

Dear Prospective Athletic Training Student,

We are excited about your interest in Southeastern Louisiana University Athletic Training Program (ATP) housed in the Department of Kinesiology & Health Studies.

We would like to take this opportunity to introduce you to the first Nationally Accredited Athletic Training Program in the state of Louisiana. Our ATP earned initial accreditation in 2002, and in the 2007-2008 academic year our ATP received a 10 year accreditation, earning the highest level of accreditation through the Commission on Accreditation of Athletic Training Education, also known as CAATE.

Our program is a selective admission program designed to coordinate three semesters of prerequisite/preclinical coursework followed by a five semester progression of both academic coursework and clinical progression. There is a strong emphasis in the biological sciences (biology, anatomy and physiology); as well as core Kinesiology course work (anatomical kinesiology, biomechanics, exercise physiology, motor learning & strength and conditioning), nutrition, pharmacology and psychology are also included in the ATP curriculum. To be eligible to sit for the Board of Certification (BOC) exam and become a certified athletic trainer (AT), a student must graduate and obtain a degree from a CAATE accredited academic institution (www.caate.net). More information about Southeastern Louisiana University's ATP can be found on our website at www.selu.edu/khs.

If you have any questions about our ATP or you would like to visit and tour our athletic training facilities, please feel free to contact the Athletic Training Program Office at (985) 549-2350 or contact me via e-mail at Erin.karch@selu.edu or in my office at (985) 549-2276.

Thank you for your interest in the Southeastern Louisiana University's ATP. We look forward to hearing from you in the near future.

Best Wishes,

Erin Kennedy, MS, LAT, ATC
Program Director
Athletic Training Program
Dept. of Kinesiology & Health Studies
Southeastern Louisiana University

APPLICATION INFORMATION AND CHECKLIST

Please make sure that you have completed all of the following. Failure to submit a complete application may result in non-admittance into the program.

Completed	Item	Page information found
	Pre-requisite course sheet	3
	Application for admission	4
	Resume including professional experiences	6
	Letter of intent	7
	3 letters of recommendation	7
	COPY of CPR card- DO NOT turn in original	7-8
	COPY of First Aid card- DO NOT turn in original	7-8
	Signature page	8
	Core performance standard	11
	Medical history and Physical signed by physician	12-13
	Vaccines and copy of record	14
	<i>Optional</i> - Hep B Vaccine declination form	15
	Permission to review medical information	16
	Observation hours	17

Date of completed application is on or before October 15th. For more information or questions please feel free to contact Erin Kennedy, MS, LAT, ATC, Program Director for Athletic Training (erin.karch@selu.edu).

Submit completed application to the Athletic Training Program office, KHS 1001A.

ATHLETIC TRAINING PROGRAM
ADMISSION FACT SHEET

Students interested in applying to the Athletic Training Program (ATP) must successfully complete the following prerequisite courses with a “C” or better and have at least a 2.5 GPA at the time of application. You may be currently enrolled in a pre-requisite course during application.

Please fill out the following table. If you have taken a course more than once, please indicate all grades received in the box.

Pre-requisite Required Courses	Letter Grade Earned
ATHT 141	
CHEM 101 OR 121 (Lecture)	
CLAB 103 OR 123 (Lab)	
ENGL 101	
ENGL 102	
GBIO 151 (Lecture)	
BIOL 152 (Lab)	
HS 133	
MATH 161 (or equivalent)	
MATH 162, 163 OR 241	
PSYCH 101	
SE 101 (please put NA if you do not have to take)	
ZOO 250 (Lecture)	
ZOOL 252 (Lab)	
OTHER RECOMMENDED COURSES	
ZOO 251	
ZOOL 253	
FCS 342	
HIST Elective	
COMM 211	

Current cumulative GPA: _____

For more information please contact:

Erin Kennedy, MS, LAT, ATC
 Program Director
 Athletic Training Program
 Department of Kinesiology & Health Studies
 Southeastern Louisiana University Email:
erin.karch@selu.edu
 Phone: (985) 549-2276
 ATP Office: (985) 549-2350

**Southeastern Louisiana University
Department of Kinesiology and Health Studies
Athletic Training Program**

Application for Admission

The Athletic Training Program (ATP) application has been designed and implemented by the Athletic Training Program Admission and Retention Committee. Criteria for evaluation will be determined by the summation of the student's score from the categories listed below. Applicants will be ranked by his/her overall score.

Applications for admission must be completed in full and turned into the Athletic Training Program Office (New Kinesiology 1001A). All applications will be processed by the Athletic Training Program Admission and Retention Committee. Applicants will be notified individually within three (3) weeks of his/her interview regarding the status of formal admittance to the academic coursework and clinical progression portion of ATP.

I. PERSONAL INFORMATION:

(Please type or neatly print all information)

Today's Date: _____

Student W#: _____

Name: _____
(Last) (First) (Middle)

Local Address: _____
(City) (State) (Zip)

Cell Phone #: () _____

Permanent Address: _____
(City) (State) (Zip)

Email Address: _____ Date of Birth: _____

Emergency Contact Name: _____ Relation to you: _____

Emergency Contact Phone # _____

II. CRITERIA FOR EVALUATION:

Each applicant will be evaluated on two (2) categories. Academic Achievement and Professional Experiences Related to Athletic Training. **Academic Achievement** will account for 80% of the applicant's total score. Applicants will be evaluated on the successful completion of the first 35 prerequisite units. Applicants must have a minimum of a 2.5 cumulative GPA to be considered. **Professional Experiences Related to Athletic Training** will account for 20% of the applicant's total score.

III. ACADEMIC ACHIEVEMENT EVALUATION:

The outline below will serve as a guide for the Athletic Training Program Admission and Retention Committee to score the applicants Academic Achievement.

<u>Assignment of Point Value</u>	<u>Points</u>	<u>Percentage Score</u>
if GPA = 3.83 >	applicant earns 80 points	80%
if GPA = 3.64-3.82	applicant earns 70 points	70%
if GPA = 3.45-3.63	applicant earns 60 points	60%
if GPA = 3.26-3.44	applicant earns 50 points	50%
if GPA = 3.07-3.25	applicant earns 40 points	40%
if GPA = 2.88-3.06	applicant earns 30 points	30%
if GPA = 2.69-2.87	applicant earns 20 points	20%
if GPA = 2.50-2.68	applicant earns 10 points	10%
if GPA < 2.50,	application denied	

Total Points Awarded: _____

IV. RESUME WITH PROFESSIONAL EXPERIENCES:

(Please use this page as the cover page for this section)

The outline provided below should only be used as a guide to help the applicant properly organize his/her Professional Experiences Related to Athletic Training. *The Athletic Training Program Admission and Retention Committee will score each section, therefore, it is not necessary for the applicant to self score sections.*

Previous Student Athletic Training Experience(s)-Does NOT include required observation hours

- Supervised by an ATC 25 points
- Supervised by professional staff 15 points ea.
- Unsupervised 5 points ea. SUB-TOTAL_____

Professional Conferences/Meetings Attended

- NATA/District Meeting 10 points ea.
- LATA Symposium 8 points ea. SUB-TOTAL_____

Certifications/Professional Memberships

- SELU-SATA member (attend meetings/events) 8 points
- NATA, SEATA, LATA member 6 points
- ARC first responder 5 points
- EMT Certified/Firefighter 10 points SUB-TOTAL _____

TOTAL _____

100-95= 20pts	74-70= 15 pts	49-45= 10 pts	24-20= 5 pts
94-90= 19 pts	69-65= 14 pts	44-40= 9 pts	19-15= 4 pts
89-85= 18 pts	64-60= 13 pts	39-35= 8 pts	14-10= 3 pts
84-80= 17 pts	59-55= 12 pts	34-30= 7 pts	9-5= 2 pts
79-75= 16pts	54-50= 11 pts	29-25= 6 pts	<5= 1 pt

Total Points _____

V. LETTER OF INTENT:

The letter of intent is used to provide the Athletic Training Program Admission and Retention Committee with more insight as to:

1. Why you have chosen Athletic Training as a major
2. What your career and educational goals and expectations are
3. Your previous experiences as they relate directly to Athletic Training

The letter of intent should be no more than 2 pages, typed and single spaced. The letter of intent will not be used for scoring purposes, rather a way for the Athletic Training Program Admission and Retention Committee to obtain more information about each applicant.

This letter is a reflection of you. Please take this opportunity to introduce yourself to the committee. Use this letter to inform the committee of your passion towards both the field of Athletic Training and your college education.

VI. LETTERS OF RECOMMENDATION:

Each applicant will be required to obtain and submit three (3) letters of recommendation to be turned in with the completed application. The letters of recommendation will serve to assist the Athletic Training Program Admission and Retention Committee in further understanding each applicant's strengths and weaknesses and how they will be able to effectively contribute to the Athletic Training Program, as well as the Athletic Training profession. Each letter should be submitted in a sealed envelope with the reference's signature on the seal. Examples of references: High school teacher, college professor, former athletic trainer you have worked with, church leader, civic group/club leader, etc. The letters of recommendation will not be used for scoring purposes. Please provide the following information in the letters of recommendation:

1. Evaluator's Name
2. Position
3. How long have you known the applicant
4. In what capacity have you known the applicant (personal, professional, etc.)
5. Any other pertinent information the evaluator may feel is important to know about the applicant

You must have one of each of the following references

1. Professional
2. Personal
3. Character

VII. OTHER INFORMATION:

A. Students will be required to submit evidence of his/her current **Emergency cardiac care (ECC)/CPR card**. Students will be responsible for keeping and maintaining current CPR

certifications throughout his/her clinical progressions in the Athletic Training Program. Any student who is not in compliance with these standards will be subject to be withdrawn from the Athletic Training Program.

ECC must include all of the following:

- Adult CPR
- Pediatric CPR
- Second rescuer CPR
- AED
- Airway obstruction
- Barrier devices (e.g., pocket mask, bag valve mask)

Accepted providers:

Provider Name	Course Title
American Heart Association	ACLS
American Heart Association	BLS Healthcare Provider
American Heart Association	Heartcode BLS*
American Red Cross	CPR/AED for the Professional Rescuer
American Red Cross	Basic Life Support for Healthcare Providers
American Safety and Health Institute	CPR for Professionals
Emergency Care and Safety Institute	Health Care Provider CPR
National Safety Council	Basic Life Support for Health Care and Professional Rescuers

B. Students who are given formal admittance into the clinical progression portion of the Athletic Training Program will be subject to random drug testing, as well as criminal background checks.

VIII. SIGNATURE OF APPLICANT:

I certify that all information provided in this application and its supporting documents best portray me as an individual applying to the Athletic Training Program. Any false statements or intentional misrepresentations will result in the denial of my application.

(Signature of Applicant)

(Applicant's printed name)

(Date)

ATHLETIC TRAINING PROGRAM

HEALTH SCREENING

Checklist for Student

- _____ 1. Read the “Core Performance Standards for Admission into the Athletic Training Education Program” per attachment and provide your signature stating that you presented them to your physician during your physical examination.
- _____ 2. Complete the “Medical History Form”.
- _____ 3. Obtain a “Physical Examination” by your Doctor and have him/her complete the provided form with original signature.
- _____ 4. Have your physician complete and sign the “Core Performance Standards for Admission into the Athletic Training Program” signature page after completing your physical examination.
- _____ 5. Provide all documentation on TB, MMR, Tetanus and Hepatitis B per attached form.
- _____ 6. Sign the “Permission to Review Health Screening Information” form.

ATHLETIC TRAINING PROGRAM

CORE PERFORMANCE STANDARDS FOR ADMISSION AND PROGRESSION

Below are listed the performance standards of the professional Athletic Training Program. You should read these standards carefully and be sure you can comply with them. Southeastern Louisiana University and the Athletic Training Program expect that all applicants for admission possess and demonstrate the skills, attributes and qualities set forth below, with or without reasonable dependence on technology or intermediaries.

Issue	Standard	Examples of Necessary Activities
Critical Thinking	Critical thinking ability sufficient for clinical judgment; sufficient powers of intellect to acquire, assimilate, integrate, apply and evaluate information and solve problems	Identify cause-effect relationships in clinical situations, develop and implement athletic training care plans; respond without delay to emergency situations.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, variety of social, emotional, cultural, economic and intellectual backgrounds.	Establish rapport with patients/clients, colleagues and other health care personnel.
Communication	Communication abilities sufficient for interaction with others in verbal and written form. Utilizes effective communication skills to interact with patient/client, peers, and other health care personnel of various ages, cultural, economic and intellectual backgrounds in a variety of settings	Explain treatment procedures, initiate health teaching to individual clients, document and interpret athletic training actions and patient/client responses. Communicate information accurately and effectively with other departments/colleagues/client/families. Evaluate written orders, care plans and treatment requests.
Mobility	Physical abilities sufficient to move from room to room, athletic sidelines to athletic playing field, lift and position, maneuver in small places, and physical health and stamina needed to carry out athletic training procedures.	Move around in the athletic training room, work spaces, treatment areas & administer cardiopulmonary resuscitation. Lift, move, position and transport patients without causing harm, undue pain, and discomfort to the patient or one's self. Transport mobile equipment in timely and cautious manner.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective athletic training care.	Calibrate, use and manipulate equipment properly; position patients/clients, manipulate a computer, tape and wrap bandages; maintain sterility of equipment.
Sensory	Sufficient use of the senses of vision, hearing, touch, and smell; to observe, assess, and evaluate effectively (both close at hand and at a distance) in the classroom, laboratory, and clinical setting.	Hear emergency signals, auscultatory sounds, cries for help, perform visual assessments of patients/clients. Observe patients/clients responses; perform palpation, functions of physical examination and/or those related to therapeutic intervention.
Behavioral	Sufficient motivation, responsibility and flexibility to function in new, ever-changing and stressful environments. Adapts appropriately to ever changing needs of clients.	Adapts to assignment of patient and/or clinical/lab area in a manner that allows students to meet objectives while providing a safe, adequate patient care. Accountable for clinical preparation and independent study and performs athletic training functions in a safe responsible manner Ability to recognize the need for further research and respond accordingly based on changes in patient/client status since clinical assignment was made.

ATHLETIC TRAINING PROGRAM

CORE PERFORMANCE STANDARDS FOR ADMISSION AND PROGRESSION

STUDENT COMPLETES

I (Print Your Name) _____ have read the “Athletic Training Program Core Performance Standards for Admission and Progression” and presented them to my physician.

Student's Signature

Date

PHYSICIAN COMPLETES

Per my physical examination of (Print Students Name) _____, I confer that he/she is able to perform the technical/performance standards as I have answered below.

Physician Signature

Date

Please answer one of the following by placing an “X” in the space provided.

- _____ 1. Yes, the student can perform the above listed technical/performance standards as described above without reasonable dependence on technology or intermediaries.
- _____ 2. No, the student cannot perform the listed technical/performance standards as described without using some form of reasonable dependence on technology or intermediaries.

If you checked response #2 then complete the following section:

The following reasonable technological or intermediaries are needed for admission and progression into the Athletic Training Program:

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

(Attach other statements or documents as needed)

Medical History Form

Name: _____ W#: _____

Date of Birth: _____ Gender: _____

Have you had or do you currently have any of the following?

Respond by circling yes or no. *Explain yes responses on the back of this page.* Positive responses do not imply denial of entrance into the Athletic Training Clinical Program.

Visual Defects	YES	NO
Hearing Defects	YES	NO
Speech Defects	YES	NO
Cardiac Disease/Disorder	YES	NO
High Blood Pressure	YES	NO
Family History of Cardiac Disease	YES	NO
Tuberculosis, Lung, or Respiratory Problems	YES	NO
Hepatitis, Liver Disease	YES	NO
Sexually Transmitted Disease	YES	NO
Fainting Spells, Epilepsy or Convulsions	YES	NO
Diabetes	YES	NO
Kidney or Bladder Disease	YES	NO
Cancer	YES	NO
Back Injuries	YES	NO
Joint Injuries	YES	NO
Any Previous Surgeries	YES	NO
Immunosuppressive Therapy	YES	NO
Currently Under Chemical Dependency Treatment	YES	NO
Do you Smoke	YES	NO
Do you have Allergies	YES	NO
Do you have any communicable diseases?	YES	NO

Do you have a Disability that would prevent you from meeting the Core Performance Standards for the Athletic Training Program? YES NO

I have read the above and declare that I have no injury or illnesses other than as specifically herein noted. Any falsification or misrepresentation will be sufficient grounds for my release from the clinical progressions in the athletic training program.

Signature _____ Date: _____
(Student)

Physical Examination Form

Name: _____
 (Print Student's Name)

SKIN				
EYES				
VISION				
EARS				
HEARING				
NOSE/THROAT				
NECK				
CHEST				
HEART				
ABDOMEN				
HERNIA				
EXTREMITIES				
NEUROLOGICAL				
MENSTRUAL HISTORY				
	BP	T	R	P
COMMENTS				

I hereby certify that I have reviewed this patient's information. I have examined this patient and have found them to be free of communicable diseases. I have reviewed their records and find them current on all required immunizations.

Signature: _____
 (Original Signature)

Date _____

Documentation of Vaccination Status and TB Skin Test

TB SKIN TEST

Proof of **TB Skin Testing**

Attach a copy of entry into student's record at MD office

Date: _____

Vaccination Status

1. Proof of **Tetanus Immunization:**

Attach on of the following below to provide proof

- a. copy of entry into student's record at MD office
- b. copy of bill for Tetanus Injection
- c. copy of Immunization Record

Date: _____

2. Proof of **Rubella Immunization:**

Attach on of the following below to provide proof

- a. copy of entry into student's record at MD office
- b. copy of bill for Rubella Injection
- c. copy of Immunization Record

Date: _____

3. Proof of **Measles Immunization:**

Attach on of the following below to provide proof

- a. copy of entry into student's record at MD office
- b. copy of bill for Measles Injection
- c. copy of Immunization Record

Date: _____

4. Proof of **Mumps Immunization:**

Attach one of the following below to provide proof:

- a. copy of entry into student's record at MD office
- b. copy of bill for Mumps injection
- c. copy of immunization Record

Date: _____

5. Proof of **Hepatitis B Vaccination: or Waiver**

Attach one of the following below to provide proof:

- a. copy of entry into student's record at MD office
- b. copy of bill for Hepatitis B injections
- c. copy of immunization Record

Date: _____

MANDATORY HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious material. I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I understand that I must either provide evidence of immunization (3 injection series) or sign this waiver releasing the University and clinical agencies from any responsibility should I contract Hepatitis B. I release Southeastern Louisiana University, Athletic Training Program or any agency in which I attend clinical experiences of any responsibility for any consequences of this decision.

W Number

Signature

Date

Witness

Date

Permission to Review Health Screening Information

I *(print your name)*_____ give the Program Director of the Athletic Training Program my permission to review my medical records as required by the Athletic Training Program for purposes of my application for admission and progression into the Athletic Training Program. I am aware that they will be placed in a secured location.

Student Signature

Date

**Southeastern Louisiana University
Athletic Training Program**

Observation Hours

Applicants must submit 85 hours of observation time documented by a Certified Athletic Trainer (ATC). You must complete a minimum of 20 hours under an ATC from the Southeastern Louisiana University Athletic Training Staff during the fall semester of application.

During enrollment in ATHT 141, students will have the opportunity to obtain 60 hours of observation either on or off campus. Hours may be obtained over the course of multiple semesters, but will need to be arranged. Admission into the clinical progression portion of the Athletic Training Program will not be allowed until all 85 hours are complete. Students taking ATHT 141 during the fall of his/her application may be admitted on a conditional basis that all hours will be completed by the end of the semester.

Before a student is allowed to observe, he/she will have to be trained in HIPAA, Communicable Diseases, and sign a confidentiality agreement through the Kinesiology and Health Studies Department.

On campus observation policy:

On campus observation will be arranged. The student will need to inform his/her ATHT 141 instructor OR the program director of his/her desire to obtain hours. 2 week rotations will be assigned. During this time, it is the student's responsibility to communicate with the contact person and schedule hours. The student will only be allowed to observe at the site you are currently assigned.

Off campus observation policy:

Off campus hours may be done under the supervision of a licensed and certified athletic trainer. These will not be arranged by SLU faculty or staff. Before observation begins, the student will need to request a form to fill out with the ATC information, and obtain approval by the Program Director.

Time sheets:

Time sheets are to be turned in the Monday following the last day of the 2 week rotation, complete with all signatures, to the Athletic Training Program office, KHS 1001A. Observation hours will not count if the appropriate observation paperwork has not been completed.

Dress code:

Dress for observation should be professional. Clothing should be well-fitting. No tights/spandex, hats on indoors, clothing with other schools names/logos. Closed shoes must be worn at all times (i.e. tennis shoes).

Off Campus Observation Hours

In addition to recording the times in and out at the off campus observation hours site, please have the ATC provide the following information. Thank you.

<u>Date</u>	<u>Time In</u>	<u>Time Out</u>	<u>Observation Site</u>	<u>AT Signature</u>

Name	
Credentials	
BOC #	
LSBME # (if practicing in LA)	
Institution/ Company	
Title/Position	