

**Applying to the Bachelor of Science in Athletic Training (BSAT)/
Athletic Training Education Program (ATEP)**

Directions:

1. Complete page five of this packet by providing the requested information.
2. Complete page six of this packet by entering the year and semester that you enrolled in any of the listed courses as well as your grade in the course. Be sure to include courses counting towards your electives.
3. Submit the following materials to 222 Bellmont Hall by 5:00pm on May 1st.
 - completed application form- pages five and six of this packet
 - a well-written personal statement outlining your reasons for pursuing a major in athletic training at The University of Texas
 - please limit the statement to a maximum of two pages
 - a copy of your official or unofficial college transcripts that includes your cumulative GPA up to the current semester
 - Signed *Technical Standards* forms
 - Sign and submit the student copy (pg 11-12)
 - sign only the ONE section that pertains to you
 - submit the physician copy (pg 7-8)
 - must be signed by the healthcare provider that performed your physical / health assessment
 - An *Athletic Training Student Health Assessment* form and an *Athletic Training Student Health Questionnaire* form (p 9-10)
 - You must submit the forms provided in this packet – substitutions are not accepted
 - The physical / health assessment must be completed by a physician (MD or DO) or their designee (PA, CNP, etc).
 - A signed *Hepatitis B Vaccine Statement* (pg 15)
 - Only sign the ONE option that you choose
 - Your Immunization Records
 - You must submit documentation that you have:
 - met the Universities requirements for Measles, Mumps, and Rubella (MMR)
 - initiated or completed the Hepatitis B vaccine series, unless you indicated that you choose to decline the vaccine series on the *Hepatitis B Vaccine Statement*
 - received a tetanus / diphtheria vaccination within the last 10 years
 - Please obtain the records from the UT University Health Center by following the directions on this link:
<http://www.healthyhorns.utexas.edu/medicalrecords.html>
 - A signed “*Acknowledgement Form*” from the Student Manual

- Download the ATEP Student Handbook from the ATEP website <http://www.edb.utexas.edu/atep/currentpage.htm> and read it before signing the Acknowledgement Form
- Proof of current CPR / AED training
 - Submit a photocopy of the card(s)
- Three letters of recommendation
 - use the *Applicant Recommendation Form* (pg13-14)
- The Directed Observation hour sheet
- The Directed Observation clinical proficiency completion log

☞ Students transferring from another athletic training education program, please see the section describing the “transfer student policy”.

Standard Admissions Process:

Admission to the Athletic Training Major / ATEP is based on the following minimum requirements:

1. Acceptance into The University of Texas at Austin, the College of Education, and the Department of Kinesiology and Health.
2. Completion of:
 - € KIN 219K – Introduction to Athletic Training¹
 - € KIN 312 – Care and Prevention of Athletic Injuries¹
 - € BIO 309D – The Human Body
 - € CC 306M – Introduction to Medical and Scientific Terminology
 - ⇒ Note: Students must have a minimum G.P.A. of 2.5 for these four courses.
 - ⇒ Note: Students must earn at least a “C” in both KIN 219K and KIN 312
 - ⇒ ¹Note: The courses marked with a ¹ MUST be taken at UT Austin
3. Completion of a minimum of 12 credit hours with a cumulative UT GPA of 2.5
4. Submission of completed paperwork for formal application as listed above.
5. Completion of a minimum of 50 hours of directed observation with the UT Directed Observation Program
6. An average score of at least 75% on the student’s Directed Observation Student Evaluation scores.
7. Completion of the required directed observation student educational competencies and clinical proficiencies.
8. Clearance by a physician or designee for full participation in the ATEP by means of “passing” a health assessment / physical.
 - a. In order to “pass” the physical the provider must answer “yes” to the questions regarding your ability to meet the technical

standards and you must be approved for participation without limitations.

9. Ability to meet the technical standards with or without accommodations.

- ☞ Transfer students and those beyond their freshman year who have not completed a pre-athletic training / directed observation program at another institution, must also follow the standard admissions process described above.

NOTE: The above admissions criteria are MINIMUMS. A limited number of students are admitted to the major /ATEP. Meeting the minimum requirements does NOT guarantee admission to the Athletic Training major / ATEP

ATEP Transfer Student Admissions Policy:

Transfer students that are applying to the ATEP that have not completed a “pre-athletic training” or “directed observation” program with another institution must apply under the standard admissions process. Transfer students that are applying to the ATEP, who have completed a pre-athletic training / directed observation program, may apply and subsequently be accepted into the program under the “transfer student admissions policy” described below. Acceptance into the ATEP under the transfer student admissions policy is based on the following minimum requirements:

1. Acceptance into The University of Texas at Austin, the College of Education, and the Department of Kinesiology and Health.
2. Completion of 12 credit hours with a minimum cumulative GPA of 2.5
3. Submission of completed paperwork for formal application as listed on the previous pages under “directions”.
4. Proof of at least 50 clinical hours of previous experience as a student athletic trainer in the college/ university setting.
 - a) “Proof” consists of a letter from the student’s supervising ATC stating that the student has at least 50 hours in a pre-athletic training / directed observation program.
 - b) Hours must be under the supervision of an ATC
 - c) Hours should include pre-practice / event activities, practice / event coverage, post-practice / event activities, and daily training room activities
 - d) “College / university settings” include those of community, junior, and senior colleges only.
5. Satisfactory evaluations of the student’s performance during the clinical / directed observation hours by the supervising ATC of the previous institution(s)
 - a) if documented evaluations are not available, the student should contact the UT program director for an evaluation form that can be used
6. Clearance by a physician or designee for full participation in the ATEP by means of “passing” a health assessment / physical.

- a. In order to “pass” the physical the provider must answer “yes” to the questions regarding your ability to meet the technical standards and you must be approved for participation without limitations.
7. Ability to meet the technical standards with or without accommodations.

Those students that meet the above criteria and are accepted into the ATEP under the transfer student admissions process will be placed on probation until the following requirements are met:

Completion of:

- € KIN 219K – Introduction to Athletic Training¹
- € KIN 312 – Care and Prevention of Athletic Injuries¹
- € BIO 309D – The Human Body or an approved substitution via transfer credit
- € CC 306M –Introduction to Medical and Scientific Terminology or an approved substitution via transfer credit
 - ⇒ Note: Students must have a minimum G.P.A. of 2.5 for these four courses.
 - ⇒ Note: Students must earn at least a “C” in both KIN 219K and KIN 312
 - ⇒ ¹Note: The courses marked with a ¹ MUST be taken at UT-Austin
- € the proficiencies that would have been completed had the student participated in the UT directed observation program. The proficiencies are to be completed under the supervision of an Approved Clinical Instructor (ACI) from the UT staff

The probationary period will last no longer than one semester, unless a prerequisite course is not offered during that semester, in which case the probation period will last two semesters. Students failing to complete the prerequisite courses with the minimum grade stipulation or failing to complete the directed observation competencies and proficiencies in the allotted time will be dis-enrolled from the ATEP.

NOTE: The above admissions criteria are MINIMUMS. A limited number of students are admitted to the major / ATEP. Meeting the minimum requirements does NOT guarantee admission to the Athletic Training major / ATEP

Application for Admission to the Athletic Training Major

Submit this completed application with the additional required materials by 5:00pm on May 1, to:

**Brian Farr, MA, ATC, LAT, CSCS
Director, A.T.E.P.
The University of Texas at Austin
Department of Kinesiology and Health
Bellmont Hall 222, Mail Code: D3700
2100 San Jacinto
Austin, TX 78712-1204
Fax: (512) 471-8914**

Name: _____

UT EID: _____

E-mail: _____

Cell phone: _____

Local Address: _____

City: _____

State: _____ Zip: _____

Local phone: _____

Permanent Address: _____

City: _____

State: _____ Zip: _____

Permanent phone: _____

Year in school: _____ Total credit hours: _____

Current major: _____ Cumulative GPA: _____

Directed Observation hours under ATC supervision: _____

Student: Please present this form to your physician during your health examination, ask them to read and sign the form. You must submit it with your application packet.

The University of Texas at Austin Athletic Training Education Program

Healthcare Provider:

_____ (student's name) is applying for admission to The University of Texas at Austin's Athletic Training Education Program. One of the requirements for admission is the completion of a health assessment / physical examination. This examination aids our staff in determining if the student's physical and mental health will permit him / her to meet the established written technical standards of the program. The technical standards guidelines are included below and on the reverse side of this sheet. Please keep these standards in mind when performing your assessment. If you have any concerns, based on your interaction with or assessment of this student, which would cause you to question whether or not this student meets the technical standards, please make a note on the physical examination form under the "recommendations" section. If you do not believe the student meets the criteria, please mark "no" when asked on the physical examination form. If you believe this student has the mental and physical ability to meet the technical standards, please indicate so by marking "yes" when asked on the physical examination form, and by writing "cleared" in the space provided under the "recommendations" section on the physical examination form. Please sign your name in the space provided on the reverse of this sheet to confirm that you have reviewed this form.

TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Education Program at The University of Texas at Austin is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Education Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Candidates for selection to the Athletic Training Education Program must demonstrate:

1. The mental and intellectual capacity to obtain complex information and concepts from a variety of sources, to analyze and integrate that information and problem solve in order to distinguish deviations from the norm and to formulate assessment and therapeutic judgments.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations, therapeutic treatments, and therapeutic exercise and rehabilitation protocols using accepted techniques. This includes, but is not limited to, the ability to (a) accurately, safely and efficiently use equipment and materials during the assessment, treatment, and rehabilitation of patients; (b) gather decision-making pieces of information during an injury assessment activity in class or in the clinical setting; (c) perform assessment, treatment and rehabilitation activities in class and in the clinical setting by

direct performance; (d) sit, stand, and kneel for extended periods of time while rendering assistance to patients and athletes; (e) frequently move from place to place and position to position at a speed that permits safe handling of classmates and injured athletes; (f) stand and walk while providing support to an injured athlete; (g) use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat injured athletes; (h) follow safety procedures established for each class and clinical setting.

3. The ability to read, write, speak and understand the English language at a level consistent with competent professional practice, including but not limited to, the ability to (a) establish rapport and communicate effectively and sensitively with patients, parents, coaches, administrators, officials, medical and allied medical personnel and colleagues, including individuals from different cultural and social backgrounds; (b) record and discuss the physical examination results and treatment and rehabilitation plans clearly and accurately.

4. The capacity to maintain composure and continue to function well and the ability to make and execute quick, appropriate and accurate decisions in a stressful environment including, but not limited to, emergency situations.

5. The ability to adjust to changing situations and uncertainty in clinical situations.

6. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

7. The ability to maintain personal appearance and hygiene conducive to the classroom and clinical setting.

8. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.

9. The responsibility and accountability to attend clinical experiences as assigned by the Program Director, Approved Clinical Instructor, Clinical Instructor, or Clinical Supervisor including, but not limited to, practice and event coverage of on and off campus clinical sites.

10. The ability to meet the standards and requirements for course completion throughout the curriculum including, but not limited to (a) completing readings, assignments and other activities during and outside of scheduled class hours (b) the ability to read, write, speak and understand the English language at a level consistent with successful course completion.

I have reviewed this form:

Physician's signature _____ Date _____

Athletic Training Student Health Assessment

TO BE COMPLETED BY PHYSICIAN ONLY:

NAME: _____ DATE: _____

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ BP _____ / _____ PULSE: _____

PEAK FLOW (IF APPLICABLE): _____ PREDICTED: _____

	NORMAL	ABNORMAL (PLEASE EXPLAIN)	INITIALS
MEDICAL			
Appearance			
Lungs			
CV			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hip			
Knee			
Foot/Ankle			
Any clinical evidence of communicable disease? YES NO			

Based on your examination, should this patient's physical and mental health permit them to meet the technical standards of the Athletic Training Education Program? ___ Yes ___ NO

Approval for participation without limitation? ___ Yes ___ No If "no", please explain below

Recommendations: _____

Name of Physician (print/type) _____ Phone: _____

Signature of Physician: _____ Date: _____

Athletic Training Student
Health Assessment Questionnaire

Name: _____

Date: _____

Date of Birth: _____

1. Are you currently under the care of a physician for any reason? rYes r No

If yes, please describe: _____

2. Do you take any prescription medications? rYes r No

If yes, please list: _____

3. Do you take any over-the-counter medications or herbs/supplements? rYes r No

4. Have you ever been told that you have HIV, Hepatitis B, Hepatitis C, or tuberculosis?

 rYes r No

5. Have you been immunized against Hepatitis B? rYes r No

 If yes, did you complete the series of 3 injections? rYes r No

6. Have you ever had a positive skin test for tuberculosis? rYes r No

7. Have you been out of the US in the past 3 years? rYes r No

If yes, where? _____

8. To your knowledge, have you been exposed to anyone with tuberculosis? rYes r No

9. Do you have any history of heat cramps, heat exhaustion, or heat stroke? rYes r No

If yes, please describe: _____

10. Do you have any medical or physical condition that would interfere with your ability to fulfill the responsibilities of an athletic training student? rYes r No

Please explain all "yes" answers below:

Student: read this form and sign the ONE statement that pertains to you.

The University of Texas at Austin
Athletic Training Education Program
Technical Standards for Admission

The Athletic Training Education Program (ATEP) in the Department of Kinesiology and Health Education at The University of Texas at Austin is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Education Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Education Program must demonstrate:

1. The mental and intellectual capacity to obtain complex information and concepts from a variety of sources and (a) assimilate, (b) analyze, (c) synthesize and (d) integrate that information and problem solve in order to distinguish deviations from the norm and to formulate assessment and therapeutic judgments.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations, therapeutic treatments, and therapeutic exercise and rehabilitation protocols using accepted techniques. This includes, but is not limited to, the ability to (a) accurately, safely and efficiently use equipment and materials during the assessment, treatment, and rehabilitation of patients; (b) gather decision-making pieces of information during an injury assessment activity in class or in the clinical setting; (c) perform assessment, treatment and rehabilitation activities in class and in the clinical setting by direct performance; (d) sit, stand, and kneel for extended periods of time while rendering assistance to patients and athletes; (e) frequently move from place to place and position to position at a speed that permits safe handling of classmates and injured athletes; (f) stand and walk while providing support to an injured athlete; (g) use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat injured athletes; (h) follow safety procedures established for each class and clinical setting.
3. The ability to read, write, speak and understand the English language at a level consistent with competent professional practice, including but not limited to, the ability to (a) establish rapport and communicate effectively and sensitively with patients, parents, coaches, administrators, officials, medical and allied medical personnel and colleagues, including individuals from different cultural and social backgrounds; (b) record and discuss the physical examination results and treatment and rehabilitation plans clearly and accurately.
4. The capacity to maintain composure and continue to function well and the ability to make and execute quick, appropriate and accurate decisions in a stressful environment including, but not limited to, emergency situations.
5. The ability to adjust to changing situations and uncertainty in clinical situations.
6. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
7. The ability to maintain personal appearance and hygiene conducive to the classroom and clinical setting

8. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
9. The responsibility and accountability to attend clinical experiences as assigned by the Program Director, Approved Clinical Instructor, Clinical Instructor, or Clinical Supervisor including, but not limited to, practice and event coverage of on and off campus clinical sites.
10. The ability to meet the standards and requirements for course completion throughout the curriculum including, but not limited to (a) completing readings, assignments and other activities during and outside of scheduled class hours (b) the ability to read, write, speak and understand the English language at a level consistent with successful course completion.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The Office of the Dean of Students will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

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

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

Signature of Applicant

Date

Printed Name

Alternative statement for students requesting accommodations.

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Office of the Dean of Students to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Signature of Applicant

Date

Printed Name

The University of Texas at Austin
Athletic Training Education Program
Applicant Recommendation Form

Applicant's Name _____ UT EID _____

Name and Title of Reference _____

Statement of waiver / non-waiver

Under the Federal Educational Rights and Privacy Act of 1974 as amended (P.L. 93-380) students are entitled to review their records, including letters of recommendation. It is the student's option to wave their rights to access their recommendations or to decline to do so. You are not required to make such a waiver as a condition of admission.

I hereby authorize _____ to complete this recommendation form.

Check one: I waive my right of access to this recommendation

I do not waive my right of access to this recommendation

Applicant's Signature: _____ Date: _____

To be completed by the person making the recommendation:

In what capacity do you know the applicant?

How long have you known the applicant? _____

How well do you know the applicant? very well fairly well not well

This student is applying to The University of Texas at Austin's Athletic Training Education Program (ATEP). The ATEP is a rigorous and intense program that places many demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. During this student's education, he/she will assist in the provision of health care to a diverse population including intercollegiate and high school student athletes, professional athletes, and members of the general public that participate in physical activity and sports. This student will also interact with medical and allied medical professionals (physicians, physical therapists, etc.), coaches, school administrators, and parents. Keeping this information in mind, please rank this student's ability to meet the following expectations. Use the following grading scale:

n/a = not able to comment 0 = strongly disagree 1= disagree 2= agree 3=strongly agree

_____ This student has the mental and intellectual capacity to obtain complex information and concepts from a variety of sources, to analyze and integrate that information and problem solve in order to distinguish deviations from the norm and to formulate assessment and therapeutic judgments.

_____ This student has sufficient postural and neuromuscular control, sensory function, and coordination to perform physical examinations, therapeutic treatments, and therapeutic exercise and rehabilitation protocols.

_____ This student demonstrates flexibility and the ability to adjust to changing situations and uncertainty.

- _____ This student has the ability to read, write, speak and understand the English language at a sufficient level in order to communicate effectively and sensitively with patients, colleagues, parents, coaches, medical personnel, and administrators, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively.
- _____ This student has the ability to maintain composure and continue to function well, and the ability to make and execute quick, appropriate and accurate decisions in a stressful environment including emergency situations.
- _____ This student has the perseverance, diligence and commitment to complete an intense and demanding educational program.

Using the following scale, please rank the student's:

n/a = not able to rank	1 = poor	2 = below average
3 = average	4 = above average	5 = superior

- | | |
|--|--------------------------------|
| _____ Critical Thinking & Analysis Skills | _____ Judgment & Common Sense |
| _____ Interpersonal Skills | _____ Emotional Stability |
| _____ Ethical Conduct | _____ Professionalism |
| _____ Commitment to Learning | _____ Motivation / ambition |
| _____ Dependability / reliability / promptness | _____ Perseverance / diligence |
| _____ Responsibility / accountability | _____ Communication Skills |
| _____ Organizational Skills | _____ Leadership Potential |

Please indicate your overall recommendation of this applicant.

- | | |
|-----------------------------------|------------------------|
| _____ strongly recommend | _____ recommend |
| _____ recommend with reservations | _____ do not recommend |

Your Name & Title _____

Your Signature _____ Date: _____

➤ On a separate sheet of paper, please describe qualifications, traits, accomplishments, and / or experience that you feel are significant in demonstrating the applicant's ability to complete the Athletic Training Education Program

➤ Please enclose this form and supplemental materials in an envelope, seal the envelope, sign your name across the seal and return the envelope to the student. He / she will include your recommendation with the rest of the application materials. All materials are due by May 1. Please assist the student in submitting the materials on time by returning this form to them in a timely manner. Thank you for your time and attention.

ATHLETIC TRAINING STUDENT HEPATITIS B VACCINE STATEMENTS

Please choose only ONE of the following options:

HEPATITIS B VACCINE COMPLETED STATEMENT:

I, _____, understand that due to my exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. By signing below, I confirm that I have been vaccinated with hepatitis B vaccine and that I will submit documentation of such.

Signature: _____ Date: _____

Witness: _____ Date: _____

HEPATITIS B VACCINE REQUESTED STATEMENT:

I, _____, understand that due to my exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. By signing below, I confirm that I choose to receive the hepatitis B vaccine series. I understand that it is my responsibility to follow up with a healthcare provider in order to receive the vaccine series. I also understand that I will be responsible for any and all costs associated with the vaccine series.

Signature: _____ Date: _____

Witness: _____ Date: _____

HEPATITIS B VACCINE DECLINATION STATEMENT:

I _____, understand that due to my exposure to blood or other infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. By signing below, I acknowledge that I have the option to be vaccinated with the hepatitis B vaccine; however, I choose not to be vaccinated. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I want to be vaccinated with hepatitis B vaccine I may choose to do so. In the event that I elect to do so, I will submit an updated version of this form. I understand that it will be my responsibility to follow up with a healthcare provider in order to receive the vaccine series. I also understand that I will be responsible for any and all costs associated with the vaccine series.

Signature: _____ Date: _____

Witness: _____ Date: _____