Psychology (3)
 Statistics (3)
 Medical Terminology (2-3)
 Directed observation clinical experience (outcomes & hours)

Year 1: Summer 3 session (July 14-August 14)

HS 512 Foundational Clinical Skills in AT 3hrs
 HS 515 AT Clinical Experience I 3hrs

Year 1: Fall

HS524	LE Evaluation/Lab	4
HS525	AT Clinical Exp II	3
HS639	Gen Med w/Lab	3
ESS670	Research Methods	3
		3

Year 1: Spring

HS548	Therapeutic Int I	4
HS523	UE Evaluation/Lab	4
HS645	AT Clinical Exp III	3
ESS636	Structural Kines.	3

Year 2: Spring

Year 2: Fall

HS679	Trends in AT	3
HS655	AT Clinical Exp IV	3
HS609	Organ/Admin in AT	3
HS549	Therapeutic Int II	4

HS634	Externship/Clinic Rot	3
HS681	Graduate Project	3
HS630	Seminar in AT	3
HS657	Adv Train/Certs	3

26

26

Total hours = 58

F. GRADUATION REQUIREMENTS – PMSAT PROGRAM

To complete the Professional Master of Science in Athletic Training Program, the student must meet all of the below criteria in order to graduate:

1. A minimum overall GPA of 3.0.
2. Obtain no more than two letter grades of "C" in any of the required PMSATP courses.
3. Completion of required clinical rotations, after acceptance into the PMSATP that are directly supervised by Marshall University's BOC-certified athletic trainers (Clinical Preceptors), or by BOC-certified athletic trainers who serve as Preceptors employed at any of the approved affiliated clinical settings, and other appropriately credentialed health care providers serving as Preceptors at affiliated settings.
4. Successful completion of all Athletic Training competencies assigned to each of the five AT clinical experience courses.
5. Completion of required clinical hours and service points as described in the edition of the *Professional Master of Science in Athletic Training Program Policies and Procedures Manual* effective when the student was admitted to the PMSATP.
6. Successfully completing competency examinations associated with each of the five clinical courses. Students may repeat the competency exam only two times.
7. BOC Examination registration during the student's final semester in the PMSATP.
8. Successfully passing a comprehensive examination during the final semester of the anticipated graduation year. Students may repeat the comprehensive exam only two times.

G. TRANSFER STUDENT POLICY & TRANSFER OF GRADUATE CREDITS POLICY

Students transferring to Marshall University from another institution who seek admission into the Professional Master of Science in Athletic Training Program (PMSATP) must submit detailed syllabi and transcripts of grades to the Marshall University Registrar's Office. Additional details regarding transfers to Marshall is described in the current edition of the Undergraduate and Graduate College Catalogs. The Registrar determines which Core/General Studies and other non-required ATP courses are accepted to meet the University's requirements. The Director of the ATP will determine whether specific Athletic Training courses/credits will transfer. Appeals of these decisions are to be made directly to the Registrar. In cases where the appeal involves required Athletic Training courses, the Chair of

the School of Kinesiology, the Dean of the College of Health Professions, and the Provost will be consulted.

A student transferring to Marshall University can generally become eligible as a candidate for the PMSATP after completion of a minimum of 90 credit hours, completion of the required Athletic Training pre-requisite courses, and completion of all application and admission requirements. A transfer student with an Athletic Training related background may have specific Athletic Training pre-requisite courses waived if the outcomes and AT competencies have been previously met as determined by ATP Director. Additionally, the Graduate College and/or the Director of the ATP may grant exceptions to specific candidates if the student meets all other ATP admission requirements. In this case, students may be admitted provisionally or conditionally into the ATP. These students will be given one semester (or six months) as a provisional admit to meet any remaining course deficiencies. Provisional or conditional students who meet all course requirements after this period will then be granted full admission status, while students who do not meet these requirements, will not be able to continue in the PMSATP. In addition to successful completion of the course objectives and associated AT competencies, it is strongly recommended that the student have participated in various forms of directed observation in the medical and/or athletic training fields prior to admission.

A transfer student may enroll in any of the Athletic Training pre-requisite courses prior to being accepted into the PMSATP, assuming that the student has met any/all course pre-requisites. However, the student may not enroll in any of the other required PMSAT courses prior to being admitted into this program.

Transfer of Graduate Credits Policy

A student with an approved Plan of Study may transfer to Marshall University credit earned in graduate coursework completed at another regionally accredited graduate institution provided that the courses are appropriate to the student's program and the grades earned are B or better or equivalent, and acceptable to the advisor and Graduate Dean.

On the master's and education specialist level, transfer credits may not exceed 12 hours. For graduate certificate programs, transfer credits may not exceed 6 credit hours. Provost approval can be made to allow for more, if a student is leaving a teach out or closing program. Graduate credits transferred from other institutions will not become a part of the Grade Point Average recorded on the student's Marshall University transcript and will simply meet credit hour requirements toward graduation.

All transfer credits must have been earned within a seven-year time limit counted from the date of enrollment in the first graduate course to be applied toward meeting degree requirements of the student's program (*2024-25 Graduate College Catalog, p. 78*).

IX. 2025 – 2026 MARSHALL UNIVERSITY GRADUATE CATALOG
Descriptions of courses required to complete PMSATP

Athletic Training Core

HS 512 Foundational Clinical Skills in Athletic Training (3 cr.)

HS 515 Athletic Training Clinical Experience I (3 cr.)

HS 523 Orthopedic Assessment of the Upper Extremity for Athletic Trainers (4 cr.)

HS 524 Orthopedic Assessment of the Lower Extremity for Athletic Trainers (4 cr.)

HS 525 Athletic Training Clinical Experience II (3 cr.)

HS 548 Therapeutic Interventions in Athletic Training I (4 cr.)

HS 549 Therapeutic Interventions in Athletic Training II (4 cr.)

HS 609 Organization and Administration in Athletic Training (3 cr.)

HS 630 Seminar in Athletic Training (3 cr.)

HS 634 Athletic Training Externship (3 cr.)

HS 639 Examination of General Medical Conditions (3 cr.)

HS 645 Athletic Training Clinical Experience III (3 cr.)

HS 655 Athletic Training Clinical Experience IV (3 cr.)

HS 679 Trends in Athletic Training (3 cr.)

HS 680 Graduate Project in Athletic Training (3 cr.)

ESS 670 Research Methods (3 cr.)

Students choose two courses (6 hours) from the below list of courses:

HS 657 Advanced Training and Certifications (3 cr.)

ESS 636 Structural Kinesiology (3 cr.)

ESS 636 Structural Kinesiology. 3 hrs. I

Instruction and laboratory experiences involving musculoskeletal anatomy and biomechanics as applied to human movement.

ESS 670 Research in Kinesiology. 3 hrs.

An examination of experimental research design, laboratory methods, construction of instruments, execution of research, and presentation of research papers with an emphasis on science.

HS 512 Foundational Clinical Skills in Athletic Training. 3 hrs. Su3.

Taping, bracing, spine boarding, airway and oxygen administration, and other advanced emergency and practical care techniques used in athletic training. (PR: program admission; CR: HS 515)

HS 515 Athletic Training Clinical Experience I. 1-3 hrs. Su3.

To begin developing athletic training evaluation and treatment skills under the direction of a BOC certified Athletic Trainer. Requires 75 clinical hours. (PR: program admission; CR: HS 512)

HS 523 Orthopedic Evaluation of the Upper Extremity for Athletic Trainers. 4 hrs. II

Orthopedic evaluation of the neck and upper extremity for the athletic trainer. (PR: HS 523, HS 525)

HS 524 Orthopedic Evaluation of the Lower Extremity for Athletic Trainers. 4 hrs. I

Orthopedic evaluation of the back and lower extremity for the athletic trainer. (PR: HS 512, HS 515)

HS 525 Athletic Training Clinical Experience II. 3 hrs. I.

To continue developing athletic training evaluation and treatment skills under the direction of a BOC certified Athletic Trainer. Requires 225 clinical hours. (PR: grade of B or higher in HS 515; CR: HS 523)

HS 548 Therapeutic Interventions I. 4 hours. II

Therapeutic modality application in the initial stages of injury, and modality and therapeutic exercise selection and prescription based upon patient responses for injuries to the lower extremity and lumbar spine.

HS 549 Therapeutic Interventions II. 4 hours. I

Instruction of electrical stimulation modalities and therapeutic exercise rehabilitation of the upper extremity and cervical spine, including post-surgical rehabilitation. Strategies for psychosocial intervention will also be addressed.

HS 609 Organization and Administration in Athletic Training. 3 hrs. I

This course will investigate current trends in administration and organization in the field of athletic training. Focus will be placed on current state/federal practice laws and the financial management of running an athletic training clinic.

HS 630 Seminar in Athletic Training. 3 hrs. II

A course designed to use scientific literature to enhance student's preparation and knowledge in athletic training.

HS 634 Athletic Training Externship. 3 hrs. II

Approved externship supervised by a clinical preceptor. Requires 225 clinical hours. (PR: grade of B or higher in HS 655)

HS 639 Examination of General Medical Conditions. 3 hrs. I.

Study of common general medical conditions and illnesses of physically active individuals and the proper methods of evaluating these complaints.

HS 645 Athletic Training Clinical Experience III. 3 hrs. II.

To continue developing athletic training evaluation and treatment skills under the direction of a BOC certified Athletic Trainer and/or other qualified allied health professionals. Requires 225 clinical hours. (PR: grade of B or higher in HS 525)

HS 655 Athletic Training Clinical Experience IV. 3 hrs. I.

To continue developing athletic training evaluation and treatment skills under the direction of a BOC certified Athletic Trainer and/or other qualified allied health professionals. Requires 225 clinical hours. (PR: grade of B or higher in HS 645)

HS 657 Advanced Training/Certifications. 1-3 hrs. I

This course allows the student to participate in advanced training and certification courses such as the Functional Movement Screening, Performance Enhancement Specialist, and others that may be offered each year.

HS 679 Trends in Athletic Training. 3 hrs. II.

To provide an in-depth analysis of current trends with regard to evidence-based practice, current practice position statements, and current research methods being utilized in athletic training.

HS 680 Graduate Project in Athletic Training. 3 hrs. II

This course involves supervised development of a one-semester scholarly, entrepreneurial or administrative project that synthesizes the student's educational and clinical experiences obtained while matriculating through the PMSAT program.

X. PMSAT PROGRAM POLICIES AND GUIDELINES

A. PROGRAM ACADEMIC PROBATION

As a result of the rigor of the didactic coursework, the intensity of the clinical Education component of the program, and being able to successfully meet all the requirements for graduation from the PMSATP (which exceed University requirements), the PMSATP has initiated a separate, formal *Academic Probation Policy*. Students who do not meet the grade point average (GPA) standards or any of the curriculum or clinical requirements as stated in this Manual, will be placed on “*ATP Academic Probation*”. If a student is placed on probation, a written plan and accompanying list of objective recommendations will be sent to applicable students by the ATP Director.

Some examples of a written probation plan could consist of not enrolling in a clinical course during a particular semester, eliminating one’s involvement in extracurricular activities including outside work, and/or not proceeding in the established curriculum sequence of the PMSATP. Any of these deficiencies could prevent the student from graduating from the Marshall PMSATP in two years. Furthermore, this individual plan will help assist the student in successfully meeting all the requirements of the PMSATP for graduation.

A minimum overall GPA of 3.0 must be met each semester the student matriculates through the PMSATP to avoid being placed on academic probation. Given below are some examples of deficiencies that would place the student on “*PMSATP Academic Probation*” as a result of not meeting all academic and/or clinical requirements for a particular semester:

- If a student withdraws from or does not earn a letter grade of “B” or higher in HS 524 (Lower Extremity Evaluation), then he/she cannot continue in the required curriculum sequence the following semester. The reason for this is because specific competencies and/or learning outcomes for HS 523 will not have been met, which are essential to the successful performance in HS 645 (Clinical III) and HS 524 (Upper Extremity Evaluation) the following semester. Thus, the student would be placed on “PMSATP Academic Probation”.
- If the student receives 2 C’s, falls below a 3.0 GPA, and/or does not pass the competency exam during a given semester, then a remediation plan will be developed which will require the student to complete the academic year over.

B. CLINICAL ABSENCE POLICIES*

- a. One: After the first unexcused absence, a conference will be scheduled between the student and the attending Clinical Preceptor, with a probationary period pending.
- b. Two: A second unexcused absence will result in a scheduled conference with the CEC and ATP Director and a two week suspension with in-house responsibilities, and students not being able to complete clinical competencies, except in courses and/or labs.

***NOTE:** If a Preceptor is notified within 24 hours of the need to miss a scheduled clinical experience, then a student can possibly be excused. Remember, there are only a few exceptions to this 24 hour rule! Lastly, be sure to make requests for absence from clinical duties in writing and given to the appropriate clinical preceptor well in advance of your anticipated absence (i.e., due to travel arrangements, attending weddings, etc.). It is imperative that the clinical preceptor gives permission for the anticipated absence(s) prior to actual arrangements (i.e., airline tickets purchased) being made by the student! Failure to abide by this policy will lead to the above disciplinary action being taken. *Students at off-campus sites must also notify the CEC of the PMSATP or clinical preceptor in writing of the intended absence.*

DEFINITIONS:

1. Probation - "subjection of an individual to a period of testing and trial to ascertain fitness (as for a job or school)"; during a probationary period, said student must be present at times and locations assigned by the Director of the ATP until he/she demonstrates satisfactory performance in the classroom and clinical components of the PMSATP. Failure to properly perform clinical duties as assigned will then lead to suspension.
2. Suspension - "to debar temporarily from any privilege, office, or function"; suspensions will be for a minimum of two weeks, depending upon the offense/problem, and will be kept part of the student's permanent record PMSATP file.

Lastly, please note that all conferences will be documented and kept as part of the student's personal file and will not be shared with other students or staff. This file will be used when a student asks for recommendations for employment or when the Athletic Training Faculty or Clinical Preceptors are asked to provide athletic training clinical services for certain "special events" and the student requests to volunteer for these events. The PMSATP hopes that these consequences deter problems it might encounter with students missing clinical assignments, classes, and/or being consistently tardy for classes or clinical assignments. For details on University Academic Warning, Probation, or Dismissal please refer to the current copy of the MU Graduate Catalog.

C. CLASS ABSENCE POLICIES

The Marshall University Athletic Training faculty and staff expect students to attend all classes and clinical experiences for which they have registered and agreed to participate in. Registration in a course is regarded as an agreement between the student and the institution, the fulfillment of which almost always depends on regular and punctual class attendance. "When a student cannot attend a class or laboratory, or a clinical education experience, the student must notify the appropriate instructor(s) involved as soon as possible and provide an appropriate explanation. The student must take the initiative both in providing adequate explanation to the instructor and in adhering to the class attendance policy", as well as the class policy on making up missed work. (NOTE: also refer to current copy of MU Academic Catalog). It is further recommended that whenever possible the student should inform the instructor in advance and be responsible for making up all work that is missed regardless of the reason for the absence.

A student whom the instructor knows to have been absent unavoidably or due to participation in extra-curricular activities or because of illness may be permitted to make-up tests or missed work. Make-up of any nature is at the discretion of the instructor.

A student's grade may be lowered unless the work missed is made up to the satisfaction of the instructor and in the appropriate time frame. Since all absences represent a loss in classroom activity and learning opportunity, no absence will relieve the student from academic obligations.

If a student has an excused absence from class the day an examination is given, arrangements must be made by the student with the instructor for make-up of the examination. Make-up of an examination or quiz must be completed upon the first week the student returns to class or at a time the instructor designates. The ATP Policy will be minimally as follows:

Unexcused absences totaling more than 20% of the class meetings will result in a grade of F. Excused absences are defined as university-sponsored events only. All other absences are considered non-excused.*

Instructor attendance policies will be stated in individual course syllabi. Please note that some instructor policies may be more stringent. When a student has exceeded the number of allowable unexcused absences in an Athletic Training course, an email will usually be sent to the student from the faculty member teaching the course, informing the student that he/she has reached the maximum number of unexcused absences. However, it is strongly advised that students also keep track of their absences and to fully comprehend the implications of this policy.

D. ACADEMIC DISHONESTY

Students have a special responsibility to academic standards, since Marshall University is an academic institution. Academic dishonesty is a particularly serious offense. Academic dishonesty is defined as, but not limited to:

1. Giving or receiving help with intent to falsely represent one's work.
2. Plagiarizing (a willful misrepresentation of another person's work as your own).
3. The use (or appearance of use) of notes, books or any other unauthorized sources during tests of any kind, unless specific instructions are given permitting such use.
4. Altering the record of any grade in any grade book or record.
5. Any other type of misconduct, offense or manifestation of dishonesty or unfairness in relation to academic work.
6. Unauthorized possession of a test prior to, during or after the administration of a test.
7. Defacing, mutilating, destroying, modifying, stealing, hiding or in any other way inhibiting or preventing access by others to library materials or data bases.
8. Falsely documenting clinical hours or clinical experiences.
9. Falsifying or forging proficiencies.

Generative AI Policy

1. Students are prohibited from using generative AI in any way on any assignment in this Program.
2. The use of generative AI in this course will be considered a violation of both Marshall's [Academic Dishonesty Policy](https://www.marshall.edu/academic-affairs/policies/#academicdishonesty) (URL: <https://www.marshall.edu/academic-affairs/policies/#academicdishonesty>) and the [Student Code of Conduct](https://www.marshall.edu/student-conduct/) (URL: <https://www.marshall.edu/student-conduct/>).

The specific Marshall University policy on Academic Dishonesty is found at <http://www.marshall.edu/board/files/policies/MUBOG%20AA-12%20Academic%20Dishonesty.pdf>. The policy is also discussed in University Academic Catalogs and the MU Student Handbook. Please refer to these documents for information and details on the Academic Dishonesty policy including the definition of academic dishonesty, the appeal procedure, and other associated implications and procedures of this policy. The PMSATP will follow this policy if cases of academic dishonesty occur.

E. DEPENDABILITY AND PUNCTUALITY

Dependability and punctuality are both a must in the professional world. Coupled with this fact, the Athletic Training Program believes that both are imperative to succeed in the program, in your career, and in life. Therefore, the PMSATP has developed a policy whereby all clinical experiences are recorded by the ATS and signed off by the Clinical Preceptor (CP). During this time, the CP will also evaluate the ATS to provide feedback as to the student's progress on various athletic training clinical proficiencies and professional attributes. The forms must be submitted through ATrack by the due date established by the course instructor. Failure to complete and submit these forms on time will result in a GRADE REDUCTION PER INCIDENT.

Additionally, it is important for ATS to realize that clinical assignments are made at times when their clinical experience can be maximized and are an extension of their clinical course. When a student does not show up or is late for their assigned clinical experience, not only is the efficiency and effectiveness of the healthcare for athletes/patients severely diminished, but more importantly students are missing an opportunity to enhance their clinical education experience. Because of the significance of being punctual and in attendance, the Athletic Training Program has established the below policies which will be enforced with no exceptions, regarding tardiness and absenteeism:

Tardy Policies

- A. One - Every student is allowed one time to be tardy if he/she is no more than ten minutes late; you are given the "benefit of the doubt" only one time per semester.
- B. Two - With the second unexcused tardiness a scheduled conference between the student and the CEC of the PMSATP and/or instructor/staff member is scheduled. At this time, the student will be placed on probation for an undisclosed time and not allowed to participate in certain activities.
- C. Three - Being tardy a third time will result in being suspended from all Athletic Training clinical rotations and other clinical activities for approximately two weeks; also, a conference between the student, the CEC, and the Director of the ATP will be arranged.

Probably the most important element of this policy is communication with your CP. We realize there are on occasion, problems that may arise and cause one to miss his/her clinical assignment for that day or to be tardy. Each student that has such a dilemma **must** make every effort to contact his/her CP. Even with a legitimate excuse, failure to communicate with one's immediate clinical supervisor of the problem will force the faculty member or CP to count this as an unexcused absence/tardy (*NOTE: probations and suspensions will consist of "in-house" consequences, meaning that students will be required to fulfill all clinical obligations, in addition to competencies or proficiencies required for courses the student is enrolled in.*

F. GRADING SYSTEM

While enrolled in Athletic Training courses, the following grading scale will be used:

93 - 100%	=	A
85 - 92 %	=	B
75 - 84 %	=	C
65 - 74 %	=	D
Below 64%	=	F

The specific details of how a student is to earn a certain grade in his/her classes, will be explained by the instructor at the beginning of each semester, and outlined in each course syllabus. Also keep in mind that per Marshall University Graduate College policy, a student may earn no more than two letter grades of "C" and must earn a cumulative GPA of 3.0 or higher to graduate with the master's degree.

Students must obtain a "C" average (75%) on course exams in order to pass the course. If students obtain less than a "C" average on exams, the final grade ("D" or "F") will be derived solely from exam averages. Any non-exam grades and/or extra credit will only be applied to the student's grades if their exam average is 75% or above. Additionally, students who score less than a 75% on any exam will be required to complete content remediation and test corrections.

G. ACADEMIC AND CLINICAL COUNSELING

Upon entrance into Marshall University as a freshman, each student is assigned an academic advisor by the University. Students desiring to pursue the Professional Master of Science degree in Athletic Training will be initially assigned an academic advisor by the College of Health Professions. Once a student is admitted to the PMSAT program, he/she will be assigned to one of the Athletic Training faculty as their academic advisor. Students are encouraged to meet with their academic advisors for more than just course scheduling. All full-time and adjunct faculty in the ATP have an "open door policy" whereby students can utilize their academic advisors for discussion of personal problems, academic and clinical issues, career counseling, etc. During the pre-registration period, students will make an appointment with their Athletic Training advisor to schedule classes for the following semester. It is extremely important that AT students have very thorough and accurate academic advising because of the strict sequence of courses. Failure to consistently meet with one's advisor could possibly create a situation where the student has to stay an extra semester or year to take the course he/she missed. Therefore, it is the student's responsibility to meet with his/her advisor a minimum of one time per semester, and to keep abreast of course and curriculum offerings and changes.

All students enrolled in the PMSATP must schedule a conference with their assigned Clinical Preceptor at the mid-point and end of each clinical rotation. The purpose of the conference is to discuss clinical strengths/weakness of each specific student, and satisfactory completion of clinical course competencies. At the end of this conference, students will sign the evaluation

on ATrack that has been completed by their CP and to acknowledge that they have reviewed the evaluation form. Students must complete this by the assigned due dates. Additional conferences occur between the student and their assigned academic advisor. Academic and personal goals are discussed during these conferences, in addition to how each student can contribute to making the PMSATP stronger and providing solutions to possible areas of concerns that may exist within the PMSATP.

H. LABORATORY/CLINICAL EXPERIENCES

While matriculating through the PMSATP, students will be assigned to various clinical preceptors employed at colleges, secondary schools, hospitals, the MU Department of Athletics, and other affiliate and allied health clinical settings in the area. Clinical rotations will change from semester to semester and may even vary within a given semester. Laboratory/Clinical times are somewhat inflexible due to the availability of Clinical Preceptor, the practice times of certain athletic teams either on or off campus, and/or the "open" hours of other affiliate clinical settings, thus *making part-time employment extremely difficult to impossible*. Students must realize their top priority is the educational preparation necessary for the field of Athletic Training. Therefore, we will maintain that clinical time scheduling in laboratory/clinical experiences to be the primary consideration when students are developing their class and clinical schedules each semester. ***The PMSATP will make every attempt to give clinical rotation assignments to ATS prior to the end of May of each year for rotations the following academic year. These clinical rotations, however, can be subject to change due to loss of affiliate clinical sites, preceptors leaving for another position, unqualified personnel employed at the site, or other factors beyond the control of the PMSATP. If and when this is the case and the ATS clinical rotation needs to be changed, then the ATS will be notified as soon as possible.***

Given below are the affiliated clinical settings that may be utilized by the Athletic Training Program during the 2025-26 academic year (*as of July 1, 2025*):

1. Marshall University
2. Kentucky Christian University
3. Cabell Midland (WV) High School
4. Fairland High (OH) School
5. Hurricane (WV) High School
6. Winfield High School (WV)
7. Spring Valley (WV) High School
8. Ironton High School (OH)
9. Greenup County High School (KY)
10. South Point High School (OH)
11. Ashland (KY) High School
12. Cabell Huntington Hospital (Ortho, ER, Smart and Balance Centers)
13. Cabell County EMS
14. King Daughters Hospital (KY)
15. Riverside Physical Therapy (OH)
16. Teays Physical Therapy Center (WV)

17. WV State University (WV)
18. University of Charleston (WV)
19. Shawnee State University (OH)
20. Ripley High School (WV)

I. TRANSPORTATION TO CLINICAL EXPERIENCES

Students are expected to assume responsibility for their own transportation to the various clinical assignments that are off-campus. Off-campus clinical experiences will occur at any point during a student's five semesters matriculating through the ATP. Please note that the *student has the ultimate responsibility* to make sure he/she arrives to his/her clinical assignment on time. Whenever possible, car-pooling with other AT students is strongly encouraged and recommended. Please note that directions to all the clinical sites can be obtained from the CEC.

J. UNIFORMS

All students enrolled in the Athletic Training major must wear the following uniform (unless otherwise designated) while performing clinical rotations in the MU Athletic Training Room or involved in clinical experiences on or off-campus.

1. General

- a) White, green, grey, or black T-shirt with MU ATP logo and shirt tails in
or
White, green, grey, or black "polo" style shirt with MU ATP logo and shirt tails in
or
White, green, grey, or black sweatshirt with MU ATP logo.
 - b) Pants or shorts (slacks must be neat and clean; no short shorts; no psychedelic colors, but colors (see below) that appropriately match the top.
White top - khaki, grey, black, or green pants/shorts.
Green top - khaki, grey, black, or white pants/shorts.
Grey top - khaki, green, black, or white pants/shorts.
Black top - khaki, green, black, grey or white pants/shorts.
 - c) All students must wear socks and shoes that are clean with the shoelaces tied. (No sandals or open-toe or open-heel shoes are permitted!)
 - d) No hats are allowed while in the AT Room; dress appropriately for the weather.
 - e) No gym shorts or yoga pants may be worn during clinical experiences.
- 2. Specific for Clinical Experiences with Athletic Teams***
- a) *Practice*
 - must wear shirt/top with MU ATP logo.
 - comfortable sneakers/shoes and socks (see above notes about shoes).

- refer to CP at each affiliate site to determine whether wearing jeans or shorts at practices is acceptable

b) *Game*

- must wear designated uniform of Charge Staff ATC Athletic Trainer (wear team colors), including MU jackets for outdoor sports (if provided).

- outdoor sports: all students should match

- indoor sports: "dress" attire or other designated uniform attire (see also VIII.

S. Name Badges)

- NO JEANS ALLOWED!!!

3. *Where to purchase uniform?*

All clothing items that have the MU Athletic Training logo, either silk-screened or embroidered may be purchased through contacting the CEC of the ATP. Orders will be taken prior to the semester and can be made during the semester as well. The ***required uniform packet*** is \$275. All items are Nike or comparable and include: (2 polos, 2 t-shirts, 2 Long sleeve t-shirts, 1 hoody, and AT supplies). Checks, cash, and credit cards are accepted. Checks are payable to the Marshall University Athletic Training Association.

4. For all affiliated clinical sites of the MU-ATP, the athletic training student is to dress in a MU polo and appropriate pant, short or skirt. The ATS is expected to wear his or her name tag while working at any affiliated site indoor facility. The ATS may wear an approved uniform provided by or expected by the affiliate clinical site (i.e., an ATS assigned to a physician's office may be asked to wear a dress shirt and tie if male, or given a Polo shirt representing that facility/clinic or high school). Whenever there is a discrepancy between the MU-ATP dress code policy and an affiliate site's dress code, the more stringent of the two policies shall apply until the Director of the ATP and the Affiliate site have reached an agreement on an acceptable policy (i.e., high school CP states an ATS may wear jeans; this is not acceptable according to ATP Policy; therefore, the ATP policy would be enforced until otherwise noted).

K. **PROGRAM COSTS**

Once accepted into and while matriculating through the PMSAT program, students will incur the following costs:

*Diagnostic kit (BP cuff, stethoscope, scissors, penlight, & goniometer)

*Clothing items (2 polos, 1 hoody, 2 t-shirts, and 2 long sleeve t-shirts)

* = above items will be purchased through a one-time \$275.00 and will need to be paid prior to beginning the program.

NATA student membership	\$ 58.00 new/\$78.00 renewal	Annual for 2 years
ATrack access fee	\$ 40.00	Annual for 2 years
Transportation to assigned clinical sites/preceptors	Cost varies each rotation/semester	
Khaki long pants, khaki shorts, etc.	Cost varies	
Drug Test/Federal Background Check	\$ 74.00 (if purchased through Program)	
BOC Examination Registration	\$ 375.00	
Graduate College application fee	\$ 40.00	

Graduation fee(s)

\$ 50.00 (for each applicable graduation)

L. INSURANCE

For the protection of the student accepted into the PMSATP and each of the clinical sites, all students enrolled in the five clinical courses (i.e., HS 515, 525, 645, 655, and 634) will be required to carry professional liability insurance from the beginning of admission into the PMSATP until the time they graduate from the PMSATP. This insurance is currently provided by a group policy arranged by Marshall University. The student's responsibility is to register for the required clinical courses and pay the nominal special fee associated with the cost for this liability insurance.

M. PHYSICAL EXAMS, IMMUNIZATIONS, ETC.

Refer to the other sections of this Manual for the ATP policy regarding student requirements for physical examinations, immunizations, etc. prior to being accepted into the PMSATP.

Essentially, students desiring entrance to the PMSATP must complete a physical examination by a physician (MD or DO) using the PMSATP Physical Examination Form. Additionally, students must provide written verification of all immunizations including Hepatitis B. These forms are located in the Appendices section of this Manual or you can download them from the ATP webpage by visiting <http://www.marshall.edu/athletic-training/>

N. POLICY ON FIRST AID AND CPR CERTIFICATIONS

A photocopy of each student's current first aid and CPR-PR cards must first be presented to the Director of the PMSATP when submitting your application to the PMSATP. If your certification in either first aid or CPR-PR has expired, then you must obtain re-certification in these areas to begin/continue your clinical rotations. It is a good idea to make photocopies of your certification in first aid and CPR and to present them to the CEC of the ATP no later than the day fall semester classes begin of each year. This CPR certification obtained must represent CPR for the Professional Rescuer (that Includes AED, Two Rescuer CPR, and BVM). This certification level is required by the Board of Certification, CAATE, and is an ATP graduation requirement. Failure to comply with this policy at the designated time, stipulates that the student cannot complete any clinical experiences until the student can provide the necessary documentation demonstrating he/she is currently certified in both CPR-PR and first aid. The student will then be placed on "probation" until he/she fulfills this essential requirement. If this policy is still not met by the end of the academic year, the student will then be "suspended" from all clinical duties.

During the annual summer Athletic Training student orientation and in-service program, the PMSATP will conduct a recertification class (for a fee) on-campus for all students accepted into the program. Failing to participate in this class means that the student is responsible for obtaining recertification off-campus. When participating in clinical experiences while enrolled in the PMSATP, each student must renew his/her CPR-PR card and first aid card at appropriate intervals in order to maintain current certification or forfeit the opportunity to obtain clinical experiences. This certification must also be current at the time of graduation.

O. CONFIDENTIALITY AND SECURITY

All students accepted into the PMSATP will be required to read and then sign the “*Confidentiality and Security Agreement*”. This agreement was written to make students aware of patient and facility confidentiality issues, as well as other federal and state laws protecting confidential information. Students must review and sign this agreement each year while matriculating through the PMSATP and prior to beginning any clinical experiences.

P. COMMUNICABLE DISEASES POLICY

The Marshall University Professional Master of Science in Athletic Training Program (PMSATP) recognizes the importance of minimizing the exposure of athletes or patients in a clinical setting to communicable diseases. Students in the PMSATP must demonstrate protection against communicable diseases before being allowed to participate in patient care. This includes completion of a comprehensive vaccination/communicable disease record and completion of a physical examination to verify the athletic training student meets the technical standards of the ATP. Verification of vaccination or verification of recovery from disease must include Hepatitis B, rubella, mumps, rubeola, varicella, tetanus/ diphtheria, and tuberculosis. Students must also complete annual training in the handling of blood-borne pathogens and infectious agents as specified by the Occupational and Safety Health Administration and documented by the PMSATP. Records of these various documents will be kept in the athletic training student’s permanent file located on ATrack.

It is the policy of the PMSATP not to discriminate against any applicant, employee or student who has or is suspected of having a communicable disease. As long as an applicant, employee, or student is able to satisfactorily perform the essential functions of the PMSATP as an employee or student, and there is no medical evidence indicating that the employee's or student's condition is a threat to the health or safety of the individual, coworkers, students, athletes, or the public, an employee or student shall not be denied employment, continued active student status, nor shall an applicant be denied employment, nor shall a student be denied admission to the campus or classes based on whether or not he/she is suspected of having a communicable disease. The PMSATP will consider the educational, employment, or student status of individuals with a communicable disease or suspected of a communicable disease on an individual, case-by-case basis following procedures outlined by the University.

The Marshall University action plan is as follows and can be found at:

<http://www.marshall.edu/emergency/>

Students or employees who contract a communicable disease are required to follow prescribed guidelines by their attending physician and the recommendations of Student Health Services (SHS). Student Health Services, as an agent for Marshall University, monitors communicable disease cases that may affect the well-being of students, faculty, and staff. In the event of a communicable disease event, SHS consults with and receives guidance from Cabell Huntington Health Department, Wayne County Health Department, WV Bureau for Public Health state health as well as the CDC (Center for Disease Control). The consulting agency is determined by the disease presented, the number of cases,

and the guidelines and recommendations established by state and federal laws. Disease events are co-managed by the SHS and the consulting agency to ensure the safety of individual and the campus community. As an agent of Marshall University, SHS informs the university administration, faculty, staff and students, as needed to provide education to limit the impact of a communicable disease event. SHS works with the offices of public relations, the president and student affairs to create methods of communications such as the use of e-mail, faculty announcements, awareness statements for coaches and other administrative staff, articles for student newspapers and residence hall awareness campaign as recommended by Cabell Huntington Health Department, Wayne County Health Department, WV Bureau for Public Health or CDC.

Communicable diseases are defined as those diseases that can be transmitted from one person to another such as pandemic flu, tuberculosis, meningitis, chicken pox, SARS, hepatitis and others. Individuals contracting communicable disease should report the case to student health services immediately by calling 691-1176. SHS Services will work with Cabell Huntington Health Department and Wayne County Health Department to provide preventive measures to those who were exposed: such as immunization, distribution of antibiotics or antiviral medications as necessary to prevent further spread of the disease. If quarantine of exposed individuals is needed a building on campus will be dedicated for this purpose, food and other needed items will be provided by the campus food service or the Red Cross.

Communicable Disease Response – Incident Action Plan (Example – Pandemic Flu)

Pre-Level 1 Actions – This plan is intended to address a variety of communicable disease outbreaks. In the majority of situations, there will not be advance time to prepare for the first case of human to human transmission. It is therefore imperative that campus departments initiate various “pre-level 1” actions to assure that they are prepared in the event that an infectious disease is confirmed that may have the potential to spread to campus in a very short time frame. The following actions are recommended as “pre-level 1”.

1. Essential personnel – the campus should determine “who” the essential personnel are in the event of an infectious disease outbreak. This would include civil service staff to maintain or depopulate facilities staff, housing personnel, administrators, etc. The list of “non-essential” personnel should be prepared in addition to “call-off” notices that can be activated on short notice.
2. All campus units should review business continuity plans and/or review their individual unit responses to situations involving short staffing, class cancellations, 24 hour operations, event schedules and cancellation, emergency needs, etc.
3. The Campus should clearly communicate the status of essential vs. non-essential personnel.
4. Assess the quantity of N95 respirators and assure that an adequate supply is on hand.
5. Campus units with essential personnel should schedule them to receive fit test and training on respiratory protection from the Safety & Health Department.
6. The Campus Emergency Operations Committee will direct the campus response during an infectious disease outbreak. Individuals with copies of this document are encouraged to review it to assure they understand the protocols. Additional campus resources (experts in specific fields, unit

resources, etc.) will work with the Emergency Management Team as part of the Incident Command System.

Moreover, students or employees may not participate in clinical rotations and field experiences during the time they are affected by the communicable disease and shall not return to clinical participation until allowed by the attending physician. The following communicable diseases fall under this policy:

- AIDS
- Amebiasis
- Anthrax
- Botulism
- Brucellosis
- Campylobacter infections
- Chancroid
- Chlamydia trachomatis infection
- Cholera
- Covid-19
- Diphtheria
- Infectious encephalitis
- Escherichia coli
- Giardiasis
- Gonorrhea
- Haemophilus influenza
- Hand, foot and mouth syndrome
- Viral and acute hepatitis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Herpes
- Hantavirus
- HIV
- Legionellosis
- Leprosy (Hansen's disease)
- Lyme disease
- Malaria
- Measles
- Meningitis (bacterial)
- Meningococcemia
- Mumps
- Pertussis (whooping cough)
- Plague
- Poliomyelitis
- Psittacosis
- Rocky Mountain spotted fever
- Rubella
- Salmonellosis (typhoid fever)
- Shigellosis
- Streptococcus pneumonia
- Syphilis

- Tetanus
- Toxic shock syndrome
- Trichinosis
- Tuberculosis
- Tularemia
- Yellow fever
- Pinworms
- Ringworm
- Scabies
- Shingles (herpes zoster)

Therefore, Athletic Training students and employees should not report to their clinical site if they have *active* signs or symptoms of one or more of the above communicable diseases. Athletic Training Students must immediately notify the Clinical Education Coordinator (CEC) or the ATP Director and their assigned Clinical Preceptor of their status and an estimate of how long they will need to be absent from their clinical rotation. In the event that a CP believes the ATS assigned to his/her site would be missing an inordinate amount of time due to adherence to the communicable disease policy, he/she should contact the Marshall University PMSATP CEC.

Q. BLOOD BORNE PATHOGENS POLICY

Athletic training students may be exposed to blood-borne pathogens during the course of their clinical experiences and rotations. Athletic training students are expected to follow the Exposure Control Plan that is established at the clinical site in which the exposure occurred. If an ATS has an exposure incident it should be reported immediately to their assigned Clinical Preceptor and the PMSATP CEC, and the appropriate MU and clinical site forms should be completed immediately. Training for all AT students and faculty will be conducted before initial assignment to tasks where occupational exposure may occur. Students will first receive training while enrolled in the HS 215 course, and prior to any clinical education experiences including directed observation experiences. Students admitted to the PMSATP will also be required to complete the OSHA/BBP training prior to the start of assigned clinical experiences in the summer. Additionally, annual refresher training sessions will be scheduled prior to the start of fall semester clinical rotations. The certificate for BBP training can be obtained by going to blackboard and entering the following link: [https://marshall-bb.blackboard.com/ultra/organizations/ 5199 1/cl/outline](https://marshall-bb.blackboard.com/ultra/organizations/51991/cl/outline)

As part of application process into the PMSATP, students must also complete the Hepatitis B Vaccination Informed Consent/Declination Form, acknowledging that they received the vaccination or that they are declining the vaccination. The Hepatitis B Vaccination Informed Consent/Declination Form is included in the PMSATP application packet that is found on the ATP webpage <http://www.marshall.edu/athletic-training/>.

The Marshall University BBP Policy is presented below:

Purpose

An infection control plan must be prepared for all persons who handle, store, use, process, or dispose of infectious medical wastes. This infection control plan complies with OSHA requirement, 29 CFR 1910.1030, Blood Borne Pathogens. The plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures.

Definitions

Biological Hazard. The term biological hazard or biohazard is taken to mean any viable infectious agent that presents a risk, or a potential risk, to the well-being of humans.

Medical Wastes/Infectious Wastes. All waste emanating from human or animal tissues, blood or blood products or fluids. This includes used first aid bandages, syringes, needles, sharps, material used in spill cleanup and contaminated PPE or clothing.

Universal Precautions. Refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens. All infectious/medical material must be handled according to Universal Precautions

Hazards

Unprotected exposure to body fluids presents the possible risk of infection from a number of bloodborne pathogens notably Hepatitis and HIV.

Hazard Control

Engineering Controls - prevention of exposure to bloodborne pathogens engineering controls include proper storage facilities and containers, syringes designed to prevent accidental needle sticks, autoclaves and disinfectant equipment.

Administrative Controls - prevention of exposure to bloodborne pathogen administrative controls include universal precautions, assignment of PPE, employee training, use of spill kits specifically designed for blood and body fluids, restricted access to waste collection points and waste disposal procedures.

Reporting and Record Keeping

All records and reports will be maintained by the Athletic Training Department and copies of such shall be forwarded to the Environmental Health & Safety Department. All reports (Training Certificates, Notice of HBV Vaccinations, exposure reports) will be maintained for 30 years. Occupationally contracted HBV or HIV will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses as an illness.

Training

All personnel assigned duties as EMT, Paramedics, Plumbers, First Aid Station Staff, HAZMAT responders, Custodial Employees (those that clean rest rooms, etc.) will receive initial and annual training by a qualified individual on the Bloodborne Pathogen Program. Additionally, personnel trained in First Aid shall be offered this annual training. All new and current affected Employees will be trained initially and annually thereafter. All Employees not affected by this Program will receive an overview of the program requirements during scheduled department Safety Meetings with documentation by Safety Meeting Minutes Form.

Hepatitis-B Virus (HBV) Vaccinations

Occupational Health Professionals and those required to provide first aid or emergency response duties or medical care on a routine basis will be offered Hepatitis-B Virus (HBV) Vaccinations at Marshall University expense. Employees that transfer to a job or their job is reclassified to include exposure to blood-borne pathogens will be offered HBV Vaccinations within 10 working days of the transfer or reclassification. The choice for HBV vaccination is not mandatory. If an affected Employee chooses not to have the vaccination at the initial offering, they will have the opportunity to be vaccinated when they are ready. The Marshall

University will document the offer, acceptance or declination, and vaccination dates with the *Notice of HBV Vaccinations Form*.

Post Exposure Treatment and Notification Procedures

Should an affected Employee or an Employee acting as a "Good Samaritan" be occupationally exposed to HIV/HAV/HBV the affected Employee will report the exposure to the Marshall University Campus Police and Environmental Health & Safety. The exposed Employee will be immediately directed to either Cabell-Huntington Hospital, St. Mary's Medical Center or local Emergency Departments for initial treatment. Marshall University will provide for the Employee to be tested for HIV/HAV/HBV at Marshall University expense. Following the initial blood test at time of exposure, seronegative Employees will be retested at 6 weeks, 12 weeks and 6 months to determine if transmission has occurred. During this period, the Employee will follow the recommendations provided by the Physician or the U. S. Public Health Service. An "occupational exposure" is defined as blood or body fluid contact from an injured or ill Employee to the affected Employee or injury by a contaminated sharp object. Following the report of exposure, human resources will contact the exposure source and request that person be tested for HIV/HAV/HBV at University expense. The request is not mandatory and if refused will not effect that Employee's future employment.

The source individual's blood is tested as soon as possible and after consent is obtained to determine HBV and HIV infectivity. The exposed employee's blood shall be collected as soon as feasible and tested for HBV. (Hepatitis Bs Antibody, Hepatitis C Antibody) and HIV serological status after consent is obtained (Employee Consent for HIV Antibody Testing). During all phases of Post Exposure, the confidentiality of the affected Employee and exposure source will be maintained on a "need to know basis". The *Blood-Borne Pathogens Exposure and Treatment* form is used to document the exposure and offer of medical assistance to the affected Employee and use the *Medical Consent for Blood-Borne Pathogens Testing* form for the exposure source. The results of any HIV/HAV/HBV tests conducted will be provided to the exposed and source Employees within 5 business days of receipt.

General Procedures

The following procedures must be followed by personnel when in medical rooms or laboratories. All supervisors must ensure that their staff is trained in proper work practices, the concept of universal precautions, personal protective equipment, and in proper cleanup and disposal techniques. Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided to eliminate the need for direct mouth to mouth contact in groups where resuscitation is a part of their responsibilities. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for exposure to any health hazard. Food and drink must not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious material is stored or in other areas of possible contamination. According to the level of risk, wearing laboratory or protective clothing may be required for persons entering infectious disease laboratories. Likewise, showers with a germicidal soap may be required before exit. Gowns, aprons, or lab coats must be worn whenever there is a possibility that body fluids could splash on skin or clothing. Gloves must be made of appropriate disposable material, usually intact latex or vinyl. They must be used in the following circumstances: When the employee has cuts, abraded skin, chapped hands, dermatitis, or similar conditions.

When examining abraded or non-intact skin of a patient with active bleeding. While handling blood or blood products or other body secretions during routine laboratory procedures. Employees must wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials. All personal protective equipment must be removed immediately upon leaving the work area, and if this equipment is overtly contaminated, it must be placed in an appropriate area or container for storage, washing, decontamination, or disposal. Contaminated clothing must not be worn in clean areas or outside the

building. All procedures involving blood or other potentially infectious agents must be performed in a manner that will minimize splashing, spraying, and aerosolization.

Medical Wastes

Medical/infectious waste must be segregated from other waste at the point of origin. Medical/infectious waste, except for sharps (i.e., razor blades, broken glass, needles, etc.) capable of puncturing or cutting, must be contained in double disposable red bags conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD."

Used needles or other sharps (razor blades, broken glass, scalpels, etc.) must not be sheared, bent, broken, recapped, or re-sheathed. Infectious sharps must be contained for disposal in leak-proof, rigid puncture-resistant containers. Infectious waste contained as described above must be placed in reusable or disposable leak-proof bins or barrels that are conspicuously labeled with the words "INFECTIOUS WASTE" and "BIOHAZARD." These waste barrels are picked up regularly by an outside Marshall University licensed to handle infectious wastes. All infectious agents, equipment, or apparatus must be disinfected in an autoclave or otherwise disinfected before being washed or disposed of. Each individual working with infectious bio-hazardous agents is responsible for disinfection and disposal of these agents. Biological wastes that do not contain radioactive or hazardous substances may be disinfected by steam sterilization (autoclave) then disposed of in the regular trash. Reusable glassware must be decontaminated in sodium hypo chlorite (household bleach) solution (1:9) prior to rinsing and acid washing. The glassware must then be sterilized in an autoclave. To minimize the hazard to firefighters or emergency response personnel, at the close of each work day and before the building is closed, all infectious or toxic material must be placed in a refrigerator, placed in an incubator, or autoclaved or otherwise disinfected. Infectious agents must not be placed in an autoclave and left overnight in anticipation of autoclaving the next day. Floors, laboratory benches, and other surfaces in buildings where infectious agents are handled must be disinfected with a suitable germicide, such as 1:9 sodium hypo chlorite solution (household bleach) as often as necessary as determined by the supervisor. The surroundings must be disinfected after completion of operations involving planting, pipetting, centrifuging, and similar procedures with infectious agents.

Infectious agents must not be dumped into the building drainage system without prior disinfection.

Cuts If an employee has a needle stick, cut, or mucous membrane exposure to another person's body fluids he/she must report the incident immediately to an immediate supervisor.

Blood Exposure

All employees exposed to human blood and blood products must report to the Marshall University Nurse for information and possible inclusion in the Hepatitis B Immunization Program.

Infection Control Plan

The purpose of the Infection Control Plan is to protect the health and safety of the persons directly involved in handling the materials, Marshall University personnel and the general public by ensuring the safe handling, storage, use, processing, and disposal of infectious medical waste. This plan complies with OSHA requirement proposed for 29 CFR 1910.1030, Bloodborne Pathogens.

Universal precautions: Refers to a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with blood-borne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A).

The following universal precautions must be taken:

1. Gloves must be made of appropriate disposable material, usually intact latex or vinyl. They must be used:
 - a. When the employee has cuts, abraded skin, chapped hands, dermatitis, or the like.

- b. When examining abraded or non-intact skin of a patient with active bleeding.
- c. While handling blood or blood products or other body secretions during routine procedures.
2. Gowns, aprons, or lab coats must be worn when splashes of body fluid on skin or clothing are possible.
3. Mask and eye protection are required when contact of mucosal membranes (eyes, mouth or nose) with body fluids is likely to occur (e.g. splashes or aerosolization).
4. Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided to eliminate the need for direct mouth to mouth contact.

Waste Disposal Plan

1. Medical/Infectious waste must be segregated from other waste at the point of origin.
2. Medical/Infectious waste, except for sharps (e.g. razor blades, broken glass, needles, etc.) capable of puncturing or cutting must be contained in double disposable red bags conspicuously labeled with the words, "INFECTIOUS WASTE -- BIOHAZARD."
3. Infectious sharps must be contained for disposal in leak-proof, rigid puncture resistant containers.
4. Infectious waste thus contained as described in procedures 2 and 3 above must be placed in reusable or disposable leak-proof bins or barrels which must be conspicuously labeled with the words, "INFECTIOUS WASTE – BIOHAZARD." These waste barrels are be picked up regularly by an outside
5. Marshall University licensed to handle infectious wastes.
6. Spills/Disinfectants: a solution of sodium hypo chlorite (household bleach) diluted 1:9 with water must be used to disinfect, following initial cleanup of a spill with a chemical germicide approved as a hospital disinfectant. Spills must be cleaned up immediately.
7. After removing gloves, and/or after contact with body fluids, hands and other skin surfaces must be washed thoroughly and immediately with soap or other disinfectant in hot water.
8. Other biological wastes that do not contain radioactive or hazardous substances may be disinfected by steam sterilization (autoclave) and then disposed of in the regular trash.
9. Liquid biohazard waste may be disposed of in the sewage system following chemical decontamination.
10. Reusable glassware must be decontaminated in sodium hyper chlorite (household bleach) solution (1:9) prior to rinsing and acid washing. Then the glassware must be sterilized in an autoclave.

Personal Protective Equipment for Worker Protection against HIV and HBV Transmission

TASK	GLOVES	APRON	MASK	EYEWEAR
Control of Bleeding w/ spurting blood	X	X	X	X
Bleeding control with minimal bleeding	X			
Emergency Child Birth	X	X	X	X
Blood Drawing	X			
Handling & Cleaning Instruments	X			
Cleaning Bio Spills	X			
Taking Temperature				
Giving Injection	X			

Measuring Blood Pressure				
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The examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendation for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces). <http://www.marshall.edu/emergency/>

R. Non-Discriminatory Policy *(Taken from MU Student Affairs website and Handbook p. 76)*

<https://www.marshall.edu/board/files/MUBOG-GA-1-Discrim-Harassment-Sexual-Harassment-2017-02.pdf>

MARSHALL UNIVERSITY AND STUDENT GROUPS RESPECT AND HONOR THE HUMAN RIGHTS AND DIGNITY OF OTHER PERSONS, GROUPS AND ORGANIZATIONS.

Violations of this standard include but are not limited to:

3.A. Harassment: Committing, conspiring to commit, or causing to be committed any act directed toward a specific person or persons with the intent and/or effect of causing physical or mental harm, injury, fear, stigma, disgrace, degradation, or embarrassment. This includes but is not limited to racial, sexual, or peer harassment. (EX)

3.A.1. Racial Harassment, as defined in the Student Handbook, includes acts exhibiting prejudice and/or racism and/or failure to follow University or MCTC Policies concerning Acts of Intolerance.

3.A.2. Sexual Harassment includes failure to follow University Policies concerning Acts of Intolerance and/or violation of University policies concerning sexual harassment as defined in Section 3 of the Marshall University Sexual Harassment Policy in the Student Handbook.

3.B. Incivility or disrespect of persons. (PS)

3.C. Lewd, indecent, or obscene conduct or expression. (SP)

3.D. Unlawful discrimination on the basis of race, sex, color, national origin, religion, political affiliation, handicap, age, or sexual orientation. (EX)

3.E. Commitment of any violation in this code for the purposes of harassing and/or discriminating on the basis of race, sex, color, national origin, religion, political affiliation, handicap, age, or sexual orientation. (EX)

3.F. Complicity with others in violation of this standard. (EX)

S. Sexual Harassment Policy

All students desiring admission to the Professional Master of Science in Athletic Training program must complete sexual harassment training offered through the NATA EducATe platform. Students admitted to the PMSATP from other institutions will be required to complete this training prior to the start of their first clinical rotation

Each student must provide the certificate of completion showing a passing grade.

MARSHALL UNIVERSITY BOARD OF GOVERNORS Policy No. GA-1

<http://www.marshall.edu/board/files/policies/MUBOG%20GA-%201%20Sexual%20Harassment.pdf>

SEXUAL HARASSMENT POLICY

General:

1.1 Scope: This policy defines sexual harassment, provides guidelines for filing sexual harassment complaints and explains what action will be taken against those found to have engaged in sexual harassment.

1.2 Statutory and other References: W. Va. Code §18B-1-6. A policy statement issued by the Office for Civil Rights of the U. S. Department of Education on the interpretation of the following: Title IX of the Education Amendments of 1972 and Equal Employment Opportunity Commission (EEOC) interpretative guidelines issued in March, 1980; and subsequent federal court decisions on the subject of sexual harassment.

1.3 Passage Date: November 13, 2002

1.4 Effective Date: Upon passage

1.5. Background: Replaces Board of Trustees Series No. 9 which was transferred by the Higher Education Policy Commission to the institutional boards of governors. This policy was previously numbered as MUBOG Policy No. 5.

Policy:

2.1. It is the policy of Marshall University to maintain a work and educational environment free from all forms of sexual harassment of any employee, applicant for employment, or student. Sexual harassment in any manner or form is expressly prohibited. It is the responsibility of the University to provide educational opportunities to create this free environment and to take immediate and appropriate corrective action when sexual harassment is reported or becomes known. Supervisors at every level are of primary importance in the implementation and enforcement of this rule.

Sexual Harassment Defined

3.1. Sexual harassment is intended to be defined consistent with EEOC and United States Department of Education guidelines. Sexual harassment includes any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

3.1.1. Submission to such conduct is an explicit or implicit condition of employment.

3.1.2. Submission to or rejection of such conduct is used as the basis for employment decisions or:

3.1.3. Such conduct has the purpose or effect of: Policy GA-1 Page 2 of 2

3.1.3.1. Unreasonably interfering with an individual's work or educational performance, or:

3.1.3.2. Creating an intimidating, hostile or offensive work or educational environment.

Filing of Complaints.

4.1. The University shall designate a formal grievance procedure for the handling of sexual harassment complaints and assure appropriate dissemination of information concerning it to faculty, staff, and students. Each campus shall designate a liaison person(s) who shall receive

training in facilitating the informal resolution of complaints with the authority to conduct inquiries and report to the appropriate supervisory authority. In cases involving the president, the complaint shall be filed with the Chair of the Marshall University Board of Governors..

4.2. Employees. -- Any employee who feels he or she is being sexually harassed should contact his or her immediate supervisor. If this is not appropriate, employees should report such alleged misconduct to other designated personnel within that organization. Supervisors are to make every effort to ensure that such problems are resolved promptly and effectively.

4.3. Students. -- Any student who feels he or she is being sexually harassed should contact the appropriate dean or other designated person of the institution where he or she is a student.

Action to be taken against Perpetrators.

5.1. Any student, supervisor, agent or other employee who is found, after appropriate investigation, to have engaged in the sexual harassment of another employee or a student will be subject to appropriate disciplinary action. Depending on the circumstances, sanctions may include termination or expulsion.

Covid-19 Policies

Please use the following link to access the most up-to-date Covid-19 policies:

<https://www.marshall.edu/coronavirus/>

Clinical Experiences

All students in the program or performing observation experiences will be required to return to Huntington and self-quarantine for *7 days and have a negative Covid-19 test* prior to starting their clinical rotations.

Laboratory and Simulation Policies

The following guidelines are based on best practices from the Centers for Disease Control (CDC), the West Virginia Department of Health and Human Resources (DHHR), and Marshall University.¹⁻⁴ The following four (4) themes represent the foundation on which the guidelines are based.

T. SERVICE POINTS

All students enrolled in the Professional Master of Science in Athletic Training Program must accumulate the below number of "service points" in order to graduate from our CAATE-accredited PMSATP. This is noted as a graduation requirement in the 2020-21 Marshall University *Academic Catalog*. This service learning and community engagement requirement has many purposes including impressing upon the student the importance of: continuing education, promoting the Athletic Training profession, the role the Athletic Trainer has in regard to educating the public, assisting in the development of a quality resume to enhance meeting professional aspirations, advocacy for the profession, and participating in professional organizations. Additionally, this requirement can enhance the diversity and variety of experiences while the student is matriculating through the PMSATP at Marshall University. All students enrolled in the PMSATP must attain **50** service points by the time of graduation.

A student who obtains experiences participating in events identified below during the academic year will earn the prescribed number of service points:

1	Attending NATA or ASCM National Symposium	10 pts.
2	Attending MAATA District Symposium .	10 pts.
3	Attending WVATA Conference	5 pts.
4	Attending "other" Sports Medicine Conference	5 pts.
5	Member and/or certifications through the ACSM, NASM, or NSCA .	TBD
6	MUATA member in good standing	1 pt./yr
7	MUATA Officer	2 pts.
8	Becoming a CPR/First Aid Instructor	5 pts.
9	Working summer camps as an athletic training student	5 pts.
10	Working local tournaments during the semester	1pt./3 hrs
11	Working tournaments during "off time"	1pt./2 hrs.
12	Giving an oral presentation on-campus (must receive prior approval)	1 pt.
13	Giving an oral presentation off-campus (must receive prior approval)	2 pts.
14	Having a Case Study accepted for presentation (poster or other) at an NATA, MAATA, WVATA or other Sports med conference or published in the JAT, ATT, ATE or other journal	Points vary between 5-15
15	Miscellaneous/Other	TBD

**After completion of each of these experiences, a "Service Point Reporting Form" (see next page) must be completed by the student, signed by the appropriate AT faculty or preceptor, and submitted to the ATP Clinical Education Coordinator. Service Point forms must be completed and submitted by the end of each semester for activities completed each semester. It is recommended that students maintain these records in the event that verification of service points is needed.*

Marshall University PMSAT Program Service Points Reporting Form

Name _____ Date _____

Description and date of activity for the category and number of service points requested:

Number of service points you are requesting _____

1. Attending NATA or ACSM National Symposium	10pts	9. Working camps as an athletic training student	5pts
2. Attending MAATA Symposium	8pts	10. Working local tournaments during the semester	1pt./3hrs
3. Attending WVATA Conference	5pts	11. Working tournaments during "off-time"	1pt./2hrs
4. Attending "other Sports Medicine Conference	3pts	12. Giving an oral presentation on-campus	1pt
5. Member of and/or certifications through the		13. Giving an oral presentation off-campus	1.5pt
ACSM, NASM, or NSCA	TBD pts	14. Have a Case Study accepted for presentation	
6. Member of the MUATA	1pts	(poster or other) at an NATA, MAATA, WVATA, or	
7. MUATA Officer in Good Standing	2pts	other Sports Med Conference OR Published in the	
8. Becoming a CPR/First Aid Instructor	5pts	JAT, ATT or other journal	15pts
		15. Miscellaneous	TBD pts

Student Signature _____

Faculty Signature _____

Marshall University PMSAT Program Service Points Reporting Form

Name _____ Date _____

Description and date of activity for the category and number of service points requested:

Number of service points you are requesting _____

1. Attending NATA or ACSM National Symposium	10pts	9. Working camps as an athletic training student	5pts
2. Attending MAATA Symposium	8pts	10. Working local tournaments during the semester	1pt./3hrs
3. Attending WVATA Conference	5pts	11. Working tournaments during "off-time"	1pt./2hrs
4. Attending "other Sports Medicine Conference	3pts	12. Giving an oral presentation on campus	1pt
5. Member of and/or certifications through the		13. Giving an oral presentation off campus	1.5pt
ACSM, NASM, or NSCA	TBD pts	14. Have a Case Study accepted for presentation	
6. Member of the MUATA	1pts	(poster or other) at an NATA, MAATA, WVATA, or	
7. MUATA Club Officer in Good Standing	2pts	other Sports Med Conference OR Published in the	
8. Becoming a CPR/First Aid Instructor	5pts	JAT, ATT or other journal	15pts
		15. Miscellaneous	TBD pts

Student Signature_____

Faculty Signature_____

U. NAME BADGES

(Note - this policy must be utilized by all Athletic Training students, as well as full-time faculty and staff; all students as well as faculty and staff involved in the following clinical experiences activities must wear their name badge on the left chest or left lapel (or breast pocket if a coat is worn):

1. Off-campus internships/rotations (For example, rotating through a physician's office; supervising students off-campus; working middle school/high school activities, etc.).
2. MU and/or affiliated clinical setting athletic events where one would not be wearing a "polo" style Athletic Training shirt or sweatshirt (i.e., basketball games), in addition to off-campus athletic practices and games at all times.
3. Working at events/tournaments in which you are not known or recognized for your background/knowledge (i.e., high school tournaments or championship events).
4. If there is any question on whether or not to wear your name badge, please refer all questions to the ATP Director or Clinical Coordinator.
5. AT students and full-time faculty must wear the style and color name badge chosen by the ATP Director. If a student loses his/her name badge, then he/she would be responsible for obtaining another badge through the MU ID office located in the basement of the MU Student Center and he/she would be responsible for paying the replacement cost.

V. ELECTRONIC DEVICES

Cell Phones and all other personnel electronic devices (PEDs) are not to be used in the clinical practice setting. Involvement in clinical experiences should be viewed the same as attending a class. In both of these situations, students are not to talk on their cell phone, text message, or utilize their PED for things that are not educational in nature. At no time should your personal cell phone be utilized to initiate an Emergency Action Plan because the procedure and the contact person should already be established by the affiliate site. If you are asked or told at anytime to bring your cell phone or other PED so that it can be used in case of an emergency, please notify the Program Director immediately. Please leave your cell phone in your car or locker or designated area with your other personal belongings during your clinical experience, unless told otherwise by your assigned preceptor. During classes, please silence your phone, unless the instructor has students utilize their smart phones during class. Failure to comply with this policy can result in you being kicked out of class or other disciplinary action per PMSATP policy by the instructor or by your assigned Clinical Preceptor.

W. WEATHER CANCELLATION POLICY

If MU classes are cancelled or the University is closed, classes and therefore your clinical experiences are also cancelled for that day. Students should remain home and not risk his/her health or safety by attempting to travel to campus and/or to your clinical assignment. The University is closed for a reason. Please listen to local radio, watch local television stations, or visit the MU website to find out if the weather has caused a cancellation of Marshall University classes. This policy means that no CP or coach can call you into their facility or venue when MU classes are cancelled. If an affiliate clinical site cancels their classes while MU does not, then it is advised that you call your assigned CP to determine whether you should report for clinical experiences that day.

X. THE RELATIONSHIP OF THE ATHLETIC TRAINING STUDENT TO OTHERS

1. Athletic Training Student and Athletic Training Program Director and other Faculty

The Program Director (PD) oversees all aspects of the Athletic Training Program. All issues regarding the program (including didactic/academic, labs, and direct observation/clinical rotations) should be discussed with the PD, the CEC, and/or other AT faculty.

Role with Program Director, CEC, and Other AT Faculty

Keep current with academic standing.

Discuss issues regarding any aspect of the program.

Be active in MUATA (Marshall University Athletic Trainers Association)

Ask questions--seek information.

Must receive written notice of absences prior to missing class.

2. Athletic Training Student and Clinical Preceptor

The Clinical Preceptor is your immediate supervisor in the clinical setting and you will be responsible to them for your actions at all times. A relationship needs to be established in which you feel free to discuss anything with the CP at any time, knowing that confidentiality will be maintained. If you have something to discuss with your CP please arrange an appointment or speak with him when he/she is not busy. Romantic relationships with preceptors are forbidden. This is not only an ethical conflict of interest, but could give an unfair advantage to a student clinically. Preceptors are AT clinical faculty and relationships could result in suspension or dismissal from the AT program.

Role with Clinical Preceptor

Carry out head athletic trainer's instructions.

Ask questions seek information.

Must receive written notice one week in advance to have permission to be absent.

Inform CP of all injuries as soon as possible.

3. Athletic Training Student and Physicians

As an athletic training student, you will have a wonderful opportunity to get to know and work with several physicians, as well as other medical specialists associated with our program. You can learn a great deal just by watching them work and listening to them discuss injuries. Students are encouraged to ask questions but try not to get in the way. Generally speaking, most of the arrangements with the physicians will be made by either the Athletic Training faculty or the Clinical Preceptors. However, if you are called upon to report to the doctors, be sure to give them detailed information and follow their orders immediately and efficiently.

Role with Physician

Interact with physician.

Ask questions seek information.

Carry out physician's instructions explicitly.

It is **NOT** professionally acceptable, nor is it tolerated to criticize or second guess the medical care given to an athlete by the team physician, or other physicians. This includes the emergency rooms at any hospital.

4. *Athletic Training Students and Coaches*

This is an area which is most important. You will keep out of trouble and make the most of your clinical experience if you learn to get along with coaches. The Head Coach of a sport is the ATC's closest colleague during that season. Ask the coach if there is anything special that he/she will need during the season, whether it be timeout breaks or any guidelines he/she follows during an injury. As an athletic training student, you should not discuss injuries with the coach unless he/she asks you or your preceptor directs you to. All injury information will come from the preceptor. Any problems you encounter can and should be discussed freely with the staff certified trainers and/or Coordinator of Clinical Education.

Role with Coach

Establish a good working relationship with your coach in conjunction with your preceptor. Document all interaction with coach.

When appropriate give a written report to coach regarding daily activity status of athletes.

5. *Athletic Training Students and Student-Athlete/Patient*

Being an athletic training student will give you an extensive relationship with the student-athlete/patient at various levels. Social and romantic relationships are highly discouraged because of the ethical conflict of interest that is created between the clinician (you) and the patient (athlete). In the event a relationship develops, the ATS must notify the PD or CEC of the relationship as soon as possible to avoid a potential conflict of interest or distraction in the clinical environment. Students will be immediately reassigned to another clinical site if they develop a relationship with a patient/athlete at that current rotation. Relationships with student-athletes/ patients should not affect the way you treat them while obtaining your clinical education experiences. It is important to maintain professionalism at all times during your clinical rotations. If professionalism is not maintained, athletes/patients may come to expect special favors and selective treatment from you. This can lead to a conflict and a lack of respect for your skills and authority. We want to maintain a professional atmosphere in the athletic training facility and ATS are expected to follow these guidelines to help us in the cause. Failure to not report a relationship or continued abuse of student athlete/ATS relationships can result in suspension or dismissal from the program.

Role with Student-Athlete/Patient

Establish and maintain professional relationship with student-athlete/patient.

Gain confidence and respect.

Work in conjunction with certified athletic trainer and physician.

Do **NOT** allow personal situations to compromise your professional standards.

6. *Probational versus Educational Expectations*

Mr. Jerry Rhea, fifth president of the NATA, stated in 1988 that athletic trainers do not lose their job or get into trouble for being a bad practitioner. They get into trouble and get fired for not knowing how to deal with people. Athletic training students must recognize this issue and realize they must be more responsible for their actions than the average MU student.

The general rule is that your personal life is private until it becomes an issue in the PMSATP or while students are performing their clinical rotations. You are expected to learn to work cooperatively with the medical staff, University faculty and staff, and your peers at an early stage in your professional career. Problems in this area should be brought to the attention of the PMSATP Director and/or CEC. In the past, the AT faculty and staff has not made inflexible rules in this regard. However, it is not advisable for athletic training students to date members of the coaching staff, ATP faculty and staff, and other employees of the University for the reasons previously described, in addition to conflict of interest and violation of the NATA Code of Ethics, CAATE-accreditation Standards, and the Board of Certification Standard of Professional Practice. Moreover, Athletic Training students are prohibited from dating or having a romantic relationship with current patients including student-athletes, within the clinical facility they are assigned. Additionally, if the relationship in any way detracts from the normal operation of the Athletic Training Clinic or other healthcare facility for the effective delivery of appropriate healthcare to its patients, such a relationship will necessitate the reassignment of the athletic training student involved.

Lastly, more than one athletic training student is typically assigned to a CP working a specific athletic team. If for whatever reason the joint assignment presents a problem to the staff or the athletic team, one or both of the athletic training students may be reassigned.

Y. SOCIAL MEDIA

Marshall University PMSATP students are representative of themselves, the PMSATP, and the University. All content shared on social networking sites or via public social networking venues is considered part of a student's self-representation and is subject to evaluation by faculty/administrators of both the PMSATP and Marshall University. Students should be aware of such postings and be sure to put forth only professional and positive representations on such sites. Students also need to take into consideration that their own site may be private, but a friend's could allow for backdoor access into that student's site. **It is not acceptable for an AT Student to follow/friend a student-athlete from a secondary school clinical site.** Failure to comply with this policy could result in suspension or dismissal from the program.

Z. Drug and Alcohol Testing Guidelines/Procedures

1. Standards of Conduct for Drug Free Environment Policy

A. Athletic Training students are prohibited while on the premises of Marshall University or any clinical agency from participating in the unlawful manufacture, use, distribution, dispensing, consumption, ingestion or possession of drugs, alcohol or other controlled substances, including, without limitation, any substance which affects behavior.

B. Athletic Training students are prohibited from reporting to a clinical experience, class, or other school sponsored function under the influence of any controlled substance, including, without limitation, alcohol or drugs, which have the potential of impairing the student's ability to function in an appropriate and safe manner. A student who is prescribed by his/her physician, or ingests any drug (including over the counter medication) which has the potential of modifying the student's behavior and/or mental/physical acuity, must report to the clinical faculty member that:

1. The individual is taking that drug.
2. The doctor (if any) who prescribed the drug.
3. The condition for which the drug is being taken.
4. The dosage.
5. Duration that student will be taking the drug.

The faculty member or preceptor shall maintain the confidentiality of such information in accordance with State or Federal laws and regulations and shall rely upon such information for the protection of the student, other students, patients and other third-parties, (Marshall University adheres to policies prohibiting unlawful discrimination against individuals with a disability. Nothing in this Drug and Alcohol policy is intended to abrogate its policies against unlawful discrimination.)

C. Athletic Training students, while in the clinical setting, may be subject to policies of the clinical agency, including, but not limited to random drug and alcohol screening.

D. Athletic Training students must report to the Program Director, Clinical Education Coordinator, or his/her assigned preceptor, any AT students, reasonably suspected of being "under the influence" or "impaired". Such reporting obligation includes an obligation to self-report any impairment that a student believes may be the result of his/her own use of any medication or other controlled substance. The terms "under the influence" or "impaired" shall mean that the individual displays behavior or conduct which suggests that his/her ability to function mentally or physically in a safe and/or appropriate fashion is compromised or affected by drugs, alcohol or the combination use of any controlled substances. (See below III A.I).

E. Any Athletic Training student who is arrested for driving under the influence of alcohol or violating and statute pertaining to the manufacture, possession, sale or use of any drug shall notify the Program Director, the Clinical Education Coordinator, and his/her assigned preceptor, of such arrest within five (5) days after such arrest. Thereafter, the student must notify the Program Director whether such arrest has resulted in a conviction of acquittal, including whether the student entered a plea of guilty or nolo contendere (no contest), as well as whether the student entered into any agreement with the prosecution to reduce charges or defer prosecution.

F. Any drug screening results which are positive for the presence of alcohol or other controlled substances may be reported to appropriate health care licensing boards or authorities in accordance with local, state, or federal laws or regulations.

II. General

A. Any student who violates any policy of the PMSATP is subject to disciplinary action up to and including expulsion. Similarly, any conduct by a student which has the potential of adversely impacting the PMSATP may be subject to review and disciplinary action.

B. The Program Director, Clinical Education Coordinator, or the student's assigned preceptor will document any reported suspicion that a student is impaired or under the influence, any efforts to confront the student and request a drug test, as well as any post-testing communication.

III. Applicability

A. The PMSATP requires drug testing as follows:

1. Reasonable Suspicion: Any student who demonstrates unusual, unexplained behavior in the class, Clinical environment or anywhere on hospital or University premises. Observable signs might include, but not be limited to:

- Slurred speech
- Odor of alcohol on breath or person
- Unsteady gait
- Disorientated or confused behavior
- Significant changes in work habits
- Hallucinations
- Unexplained accident or injury
- Other clinical observations consistent with impairment
- Sloppy, inappropriate clothing and/or appearance
- Physically assaultive, unduly talkative, exaggerated self-importance, making incoherent or irrelevant statements

- Excessive sick leave, excessive lateness when reporting for class or clinical experience or returning from lunch or break, frequent unscheduled short-term absences
- Work takes more time to produce, missed deadlines, careless Mistakes
- Unable to concentrate or distracts easily
- Inconsistent behavior or mood swings

2. Random: Any student in a “safety sensitive” position who is undergoing treatment and/or in a rehabilitation monitoring program. “Safety sensitive” includes those positions where students’ responsibility involves public safety or the safety of others and is determined on a case-by-case basis.

Notification of selection for random drug testing will be initiated by the Program Director or authorized designee who will refer the collection to the Clinic Specialist or authorized designee.

COUNSELING AND OTHER ASSISTANCE

Help is available on the Marshall University campus at the Student Health Education Program, 145 Prichard Hall (304-696-4800). An Alcoholic Anonymous group meets on campus and is open to all interested parties. Community resources are also available and can be accessed by calling information and Referral Services (304-528-5660).

AA. Campus Carry

Please see the University website for the most up-to-date information on where students may possess firearms on campus.

Link: <https://www.marshall.edu/mupd/campus-carry/>

XI. SPECIFIC POLICIES

A. PARTICIPATION IN ATHLETICS BY MARSHALL PMSATP STUDENTS

I. Once a student is admitted into the PMSATP, he/she is strongly discouraged from participation in one of Marshall's NCAA Division I Athletics programs. It is extremely difficult to participate in a competitive athletics program while simultaneously attempting to complete the required courses in this master's degree program, along with the required Athletic Training competencies and clinical hours. All of these requirements are pivotal in making the student more proficient and thus more marketable in the Athletic Training profession. Should students desire to participate in a sport during their first year in the program, he/she must participate in only one sport during the academic year (i.e., Fall and Spring baseball/ cross country/track, etc. constitutes two sports). Students may not participate in a sport during both years of their enrollment in the PMSATP.

II. The AT student must be available for clinical experience assignment throughout the academic year. Student-athletes enrolled in the PMSATP will need to be available during times outside of the academic year for completion of assigned competencies and other clinical education requirements, including the completion of specific clinical hour requirements. Student-athletes in the PMSATP cannot "take off" from completing any of the clinical requirements during their in-season time of athletic competition. Also keep in mind that the PMSATP currently offers limited clinical courses and/or associated clinical opportunities in the Summer (NOTE: for these reasons stated above and because of the additional time demands placed upon student-athletes by their coaches, students are discouraged from participating in sports and completing the PMSATP).

III. The PMSAT student is required to obtain the majority of his/her clinical experiences during scheduled, direct patient care that is supervised by a Clinical Preceptor. This means that more than 50% of the student clinical experiences must be obtained attending practices and/or games of teams the student's CP is assigned.

IV. In order to avoid this potential conflict, and to educate athletic coaches about the clinical education requirements of the PMSATP, the student must submit a signed copy of the PMSAT Program "*Student-Athlete Participation Form*" (see Appendix). This form must also be signed by the student-athlete's specific coach and is to be given to the CEC of the PMSATP no later than the end of the first week of fall semester classes. A copy will be given to the student's athletic coach. Students needing to meet clinical education requirements outside of the academic year need to develop a written plan and have it approved by Director of the PMSATP and the CEC prior to beginning their clinical experiences.

V. Remember, the more clinical experiences one misses due to athletic or other obligations, the more he/she will have to overload at other times to "catch-up" on missed clinical experience opportunities. Being able to "overload" is not always assured because of the lack of available Clinical Preceptors and/or the lack of suitable clinical placement sites during times outside of the traditional academic year period. Furthermore, students may average no more than 20 hours/week in order for our ATP to remain in compliance with specific PMSAT program and CAATE-accreditation Standards.

B. **CLASS SCHEDULING** (See also "Academic Counseling")

Since the vast majority of the student's clinical experiences are conducted in the afternoon and evening, the required PMSATP classes will typically be scheduled during the mornings. On rare occasions, unavoidable situations could occur with certain elective or remaining required undergraduate courses (if applicable) which will need to be discussed with the Director of the ATP *prior to* scheduling these classes. A copy of your class schedule is to be submitted to the Director of the ATP immediately after pre-registering for classes. Any additions/changes to your class schedule must be given to the Director of the ATP no later than the end of the first week of classes. (Also see VIII. I. "Laboratory/Clinical Experiences" for additional information.)

C. **POLICY ON NUMBERS OF STUDENTS ACCEPTED INTO THE PMSATP**

To assure that the total number of students accepted into the PMSATP will be consistent with effective learning experiences and compliant with CAATE recommended student/preceptor ratios, the following policy has been adopted:

I. Students will typically apply into the PMSATP during the spring semester, with official acceptance occurring towards the end of this semester. If the student is not accepted into the PMSATP at this point, he/she may reapply the following year assuming that all admission criteria have been met. Transfer students might need to spend a minimum of one semester at MU prior to being able to apply into the PMSATP unless all Athletic Training pre-requisite course and all other PMSATP admission requirements have been met (**NOTE** - students are encouraged to re-apply for admission into the PMSATP only once until academic and/or clinical performance improves so that PMSATP admissions standards are minimally met).

II. Each year the PMSATP determines the maximum number of students it can admit into the program. This number is arrived at by considering the number of students currently matriculating through the PMSATP and by using the below (2024-25) example student/ preceptor ratio criteria. However this number is subject to change based upon qualifications and experience of Clinical Preceptors and changes in staffing.

D. ATHLETIC TRAINING STUDENT TO CLINICAL PRECEPTOR RATIOS

Marshall University (20 students)

MU Football (8 students)

ATC/Preceptor #1-3:1

ATC/Preceptor #2-3:1

ATC/Preceptor #3-2:1

MU Henderson Center (12 students)

ATC/Preceptor #1-2:1

ATC/Preceptor #2-2:1

ATC/Preceptor #3-2:1

ATC/Preceptor #4-2:1

ATC/Preceptor #5-2:1

ATC/Preceptor #6-2:1

Off-campus Clinical Sites (22 students)

Kentucky Christian University

ATC/Preceptor #1-2:1

ATC/Preceptor #2-2:1

Cabell Midland High School

ATC/Preceptor #1-2:1

ATC/Preceptor #2-2:1

Fairland High School

ATC/Preceptor #1-2:1

Greenup County High School

ATC/Preceptor #1-2:1

Hurricane High School

ATC/Preceptor #1-2:1

Ironton High School

ATC/Preceptor #1-2:1

Ripley High School

ATC/Preceptor #1-2:1

Shawnee State College

ATC/Preceptor #1-2:1

South Point High School

ATC/Preceptor #1-2:1

Spring Valley High School

ATC/Preceptor #1-2:1

Winfield High School

ATC/Preceptor #1-2:1

WV State University

ATC/Preceptor #1-2:1

Non-traditional clinical sites

Preceptors 1:1

NOTE: The above numbers may change as new affiliated sites are added, as old sites are discontinued, or if there are changes in affiliated clinical site staff during the year.

E. *PROTOCOL TO FOLLOW IN MAKING ATS CLINICAL ASSIGNMENTS*

All athletic training students will be given their clinical rotation assignments for the following academic year via email, and as soon as possible after the spring semester concludes. Athletic Training students are expected to make contact with their assigned Clinical Preceptor (CP) prior to the end of the fall semester (for spring semester assignments) or at least two weeks prior to the start of fall preseason practices (for fall semester assignments) in order to introduce themselves to their assigned CP, to become oriented to the facility and its personnel, and if needed to locate the facility or clinic location. All clinical assignments will be made by the CEC and Director of the ATP from feedback received from the current CPs used by the ATP, in addition to student evaluations of preceptors. Athletic training clinical experiences are not to exceed 20 hours per week and are to allow students to have a minimum of one day off each week. Students must average between 15-20 hours/week throughout the semester with their assigned CP in order to receive the most educational benefits from the assignment (NOTE: notify the CEC immediately if you feel coerced to schedule more than 20 hours during a particular week or to work during times outside of the academic year). Students are not required to obtain clinical experiences during times outside the traditional academic year, unless they are concurrently enrolled in one of the required PMSATP clinical courses. Additionally, students may volunteer to participate in hours above 20 for a particular week after receiving approval from the CEC and the specific CP. Once classes begin, students are to report to their clinical rotation assignment.

Year 1:

Summer 3 term (Clinical 1)

ATS will be assigned to a CP involved in an equipment intensive clinical rotation at a high school and/or on-campus. This clinical experience will be a required component of HS 515 (Clinical I).

Fall semester (Clinical 2)

ATS will be assigned to a CP and the rotation will include a clinical experience with lower extremity and/or equipment intensive placements. This clinical experience will be a required component of HS 525 (Clinical II) and will consist of two different 8-week rotations.

Spring semester (Clinical 3)

ATS will be assigned to a CP and the rotation will include a clinical experience with lower extremity, upper extremity, and/or therapeutic interventions placements. This clinical experience will be a required component of HS 645 (Clinical III) and will consist of two different 8-week rotations.

Clinical Experience I, II, and III* - At this time, the ATS accepted into the PMSATP begins formal clinical study. The student will be assigned to a specific CP on and off-campus during their first year in the program. The student will be given specific competency assignments in regular didactic or lab courses, as well as clinical based courses. The student will be given specific due dates on all assignments, and he/she MUST complete the competency assessment associated with the assignment at a satisfactory level. All assessments for a specific didactic, Lab, or clinical classes, must be completed at a satisfactory level to move on to further clinical courses and/or advance to the next clinical level within the PMSATP (NOTE: in clinical courses, "satisfactory level" is 80% proficiency or higher. If the student does not complete all competencies, he/she will be given an incomplete in the course and not allowed to advance to the next clinical course until it is satisfactorily completed. Remember, that after one semester with an "incomplete" grade, the student will automatically receive a letter grade of "F" for the course). Moreover, students are given planned clinical assignments, and are sometimes paired at a rotation with a higher level student. Furthermore, the student will practice and participate in assessments that demonstrate satisfactory competency of the given proficiencies in the HS 515 (Clinical I), HS 525 (Clinical II), and HS 645 (Clinical III) courses. As the ATS

progresses in their skill acquisition and competency level during a given semester and as they matriculate from one clinical course to the next, it is important that students maintain frequent contact with their assigned CP and to utilize clinical opportunities to practice and participate in assessments that demonstrate satisfactory competency of the competencies that have been assigned (**NOTE:** Additional ATP expectations for students are presented on pages **65 - 66.**).

Year 2:

Fall Semester (Clinical IV)

Athletic Training Students will be assigned to a CP in order to obtain an experience with one or more of the following types of clinical rotations during the first 8-week rotation: Equipment Intensive (if not already received), a Lower Extremity rotation, an Upper Extremity rotation, and/or Therapeutic Interventions placements. During the second 8-week rotation, ATS will be assigned to General Medical Practitioners, Orthopedic Surgeons, Physical Therapists, and EMS personnel as part of their required general medical rotation. Additionally, ATS will be given assignments based on the types of clinical rotations/experiences needed to complete the requirements of the CAATE and the BOC, in addition to the athletic training career path the ATS is interested in. All these clinical experiences are required components of HS 655 (Clinical IV). As this clinical rotation assignment concludes, the goal of ATS is preparing for their highest level of clinical study.

Spring Semester (Externship)

It is during this time that ATS are at the highest level of clinical study. They will continue close contact with their assigned CP and to utilize clinical opportunities to perfect their clinical skills. The ATS will be assigned to an UE, LE, or EI rotation assigned to a CP at one of the affiliated clinical sites. This would include but not be limited to the MU Department of Athletics, a high school, a small college, a sports medicine clinic, and/or an off-campus clinical site approved by the PMSATP. The additional emphasis for HS 634 (Externship) is one of “immersion” and “transition to practice”, whereby students are allowed to perform all the roles and responsibilities of a certified athletic trainer with supervision and mentoring by a CP. **NOTE:** Additional PMSATP expectations for students are presented on pages **67 - 69.**).

Pre-Athletic Training Students/Directed Observation Experience:

Students who have not been accepted into the PMSATP yet will need to participate in an experience in which they will observe the roles and responsibilities of certified athletic trainers, other Athletic Training personnel at MU and designated affiliated clinical settings, in addition to interacting with PMSATP students. As part of the HS 215 course (*Introduction to Athletic Training*) students will complete a series of directed observation clinical experiences where they can interact with PMSATP students and meet some of our clinical preceptors. As part of this experience, students will be expected to obtain a specific number of clinical hours through attending specific athletic team practices, games/events, athlete/patient rehabilitation sessions, and pre-practice or post practice activities in order to fulfill the HS 215 clinical education requirements.

Students desiring to transfer to Marshall from other institutions or students who have already completed their bachelor's degree are still required to complete the directed observation clinical experience since it is one of the PMSATP application requirements. These directed observation experiences may be completed at off-campus clinical sites; however, it is recommended that at least a portion of these DO requirements be fulfilled at Marshall University PMSATP clinical sites. Specific information and details about the directed observation clinical experience requirements may be found on the Athletic Training webpage at <http://www.marshall.edu/athletic-training/files/Directed-Observation-Clinical-Experience.pdf>

(*Note – all directed observation clinical education experiences and associated course objectives that are required as part of any of the Athletic Training pre-requisite courses must be completed prior to formal acceptance into the PMSATP. The only exception is for students transferring to MU. In this situation, the student's transcripts and previous clinical education experiences will be reviewed by the PMSATP Director, and a determination will be made as to what the student will receive credit for.)

F. CLINICAL AND PROGRAM EXPECTATIONS OF ATHLETIC TRAINING STUDENTS*

Externship (Clinical V) student

For the Externship student (enrolled in HS 634), in addition to fulfilling the graduate project requirement (through HS 681), the BOC-Examination preparation course (HS 630), and the final remaining ESS/HS elective course during their final semester in the PMSATP, he/she must have successfully completed all remaining AT competencies and clinical proficiencies, in addition to any remaining clinical education or program requirements. This student may be assigned to an off-campus clinical site during their final semester in the PMSATP either already having obtained his/her BOC-certification or in final preparations for the BOC Exam. The primary goal of this final clinical experience is for students to continue to refine and perfect their clinical skills and their relationships with certified athletic trainers, other medical and healthcare personnel, patients/athletes, in addition to other personnel at the site of the externship such as athletics coaches, clinic administrators, parents of student-athletes, etc.

During these two years in the PMSATP, students will be given ample opportunity to improve their skills, in addition to developing a working knowledge in the areas of record keeping, injury assessment, taping and bracing, therapeutic interventions, and other competencies and proficiencies taught and assessed in the required AT courses as students matriculate through the PMSATP. Clinical assignments made during this time will include all areas of Athletic Training, in addition to expanding the diversity of clinical experiences. The athletic training student will be exposed to as many different situations and CPs as possible, so the student will gain the much needed introductory experience and skill level that is needed to be a competent and confident entry-level athletic trainer.

Finally, the Externship student will serve as the spokesperson for other students in the PMSATP and should be available to them should they have questions or need assistance. Primarily, the Externship athletic training student will fulfill the following roles and responsibilities:

1. Assist in educating clinical site personnel on the roles and responsibilities of the BOC-certified athletic trainer.
2. Communicate with the ATP Director and CEC in enhancing the quality of the ATP.
3. Provide peer instruction for Year 1 athletic training students if applicable.
4. Serve as a mentor and role model for Year 1 AT students.
5. Continue membership in the NATA and/or other professional organizations.
6. Complete administrative reports such as daily treatment logs, daily, weekly, and seasonal injury reports, maintain supply inventory, update Emergency Action Plans, etc..
7. Perform written documentation of injury in S.O.A.P. note format at initial, progress, and discharge phases of treatment plan.
8. Maintain necessary communication with clinical preceptor and team physician (if applicable).
9. Be a role model in regard to communication with your assigned CP, the Coordinator of Clinical Education, and the ATP Director.
10. Perform complete initial and follow-up evaluations on a diversity of injuries and illnesses.
11. Design and implement a therapeutic rehabilitation program (long and short term) for various athletic injuries.

12. Administer first aid to various types of injuries (including splinting & backboard use).
13. Perform common taping and wrapping techniques (including basic protective padding).
14. Apply therapeutic modalities and develop and implement therapeutic exercise programs for a wide variety of injuries to physically active patients.
15. Demonstrate ability to supervise other athletic training students and adequately delegate responsibility.
16. Assist in pre-participation physical examinations.

Clinical IV student

An athletic training student in the Clinical IV course (HS 655) is a fall semester, second year student who has demonstrated competency in the given proficiencies during their clinical I, II, and III courses. In addition to taking HS 549, HS 609, and HS 679 concurrently, the clinical 4 student must have successfully completed all AT competencies and clinical proficiencies embedded in those AT courses taken the previous spring semester. Additional athletic training responsibilities that are associated with this level include writing daily and weekly injury reports as well as other record-keeping duties, evaluating injuries, taping/ strapping, applying first aid techniques as needed, applying therapeutic modalities, and rehabilitating the injured athlete/patient. Essentially, the Clinical IV athletic training student will assume the following roles and responsibilities:

1. Assist in the educational program for all students.
2. Assist the Director and CEC in enhancing the quality of the ATP.
3. Provide peer instruction for Year 1 athletic training students.
4. Serve as a mentor and role model for Year 1 AT students.
5. Continue his/her educational process in sports medicine, athletic training, etc.
6. Continue membership in the NATA and/or other professional organizations.
7. Continue being an active member in the MU Athletic Training Club.
8. Complete daily, weekly, and seasonal injury reports, maintain supply inventory.
9. Complete daily treatment logs including entry into computerized files.
10. Perform written documentation of injury in S.O.A.P. note format at initial, progress, and discharge phases of treatment.
11. Maintain necessary communication with clinical preceptor and team physician (if applicable).
12. Be a role model in regard to communication with your assigned CP, the Coordinator of Clinical Education, and the ATP Director.
13. Perform complete evaluation of an athletic injury.
14. Design and implement a therapeutic rehabilitation program (long and short term) for various athletic injuries.
15. Administer first aid to various types of injuries (including splinting & back board use).
16. Perform common taping and wrapping techniques (including basic protective padding).
17. Apply therapeutic modalities and develop and implement therapeutic exercise programs for a wide variety of injuries to physically active patients.
18. Demonstrate ability to supervise other athletic training students and adequately delegate responsibility.
19. Assist in pre-participation physical examinations.

Year 1 (Clinical I, II, and III students)

Clinical skills and/or didactic knowledge that may have been instructed and tested in any of the Athletic Training pre-requisite courses will be assessed during the students first year in the PMSATP. While enrolled in HS 515, the Clinical I student is also taking HS 512. Given that students will be taking these two courses in a “fast track summer 3 session” or “immersion experience” over a 5-week period, students will be expected to keep up with the associated course content and competencies assigned to these courses. In the instance of a Clinical II student (enrolled in HS 525), in addition to taking HS 523, ESS 670 and an HS 639 elective concurrently, the student must have successfully completed all AT competencies and clinical proficiencies embedded in those AT courses taken during just concluded summer session. For the Clinical III student (enrolled in HS 645), in addition to taking HS 524, HS 548, and ESS 636 concurrently, the student must have successfully completed all AT competencies and clinical proficiencies embedded in those AT courses taken the previous fall semester. During these two semesters, plus one summer session, continual growth needs to occur in the didactic, psychomotor, and affective domain competencies of athletic training, and the responsibilities and experiences will become more complex and demanding. For example, a student may have clinical rotations both on and off campus during a given semester.

One of the primary objectives for an athletic training student during their first year in the PMSATP is to first learn and then gain self-confidence in all their athletic training skills. Secondly, one needs to gain the recognition and respect of their assigned CPs and/or clinical instructors, the coaches and administrators, and the patients and athletes the student will be working with, because your future success in the field of Athletic Training and most other fields of Sports Medicine will be largely dictated by how well you relate and communicate with these individuals. The following list contains many of the primary roles and responsibilities of the athletic training student at clinical course level I, II, or III:

1. Improve and enhance your athletic training/sports medicine knowledge and clinical skills while learning new skills and being reinforced in previously learned clinical proficiencies as directed by your assigned CP.
2. Take advantage of as many different educational and clinical opportunities that are open to you as possible.
3. Become a member of the NATA, MAATA, and WVATA.
4. Become an active member in the MU Athletic Training Association (Club).
5. Complete daily, weekly and seasonal injury reports, assist in or maintain supply inventory.
6. Complete daily treatment logs.
7. Improve techniques of SOAP note writing.
8. Develop rapport with team physician, CP, patients/athletes and coach.
9. Begin and continue successful interaction with your assigned CP.
10. Improve techniques of injury evaluation.
11. Become proficient in common taping and wrapping techniques.
12. Become proficient in utilizing various first aid techniques.
13. Become proficient in the fitting of football equipment and crutches.
14. Assist in pre-participation physical examinations.

**NOTE: students must ALWAYS be supervised by a Clinical Preceptor who will make the final decision regarding injuries and illnesses. Additionally the student's assigned CP should be aware of the competencies and proficiencies that need to be met by students in specific clinical courses.*

G. GENERAL PLAN FOR CLINICAL ROTATIONS OF PMSATP STUDENTS

Once accepted into the Professional Master of Science in Athletic Training Program, students will be required to take five clinical courses: HS 515, 525, 645, 655, and 634. During each of these clinical courses, students will be presented with specific learning outcomes and Athletic Training competencies and/or clinical proficiencies to complete. The competencies and proficiencies correlate with either courses the student has already completed or courses he/she is concurrently taking. The specific competencies and proficiencies that will need to be met in each of the clinical courses will be identified in the syllabus for each of these courses, and will be met in either clinical, laboratory, and/or classroom experiences. In order to insure a quality clinical experience for each student, and so that he/she can meet the required learning outcomes, competencies, and proficiencies for each of the five clinical courses, the following plan was developed by the PMSATP. Students will be assigned at least one of the following clinical rotations during each of the five practicum courses:

1. Lower Extremity Rotation
2. Upper Extremity Rotation
3. General Medical Rotation
4. Equipment Intensive Rotation
5. Clinic Rotation
6. High School Rotation

When performing required clinical rotations for HS 515, 525, 645, and 655 students will be assigned to a Clinical Preceptor either at MU or off-campus. The CP you will be assigned to is usually not the instructor of the clinical course you are enrolled. As part of the HS 645 and 655 class, students will also complete clinical rotations with general medical physicians, EMS personnel, sports medicine clinic, and orthopedist office and surgery experiences. For the required clinical rotation associated with the HS 634 course (Externship), students will be assigned to an intensive clinical experience at an assigned clinical site that matches the career aspirations of the student. Relating these types of rotations to the clinical experiences that are potentially available for assignment during the academic year, the student can meet these clinical rotation requirements through the following clinical assignments:

Lower Extremity Rotations:

Men's basketball (on or off-campus)
Women's basketball (on or off-campus)
Women's soccer (on-campus)
Men's or women's soccer (off-campus)
Men's track/cross country (on or off-campus)
Women's track/cross country (on or off-campus)

Upper Extremity Rotations:

**could potentially also function as a lower extremity rotation*

Volleyball* (on-campus)
Volleyball* (off-campus)
Baseball (on or off-campus)
Softball (on or off-campus)

Equipment Intensive Rotations:

Football# at MU (Spring or Fall)

Football# at any affiliate site high school employing an ATC (Fall)

#could potentially also function as a lower and/or upper extremity rotation

General Medical Rotations:

Cabell Huntington Hospital

Kings Daughters Medical Center

Cabell County EMS

Others TBD

Clinic Rotations:

Cabell Huntington PT in SMI

Cabell Huntington Balance Center

Riverside Physical Therapy

Teays Physical Therapy Center

Other Considerations when assigning student clinical rotations:

1. *Experience/Background of CP in teaching and evaluating competencies and clinical proficiencies that are assigned to each of the five clinical courses.*
2. *Previous clinical experiences/rotations the student has had.*
The purpose of this consideration is so the student will be exposed to both male and female athletes/patients of a variety of ages, obtain a minimum of one rotation in each of the six areas previously mentioned, and to expose the student to as many different clinical settings as possible to enhance their overall clinical education.
3. *Previous clinical rotations the student has had with a CP.*
The purpose of this consideration is so the student will have the opportunity to obtain clinical experiences with a variety of different clinical preceptors at different clinical sites.
4. *Facilities and equipment at the clinical site.* The purpose of this consideration is so the student will have the opportunity to obtain quality clinical experiences in a setting that has appropriate facilities, equipment, and supplies.

H. PROCEDURES TO FOLLOW ON THE PRACTICE FIELD/GYM

Choose an advantageous position on the field (close to the action, but not in the way). Always keep your eyes on the action to witness mechanisms of injuries. Always carry scissors, gauze pads, band-aids, tape, penlight, latex gloves, etc. in your fanny pack or pockets. Do not stand in a group; circulate around the field. Do not sit down, but be attentive at practices because when you are attentive to the coach(s), he/she will be more attentive to you when the need arises. Above all do not study, read, or play games on your cell phone while obtaining experiences in any clinical setting! The proper equipment (first aid kit, ice, water, etc.) should be in the correct location and fully stocked and/or in good working order. Injuries can occur during the first and/or final minute or practice, so it is imperative that you arrive on time, pay attention and do not leave early! (**NOTE** - be sure to dispose of bloody gauze pads and other contaminated items in a red biohazard bag, tie it up, and then dispose in the specially marked biohazard trash cans.)

I. GAME CONDUCT

Be on time and in proper uniform. Make sure you arrive at the time designated by your assigned CP. Introduce yourself to visiting coach and/or athletic trainer and offer available services (i.e., pre-game, half-time and post-game). Do not cheerlead or make critical comments in regard to an athlete's performance, and officials' calls and/or coaching strategies. Only comments of positive or encouraging nature should be made to an athlete, and keep in mind that coaches will correct mistakes made by athletes. Also, no negative comments should be directed to game officials or referees. Lastly, the charge athletic trainer should keep the head coach abreast of the playing status of injured athletes ASAP. Let the coach know if an athlete will be out "the remainder of the game, the rest of the half, for two more series, for at least 15 minutes," etc.

J. INJURY DISCUSSION WITH NEWS MEDIA OR OTHERS

Do not discuss the health status of any athlete or patient with anyone. Do not leak any information to friends, press, radio, etc. Direct all inquiries to your supervising clinical preceptor. All public comments about injuries will be handled by the attending physician, supervising clinical instructor, or athletic coach. Keep in mind that by doing the above, you will be "breaching" the confidentiality of the athlete or patient, which is a punishable offense by law (NOTE: also refer to "*Confidentiality and Security*" and "*Social Media*" sections of this Manual for additional related information).

K. OBTAINING CLINICAL EXPERIENCE HOURS ON-CAMPUS WHILE ASSIGNED TO AN OFF-CAMPUS PRECEPTOR

It is the official stance of the Marshall University Professional Master of Science in Athletic Training Program that during those time periods when a student is assigned to an off-campus Clinical Preceptor, the student needs to make all efforts to utilize this time to learn perspectives, philosophies, techniques, etc. from different clinical instructors at different clinical sites. For these reasons and to ensure that off-campus instructors are being effectively utilized, the following policies will be reinforced:

1. HS 515/HS 525/HS 645/HS 634 – Students in all these clinical classes are required to complete a minimum of 15 hours per week at their off-campus site before seeking any type of on-campus experience. Students in the Clinical 1 (HS 515) class must complete all their required clinical experiences at their assigned clinical site.
2. HS 655 – Students in this class are required to complete a portion of this semester long clinical class performing specialized rotations with general medical physicians, orthopedists, physical therapists, and/or EMS personnel. Students are also assigned to a clinical site and preceptor that matches their career aspirations, and will be required to complete a minimum of 225 clinical hours.
3. Students may still volunteer to complete additional clinical hours/experiences on campus if they wish to do so, but first must seek written approval from the CEC. However, these hours must come after the student has met their weekly time requirements with their assigned off campus instructor which must be verified when CPs approve student clinical hours on ATrack.
4. Written approval must be obtained from the Coordinator of Clinical Education before any additional or different clinical experiences are allowed within an assigned clinical rotation. This is being done to maintain the appropriate standard of learning for all students in the PMSATP.

L. CLINICAL EXPERIENCES OUTSIDE OF THE ACADEMIC YEAR

It is the practice of the PMSATP that students are not required to report back to campus prior to the fall semester and during the Winter/Christmas Break in order to obtain clinical experiences (hours) with athletic teams that will be practicing during these periods. The exception to this rule is for students enrolled in HS 512 and HS 515 during their initial enrollment in the PMSATP during the summer 3 session, who will be completing their first clinical rotation during this time frame (approximately mid-July to mid-August). On the other hand, students are encouraged to stay involved in clinical experiences during these times when classes are not in session in order to continue to enhance their overall clinical backgrounds. Moreover, if a student were to receive an “Incomplete” grade in a clinical course, he/she will be required to report back to campus to complete any remaining requirements of the clinical course. For an “Incomplete” during the fall semester, the student will need to complete his/her clinical requirements prior to the start of the following spring semester. For an “Incomplete” during the spring semester, the student would need to complete his/her clinical requirements prior to the start of the following fall semester. In both cases, this would be during a time that is jointly agreed upon by the instructor of the clinical course and the student’s assigned or other clinical preceptor. The purpose of this policy is so students can more effectively complete all the clinical education requirements during a given semester, while providing consequences for those students unable to successfully complete all the requirements of clinical courses.

XII. EDUCATIONAL & CLINICAL STANDARD OPERATING PROCEDURES & GUIDELINES

A. General

1. Make sure you read and familiarize yourself with the "Athletic Training Clinic Policies for Athletes" and other clinical site or facility "Policies and Procedures Manuals". It is important to understand and follow these policies and to assist clinical site personnel in enforcing them.
2. Log all activities in the AT Clinic as directed by your Preceptor: treatments, rehab, medication, injury evaluation, wound care, etc. Follow the assigned CP and affiliate clinical site's policy and procedure manual to ensure you document correctly all patient care. Use the daily log sheet unless otherwise specified. **(See *Medical Policies Handbook*)**
3. Log and document clinical experiences on ATrack utilizing the SOAP Note document. Students are required to log a minimum of five SOAP notes per week." Both you and your assigned clinical preceptor must sign this form.
4. Do not at any time give out information to anyone! What you do, hear, and say regarding the Athletic Training Program, the MU Department of Athletics, the faculty, any of the certified athletic trainers, the athletic coaches, the athletes, the patients, etc. **STAYS AT THE CLINICAL SITE!!!** When clinical experiences are obtained at affiliate sites, keep any information you see or hear at that clinical site to yourself (NOTE: also refer to "*Social Media*" section of this Manual and to the section in **Appendix** on "*Confidentiality and Security Agreement*").
5. Avoid confrontations with athletes/patients, coaches, and or staff members at your assigned clinical experience. See your assigned CP, the CEC, and/or the ATP Director if there is a problem.
6. All students accepted into the PMSATP will generally report to their assigned clinical experience at the time determined by your assigned preceptor.
7. Personal computers, laptops, phones, and other mobile devices of AT faculty and preceptors are off-limits to students.

B. PERSONAL

1. Be on time for assigned clinical experiences in the Athletic Training Clinic and/or assigned clinical experiences on or off-campus.
2. Being consistently late or absent for assigned clinical experiences on or off-campus can eventually lead to dismissal from the program. *(See Section VIII. F stated previously in this Manual).*
3. Be punctual and polite in all classes and clinical experiences, as you are reflecting our PMSATP. (**NOTE** - getting up and leaving in the middle of class, falling asleep in class, talking excessively in class, doing homework during your clinical experience, text messaging during classes, etc. is rude and disrespectful to the instructor, CP, your classmates, and/or your athletes/patients.)
4. Try to spend as much time as possible in the Athletic Training Clinic, the ATP Lab, or any of the affiliated clinical settings, as this will help reflect your interest in and commitment to the program, in addition to helping you meet the clinical education requirements more effectively. More importantly, this time is essential to complete the competencies and clinical proficiencies assigned to each practicum and lab course.
5. Do not study, interact on social media sites, text message, etc. while performing clinical experiences, unless there are no duties for you to perform. This is rude and demonstrates disrespect for your assigned CP (**NOTE** - take the initiative about educational and work-related responsibilities!)
6. **Dress & Conduct Code:** *(Refer also X. K stated previously in this Policies and Procedures Manual)*

A professional appearance contributes enormously to the success in Athletic Training experiences. General appearance should not be a distraction to the athletic training clinical or classroom environment. **This dress code applies to all Athletic Training classes, labs, clinical classes and clinical sites** (clinical site includes travel with teams). More rigorous standards may be imposed by your specific clinical site or preceptor. Exemptions to any part of the dress code must be applied for through the Clinical Education Coordinator and/or AT Program Director. Decisions on granting exceptions will be determined by ATP faculty.

1. Clinical sites can require students to cover all tattoos or other body modifications.
2. Jewelry may not be worn in any visible body piercing other than in the earlobes. Students who do not abide by this policy will be asked to remove the jewelry article(s) before they can begin their clinical experience.
3. Rings, bracelets, watches, and other jewelry should be minimal and not interfere with OSHA procedures (i.e. wearing properly fitted disposable gloves).
4. Skin must be covered at the midriff when working (i.e., reaching arms overhead, back boarding, etc.).
5. No cleavage, midriff, bra (including bra strap, texture, or bra colors seen through shirt), or underwear may show.

6. No tight or excessively loose clothing.
7. Necklines and hemlines must be modest (refer to #5).
8. Meticulous personal hygiene must be maintained.
9. All clothing must be free of numbers, writing or screen printed designs (excluding Athletic Training attire).
10. Shirts with buttons must be worn buttoned, except for top button and tucked unless they are designed to be worn un-tucked.
 - Strapless and spaghetti strap shirts are prohibited.
 - Shirts must cover all parts of underclothing
11. Pants and Shorts must be twill material
 - Khaki (or other color with permission) shorts must be of modest length (e.g. should not be excessively tight – shorts should be within the length of the MU ID Card from the patella)
 - Khaki Pants/Capris must not be excessively tight or loose to allow bending, stooping, and normal activities without showing underclothing.
 - Warm-ups and foul weather gear are permitted outdoors.
12. No open toed shoes or flip flops are permitted to comply with OSHA standards.
13. Hats or headwear are worn for outdoor clinical settings as approved by the clinical supervisor. No hats allowed while obtaining clinical experiences in the AT Room or Sports Medicine Clinic.
14. Athletic Training Program ID's worn as appropriate.
15. No foul, demeaning, or derogatory language or gestures is to be used.
16. No tobacco (smokeless or other) is to be used or in one's possession.
17. No alcoholic beverages or illegal drugs are to be consumed (which includes on one's breath) or in one's possession.
18. Discrimination of any type will not be tolerated.
19. Do not wear any clothing or other article that identifies you as an "MU Athletic Training" student or staff member to any bar, night club, strip joint, etc.!! Doing any of the above can give either yourself and/or the program a bad name (Remember "Your reputation will travel faster and further than your face ever will!").
20. A good point to remember is that anything that will detract from your effectiveness and professionalism as an Athletic Training student or even as a student in a health care field (i.e., length of hair, earrings, revealing clothing, etc.), should not be utilized while performing clinical/laboratory experiences.

C. TAPING

1. All students will observe until they have been evaluated by a full-time Athletic Training faculty or CP and have been signed off as being proficient on their CPE (Clinical Proficiency Evaluation) form. (NOTE: CPEs will take place at scheduled times during the semester with faculty, however they can be completed during the student's clinical experience if they are working with a CP.)
2. Do not tape what you have not learned yet. Refer to a more experienced student and/or faculty or staff AT.
3. Do not waste supplies. Use what you need and need what you use.
4. Ankle taping: Athlete is responsible for shaving his/her ankles prior to getting them taped if this a policy at any of the clinical settings.
5. Knees may not be taped without prior approval of supervising staff ATs.

D. TREATMENT, REHABILITATION

1. Log all procedures according to the assigned affiliate clinical site's policies and procedures. Remember, *"if you did not document it, it never occurred"*. After receiving the proper training, enter injury data in the EMR or other computerized medical documentation program the site uses.
2. Check athletes periodically while they are being treated. Explain the purpose of the treatment and what they should feel (NOTE: check with staff ATC prior to starting new treatment.)
3. Staff will set up and supervise all treatments and rehabilitation procedures.
4. Students will observe all treatment and rehab set-ups and applications until they have completed the necessary course work and are given the "go-ahead" by Supervising Staff Certified Athletic Trainers to perform the treatment or rehab procedures themselves.

E. MANAGEMENT OF INJURIES ON THE FIELD

When an injury occurs on the field or gym, go to the injured athlete as quickly as possible. Be calm, do not overreact, and reassure the player. Do not move the athlete, especially if the athlete is unconscious or if you suspect a head or neck injury. Coaches and other athletes will sometimes get excited, so above all, never allow a coach or official to pressure you into moving an athlete until you are ready to do so, or let other players interfere with your assessment/evaluation. Politely reassure the coach that you need to continue your examination, and that the athlete cannot be moved "until you have ruled out a few things." If you are unsure of the extent of the injury, defer to the Clinical Preceptor present with you for assistance, or activate the EMS (911) if you feel an emergency situation may be existing. Never get excited or lose your head! People (athletes, coaches, etc.) around you tend to get excited if you are. It is pertinent that you remain calm and undisturbed in order to properly perform the primary and secondary surveys. If you are going to detain the player for further examination or refer the athlete to the Athletic Training Room or Emergency Room, always notify his/her coach. It is mandatory that the coach of the injured athlete know what the athlete's status is concerning participation after an injury, in addition to an idea of the length of time the athlete will be out for treatment or further examination.

F. GUIDELINES TO FOLLOW FOR EMERGENCY CARE

(Note: Refer to Emergency Care Plans for specific details regarding venues covered by your assigned Clinical Preceptor. Some general information is provided below to assist in this process.)

1. Prone Athlete - Not Breathing

- a. Log roll immediately with head in position of CPR.
- b. Hands crossed and student at head maintains traction.
- c. After victim is turned, face mask is removed by cutting plastic face mask attachments that are just anterior to the ear holes of the helmet and superior to the eyes. (Equipment may be removed dependent upon site protocol)
- d. Begin CPR, person at head maintains traction.
- e. Arrange for transport (Note: Activate EMS, immediately after determining the athlete is unconscious!).

2. Prone Athlete - Unconscious and Breathing

- a. Do not move or allow player to be moved!
- b. Activate EMS/Call MD
- c. Monitor vital signs
- d. If player regains consciousness, keep out, and treat as III.

3. Prone Athlete - Conscious

- a. Do not move or allow player to be moved!
- b. Perform primary survey
- c. Get athlete's attention, keep calm, reassure athlete.
- d. Check athlete's chief complaints.
- e. If spinal cord injury is suspected:
 - 1) Check movement of toes and fingers
 - 2) Check sensation of extremities
 - 3) Question for neck pain

- 4) Question for any numbness/tingling in extremities.
- f. If any items under "e" are positive, or if you are highly suspicious, **DO NOT MOVE!**
- g. Activate EMS/Call MD

4. **Transportation**

- a. Any transportation with suspected spinal cord involvement should be performed with a long spine board.
- b. Transport athlete in the position he/she is found in unless:
 - 1) the ETA (estimated time of arrival) to the hospital is past 10-15 minutes in which case the athlete should be in a supine position in case of difficulty in route or
 - 2) it may be necessary to perform CPR, in which case the head must be accessible.

5. **Sample Emergency Signals for Athletic Contests**

- a. Hand in circular motion - Activate EMS and alert MD
- b. Hands crossed in front of chest - stretcher/ backboard
- c. Fist in air - MD
- d. Holding imaginary bag - Medical Kit

6. **Serious Injury** - A "serious injury" is one in which the athlete will obviously need to be hospitalized, and there is little or no time to consult with the physician before taking action.

Examples: Cessation of breathing and/or pulse
 Severe bleeding
 Obvious serious fracture
 Possible serious back or neck injury
 Serious head injury
 Athlete going into shock

Fortunately, this type of situation seldom occurs in athletic participation, but one must be ready to handle each of the above situations if and when it occurs. The following is a sample plan of action to be taken by the ATC in charge, and carried out by student assistants and others he/she may ask to help.

Procedure:

- a. Staff & student in charge attends immediately to the injured athlete and evaluates the injury.
- b. Staff & student in charge instructs someone (preferably another Athletic Training student or coach) to immediately make the following telephone calls and relay all of the information he gives to the charge staff ATC. (Be sure and pick someone who is level headed and who will not forget what you have told him.)

1) Activate the EMS (911) and give them the following information:

- your name and title (**who**)
- Nature of the injuries to the athlete (**what**).
- Location of injured athlete, be specific (**where**)
- Mechanism of injury (**how**)
- When the athlete was injured (**when**)
- Where you want the injured athlete taken (Name of hospital?).
- That you will notify team physician and the hospital.

- You hang up last and give them the phone numbers where you are calling from.

- 2) Return to the field (unless the physician is going to call back, etc.) and assist other athletic trainers. Someone on the field/gym should be sent out to the entrance of the stadium or gym to direct the ambulance to the proper place
- 3) The charge staff ATC should then ride in the ambulance to the hospital as an official representative of the University or school. (**NOTE** - if you happen to be by yourself, get a coach to ride in the ambulance).
- 4) The charge staff ATC should make arrangements to see that the following things are taken care of after the injured athlete is in the hands of the physician:

- inform coach as to the extent of the athlete's injuries.

- make arrangements to get athlete's clothing from locker room/residence hall to the hospital.

- check with physician and coach about necessity or call parents.

- inform the Head Athletic Trainer, the Director of the ATP, and charge faculty/staff ATC as to the nature of the problem.

G. Non-Life Threatening Injury

This type of injury is one which requires medical attention, but is not of the magnitude to be considered "serious".

Examples:

- Lacerations which will require suturing
- Possible fractures
- Orthopedic injuries that should have an early medical diagnosis (i.e., acute knee injuries)
- illness

Procedure:

a. Refer the athlete to the charge ATC for specific acute care management techniques and follow specific emergency procedures (i.e., Emergency Action Plan).

1. If the staff ATCs are not immediately available, initiate care and treatment as a First responder and according to your level of education and experience.

b. **Never** tell an athlete anything unless you are positive in your judgment!

c. Nothing will get you in trouble faster than giving athletes false information. They will respect you for saying "*I do not know*", but will lose confidence in you if you try to "fake" your way through an injury evaluation. You are not expected to know everything, so do not try to do what you do not know how to do!!!

H. Blister/Wound Care

This type of injury is one which requires medical attention and must be performed cautiously, using correct technique.

Examples:

- blisters; turf burns
- wound care
- callus removal

Procedure:

- a. When use of sharps and/or needles are needed, consult staff ATC to perform this duty.
- b. Latex exam gloves must be worn at all times (i.e., during practice, games, in ATR, etc.) while performing any wound care procedure.
- c. Clean field with antiseptic agent and prep with either betadine or alcohol.
- d. Wash hands before and after procedure.
- e. Properly dispose of gloves and sharps in Biohazard containers in ATR.
Do **NOT** dispose of medical waste in open containers - this is against the law!

XIII. GUIDELINES FOR CLINICAL HOURS & CLINICAL COURSES

Given below are the **minimum and maximum** number of clinical hours students in each clinical class are required by the PMSATP to complete to help assure a quality and consistent clinical experience, so that clinical proficiency requirements can be met for each clinical course, and so the student is not overburdened with an excessive number of clinical hours during a given week (NOTE: a minimum total of 975 clinical hours is required once admitted to the ATP):

Directed Observation (as part of HS 215 or met elsewhere).....	45 hrs + objectives
Clinical I rotation (HS 515 during summer 3 session).....	75 hrs for 3 week rotation
Clinical II and III class (HS 525 and 645).....	~16 hrs/week (min. 225 hrs/sem)
Clinical IV class (HS 655).....	~16 hrs/week (min. 225 hrs/sem)
Externship class (HS 634).....	~25-35 hrs/week (min. 375 hrs)

**NOTE: no students should ever average more than 30 or more hours per week during any week of the semester unless enrolled in HS 634 or approved by the CEC or PD, and every student must receive a minimum of one day off each week from all clinical assignments. Additionally, Clinical Immersion experiences may require higher hour averages per week. Clinical scheduling must take precedence over work and extracurricular activities. Furthermore, if students encounter academic difficulties, then the maximum number of clinical hours they are required to complete during a given week may be reduced if approved by the PD and CEC.*

This policy also aims to insure that all students enrolled in the PMSATP will have ample opportunities to complete the variety of clinical experiences both on and off-campus that are required. Moreover, the student must realize that if he/she is unable to achieve this minimum number of clinical experience hours per week for their specific level in the ATP due to part-time work, involvement in extracurricular activities, etc., then the missed amount (and the associated competencies and clinical proficiencies that could have been met during this time) must be made up once these obligations have been completed, which may not be until the following semester or year (**NOTE:** *all educational competencies, clinical proficiencies, and required clinical experiences for each specific clinical course must be successfully met before the student can enroll in the subsequent clinical course and thus continue in the PMSATP*).

Furthermore, students will obtain all of their clinical experiences under the direct supervision of a Clinical Preceptor that is assigned by the MU Clinical Education Coordinator and Athletic Training Program Director. During the first two clinical rotations, each student's level of maturity, responsibility, dependability, communication skills, and overall clinical performance (to name a few) are evaluated. After this time and assuming the student reaches an acceptable level of competency in these areas, as well as the competencies and clinical proficiencies in their specific didactic and/or practicum courses, he/she is given more responsibility in order to meet the higher level competencies and proficiencies.

XIV. STUDENT INCIDENT REPORTS

Students enrolled in the Professional Master of Science in Athletic Training Program at Marshall University must undergo an extensive clinical education in order to become appropriately prepared for the BOC Examination and in turn a totally qualified professional. While in attendance at the assigned clinical site or with an assigned Clinical Preceptor, the Athletic Training student will be under the direct supervision of a BOC-certified athletic trainer or other appropriately licensed and credentialed Health Care Provider who serves as a CP that is affiliated with the Marshall University PMSATP.

The classroom and clinical education experience is the student's right when enrolled in any of the AT courses, but is also a privilege. Therefore, each student is responsible for strictly adhering to the said school, hospital or other clinical site's policies, and for following any requirements issued by their classroom or clinical instructors or supervisors. During the entire PMSAT program, when a student fails to meet any of the above stated requirements, the following action will take place:

1. A verbal warning will be issued to the student. At that time, the student will be verbally notified that the subject and date of the warning will be placed in their file.
2. If the student receives two documented verbal warnings concerning the same issue, a written incident report will be filed (**NOTICE** - the verbal warning will be waived if the occurrence is a serious violation of the student's areas of responsibility and/or conduct while in the classroom or clinical setting).
3. A copy of each written warning will be submitted within five academic days to the Director of the ATP. This will be kept in the student's file. The incident report must contain the dates and the necessary details regarding the verbal warnings. Additionally, a written warning will have negative implications on the student's grade in the practicum course in which he/she is enrolled at the time.
4. Two written warnings will constitute probation, suspension, or termination from clinical duties and/or the program.
 - a. When the second written warning has been placed on file at the University, the Director of the ATP will initiate the stated disciplinary procedures as presented in the previous discussion on "*Clinical and Class Absences*".
 - b. The due process procedure of the student is stated in the section of this Manual entitled "*Grievance Procedure*".

MARSHALL UNIVERSITY
PROFESSIONAL MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM
Student Incident Report

Clinical Division: _____ University (please identify)
_____ College (please identify)
_____ High School (please identify)
_____ Other Clinical Site (please identify)

Type of Report: _____ Verbal Warning
_____ Written Warning
_____ Probation
_____ Suspension from Clinical Duties
_____ Termination from Clinical Duties
_____ Termination from Program

Conference with: _____

Date of Conference: _____

Date(s) of Incident(s): 1. _____ 2. _____ 3. _____

Persons Present at Conference:

1. _____ 3. _____
2. _____ 4. _____

Reason for Conference:

Reaction/Comment of Student:

Action Taken:

Student's Signature: _____ Date: _____

Faculty or Staff Member: _____ Date: _____

Director, ATP: _____ Date: _____

XV. PROFESSIONAL ORGANIZATIONS

"Why join national/state professional organizations?"

In the following section and **online** you will find information on and applications for joining some of the major national and state professional organizations in Sports Medicine/Athletic Training - the American College of Sports Medicine (www.acsm.org), the National Athletic Trainers Association (www.nata.org), the Mid-Atlantic Athletic Trainers Association (<http://www.maata.org/>) and the West Virginia Athletic Trainers Association (<http://www.wvata.org/>).

All students desiring admission to the Marshall University PMSATP will be required to become a student member of the **NATA**. Current membership status must be maintained once admitted to the PMSATP and continuing through the period they are matriculating through the PMSATP. Therefore, the ATS will be required to submit a copy of their current membership card annually while enrolled in the PMSATP to be placed in their file. Please note that membership in the NATA automatically makes one a member of the West Virginia Athletic Trainers' Association (WVATA), and the Mid-Atlantic Athletic Trainer's Association (MAATA).

Given below are some of the reasons the PMSATP believes students must join, that far outweighs the sacrifices one might have to make to come up with the money to join a professional organization:

1. Joining a professional organization is one mechanism of demonstrating your interest and commitment to the profession to others (i.e., prospective employers, graduate schools, and professional schools always look for this!).
2. If you desire to attend any conferences sponsored by the NATA or the MAATA, you actually will save money by becoming a member of the NATA. The registration cost for these conferences is lower for members.
3. There are a number of scholarships and internships that deserving AT students may apply for while matriculating through the PMSATP. One of the application requirements for these programs is student membership in the NATA.
4. The positive factors in joining are too numerous to list, but I will give you a few: decreased registration costs for conventions and symposiums, receiving professional journals on a regular basis, being placed on a mailing list in which you receive information on the latest equipment/supplies in sports medicine/ athletic training, being eligible for certain scholarships that non-members cannot apply for, etc.
5. Good grades and meeting the "minimum program requirements" are not the only things that will get you the position you want!

A. MU ATHLETIC TRAINING ASSOCIATION (MUATA) MEMBERSHIP POLICY

All students who desire admission into the Professional Master of Science in Athletic Training Program are required to become a member of MUATA. All students presently matriculating through the PMSATP will also be expected to maintain membership in MUATA. The AT faculty and staff believe it is very important for students to take an active role in the continued development and support of this professional service organization. Moreover, by having more students participate and become active members, fund-raising for the club will occur, as well as the camaraderie between students and between students and faculty and staff. Additionally, fund-raising will enhance the potential for students to attend state, district, and/or national Athletic Training Conferences.

XVI. STUDENT AGREEMENT

MARSHALL UNIVERSITY PROFESSIONAL MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM 2025-26

I received a copy of the *Professional Master of Science in Athletic Training Program Policy and Procedures Manual* at the beginning of my admission to the PMSATP when I was enrolled in HS 512. The entire contents of this Manual discussing the policies and procedures of the PMSATP have been read and understood. These include:

- I. Faculty and Staff
- II. Glossary of Abbreviations
- III. Introduction, Purpose, and Mission of ATP
- IV. Program Objectives
- V. The 21st Century Athletic Trainer
- VI. Professional Organization of Athletic Training Profession
- VII. Policies for Progression and Graduation
- VIII. The PMSAT Program – Admission, Curriculum, and Graduation Requirements, and Transfer Policy
- IX. PMSAT Course Descriptions
- X. PMSAT Program Policies & Guidelines
- XI. Specific Policies
- XII. Educational & Clinical Standard Operating Procedures & Guidelines
- XIII. Guidelines for Clinical Hours & Clinical Courses
- XIV. Student Incident Reports
- XV. Professional Organizations
- XVI. Student Agreement

I intend to comply fully with the policies and procedures stated above and in the *Professional Master of Science in Athletic Training Program Policy and Procedures Manual* as prescribed by the PMSATP and Marshall University. Failure to follow the above rules, regulations, and guidelines can result in disciplinary measures, and/or not completing the master's degree in the desired period. I also understand my rights and responsibilities of a student in the Marshall University PMSATP and while participating in the required clinical education experiences.

Student's Full Name (Printed)

Student Signature

Date

WZG 7/3/25