

WELCOME LETTER!

Dear Applicant,

Thank you for your interest in the Athletic Training Education Program in the Department of Physical Therapy and Human Performance at Florida Gulf Coast University (FGCU). This letter is provided to guide you through the application process.

The Department of Physical Therapy and Human Performance offers a Bachelor of Science degree in Athletic Training. The program consists of 60 semester credit hours at the undergraduate, upper division level. Students seeking admission to the Athletic Training Education Program should apply and be accepted to FGCU prior to submission of application materials.

Students enter the Athletic Training Education Program in the fall of each year. Students are required to successfully complete all lower division general education and elective courses, and to complete all of the Florida State University System (SUS) Common Prerequisite Courses for the Athletic Training Education Program prior to entering the program. The (SUS) Common Prerequisite Courses for the Athletic Training Education Program are outlined on the department website at <http://www.fgcu.edu/CHP/PT/ATBS/degreq.asp>. If you have questions about these requirements, please contact the College of Health Professions advising office at (239) 590-7495.

The Athletic Training Education Program conducts a competitive admissions process. For priority consideration, all application materials must be received by May 1st of the year in which entry is sought. Application materials received after May 1st will be considered on a space available basis. Incomplete applications will not be accepted.

Begin now to make requests to all institution(s) of higher education attended, other than FGCU, to have your official transcripts mailed to you. Upon receipt of transcripts, do not open the original sealed envelope. If the seal is broken, transcript will not be considered official and will not be accepted. Official Transcripts should be included with application materials submitted to the Athletic Training Education Program.

The Department of Physical Therapy and Human Performance Admissions and Recruitment Committee reviews all complete applications submitted. Applicants meeting all minimum admissions criteria are rank ordered to select the top-qualifying applicants. The rank assigned to each applicant will be determined based on the ranking policy outlined on the program website at <http://www.fgcu.edu/CHP/PT/ATBS/rankingpolicy.html>. Written notification of the applicant's admission status will be mailed to the applicant. The Athletic Training Education Program is a limited access program and enrollment is limited; therefore, all qualified applicants may not be admitted.

Please visit our website: <http://www.fgcu.edu/chp/pt/atbs> for additional information about the Program, faculty and students. We look forward to hearing from you!

Sincerely,

Sharon Irish Bevins, PhD, PT
Chair
Department of Physical Therapy and Human Performance

ATHLETIC TRAINING APPLICATION

BIOGRAPHICAL INFORMATION

_____	_____	_____	_____
Last Name	First Name	M.I.	University Identification Number
_____	_____	_____	_____
Mailing Address	_____	City	State Zip Code
(_____) _____	(_____) _____	_____	_____
Home Phone	Cell Phone	_____	E-mail address

APPLICATION CHECKLIST

If currently enrolled as an FGCU student complete section B only. If not enrolled as an FGCU student, please complete sections A and B below.

OFFICE USE ONLY

- _____ : Completed **A.** If currently not enrolled as a Florida Gulf Coast University (FGCU) student, apply and be accepted to FGCU by May 1st <http://www.fgcu.edu/admissions.asp>
- _____ : Completed **B.** Complete and submit the following items to the FGCU Athletic Training Education Program
- _____ : Completed 1. Athletic Training Application Checklist
- _____ : Completed 2. Official transcripts from all institutions attended (except FGCU) submitted with application (only original, unopened transcripts will be considered official and is in addition to transcripts submitted for admission to FGCU)
- _____ : Completed 3. Athletic Training Education Program Portfolio, which includes the following:
- Resume
 - Responses to Sections 2 and 3 on the Athletic Training Portfolio Development Guidelines
- _____ : Completed 4. Submit the following Athletic Training Application Materials:
- Medical History Form (*Signed by Health Care Provider*) (page 5)
 - Immunization Requirements Form (*Signed by Health Care Provider*) (page 6)
 - Include Immunization records, vaccines and screening tests
 - Physical Exam Form (*Signed by Health Care Provider*) (page 7)
 - Technical Standards Signature Form (*Signed by Health Care Provider*) (page 8)
 - Present and Future Coursework Planning Sheet (page 9)
 - Prerequisite GPA Calculation Sheet (page 10)
 - Course Equivalent Substitution Form (*if applicable*) (page 11)
 - Validation of Athletic Training Shadowing Experience Forms (page 12)
 - OSHA Training Certificate of Completion - www.citiprogram.org (attach to Shadowing Forms)
 - Hepatitis B Waiver Form (*if applicable*) (page 15)

The deadline for submission of application materials is May 1st

These materials (Section B) should be submitted to:
Florida Gulf Coast University
College of Health Professions
Attn: CHP Advising Office
10501 FGCU Blvd South
Fort Myers, FL 33965-6565

PLEASE REMEMBER TO RETAIN A COPY OF ALL MATERIALS FOR YOUR RECORDS

ADMISSION PORTFOLIO DEVELOPMENT GUIDELINES

Athletic Training Education Program

*These guidelines are designed to assist you in developing an application portfolio that represents your best attributes to the Department of Physical Therapy and Human Performance Admissions and Recruitment Committee. **Please note that only completed application portfolios for the Athletic Training Education Program are sent forward to the Department of Physical Therapy and Human Performance Admissions and Recruitment Committee. Write your name and University Identification number at the top of every item submitted. All writing in the portfolio must be your own original work.***

1) RESUME *Please include a resume that incorporates the following information:*

Education History

- Starting with the most recent institution first, list all post-secondary institutions attended (*dates attended, major, degrees if any*)
- List continuing education courses

Employment History Start with the most recent employer, and for each position held, include:

- Company/Agency name
- Description of agency (workplace, company, institution)
- Position and Responsibilities
- Length of employment
- Personal contributions to agency (describe significant achievements)
- Describe how this employment experience contributed to your growth

Volunteer Activity

- Agency/Organization name
- Description of agency/organization
- Position and Responsibilities
- Personal contributions to agency (describe significant achievements)
- Describe how this volunteer experience contributed to your growth

Achievements

- Awards/Honors
- Published Material
- Leadership Positions
- Involvement in professional and/or student organizations or honor societies

Athletic Training Education Portfolio Development Guidelines (Cont'd.)

SECTIONS 2 & 3:

Please answer each question separately. The total length of your answers for Section 2 and Section 3 should be no more than six double-spaced typed pages. The Physical Therapy and Human Performance Admissions and Recruitment Committee will not review information beyond six pages for Sections 2 and 3. These sections must be typed in order to be readily legible. No smaller than 12 point font size will be accepted.

2) PREPARATION FOR A CAREER IN ATHLETIC TRAINING:

a. Based on your previous experiences:

- **List** and **discuss** positive characteristics that you have observed in Athletic Training professionals that you would associate with quality, caring and professional service. **Explain** why you believe these are important characteristics.
- The role of an Athletic Training professional encompasses many responsibilities. **List** and **discuss** ten responsibilities of a professional in the Athletic Training field that you have observed.

b. **Summarize** your life experiences that have contributed to your interest in the Athletic Training field as a career.

c. **Describe** talents, aptitudes, and gifts that you possess and **elucidate** how these will enhance your career in Athletic Training.

d. **Discuss** your previous educational experiences **and** how your goals were met or not met.

3) PREPARATION FOR BECOMING AN ATHLETIC TRAINING STUDENT AT FGCU:

There is a very diverse delivery of curriculum in the FGCU Athletic Training Education Program. The Program uses an active, modified problem-based learning model, with complementary computer-based learning activities.

a. **Discuss** your experience and/or willingness to participate in active, problem-based learning and/or other active learning strategies.

b. **Discuss** your experience and/or willingness to use technology for learning activities.



Medical History

(Must be completed prior to visit with Health Care Provider)

Name: _____ FGCU ID # _____ (Last, First, Middle)

Date of Birth: ____/____/____ Age: _____ Gender: _____ E-mail: _____

Cell Phone:(____) _____ Home Phone:(____) _____

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

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

Person to notify in case of emergency: _____ Relationship to you: _____

Phone: (____) _____ Address: _____ (Street) (City) (State) (Zip)

FAMILY HISTORY (Parents, Siblings, Grandparents) Check where applicable

- Alcoholism, Anemia, Arthritis, Asthma, Blood Disorder, Cancer, Convulsions, Diabetes, Epilepsy, Heart Disease, High Blood Pressure, Kidney Disease, Mental Illness, Migraines, Sickle Cell, Stroke, Sudden Death, Tuberculosis, Other (Specify)

PERSONAL HISTORY check where applicable

- Arthritis, AIDS/HIV, Alcoholism, Anemia, Anxiety, Asthma, Bladder/Kidney Infection, Blood Disorder, Cancer, Cardiac Abnormalities, Chronic Cough, Chronic Kidney Disease, Congenital Anomaly, Constipation, Depression, Diabetes, Drug Addiction, Eating Disorder, Emotional, Fainting/Dizziness, Frequent Colds, Gastrointestinal Problems, Headache, Heart Disease, Hepatitis, Hypertension/High Blood Pressure, Insomnia, Mental Illness, Migraines, Obesity, Rheumatoid Disease, Seasonal Allergies, Seizures/Epilepsy, Sickle Cell, STD, Thyroid Disease, Tuberculosis

Are you under treatment for any medical/emotional condition? (describe): _____

Past surgeries (describe): _____

Past serious illness/injury (describe): _____

ALLERGIES check where applicable

- No Known Drug Allergies, Aspirin, Penicillin, Codeine, Sulfa, Name of other drug, Reaction to drug, Latex, Food, Animal, Insect, Other (please specify)

MEDICATIONS check where applicable

- None, Over the Counter, Oral Contraceptives, Vitamins, Herbal, Prescription, Illicit Drugs, Other

INSURANCE INFORMATION

Do you have medical insurance? Yes No If yes, Name of company: _____

Reason for today's visit: _____

Permission is hereby granted for the FGCU Student Health Services professionals and staff to carry out indicated medical or surgical treatments. Cases requiring specialized and/or emergency care will be referred to an appropriate medical setting or professional.

Signature of Student / Parent or Legal Guardian (if minor): _____ Date: _____

Health Care Provider Signature: _____ MD/DO/NP/PA

Date: _____

IMMUNIZATION REQUIREMENTS

Athletic Training

****This form must be completed by SHS/Immunizations or your own physician PRIOR TO your physical exam****

Immunizations, Screening tests and Vaccines listed below are required prior to entering the Athletic Training Program. The Athletic Training Program requires additional immunizations above and beyond University Requirements. All immunizations, screening tests and vaccines must be reviewed by the attending health care provider during your Physical Exam. Dates should be noted, by the health care provider, for each item listed, and approved as indicated at the bottom of the page. **PLEASE NOTE THAT IMMUNIZATIONS MUST BE COMPLETE PRIOR TO A PHYSICAL EXAM.**

Official documentation (vaccine records) **must** be provided to the attending health care provider/immunization department for all immunizations (see note regarding Hepatitis B series requirements) listed below in conjunction with completion of your Physical Exam. Official documentation **must also** be submitted with application materials for the Athletic Training Education Program.

A. University required immunizations:

STATE REQUIRED	Vaccination	Month/Day/Year	Month/Day/Year	Month/Day/Year	
	MMR 1 st vaccine must be given after 12 months of age; must be in 1969 or later; 2 nd dose must be at least 28 days after 1 st dose	/ /	/ /	/ /	*The Measles, Mumps, and Rubella vaccines can be substituted with (2) MMR vaccines OR positive Rubella/Rubeola titers
	MEASLES Vaccine 1 st dose in 1968 or later; 2 nd dose at least 28 days after 1st	/ /	/ /	/ /	
	MUMPS Vaccine	/ /	/ /	/ /	
	RUBELLA Vaccine	/ /	/ /	/ /	
	RUBELLA TITER RUBEOLA TITER	/ /	/ /	Positive/Negative	

B. Athletic Training Program required immunizations, vaccines and screening tests:

ATHLETIC PROGRAM REQUIREMENTS	HEPATITIS B	Month/Day/Year	Month/Day/Year	Month/Day/Year	
	Series of 3 vaccinations at 0, 1 & 6 months AND a Positive Titer OR sign waiver	/ /	/ /	/ /	
	HEPATITIS B TITER Must provide lab work document	/ /	/ /	Positive/Negative	
	PPD/TB Must remain current while enrolled in Athletic Training Program: A positive TB test result must be followed up with a chest x-ray and/or verification of inactive status	/ / Date placed	/ / Date Read	/ /	Result: _____mm induration Positive () Negative ()
	Tetanus Diphtheria (TD/TDAP) Must be within 10 years & remain current while enrolled	/ / TD	/ / Adacel® Tdap	/ /	/ / Boostrix® Tdap
Varicella Series of 2 vaccinations OR Titer	/ /	/ /	/ /	TITER DATE & RESULTS	

➤ Students must complete the series & have a positive titer or Complete the Hepatitis B Waiver Form (page 15).

Health Care Provider Signature: _____ **MD/DO/NP/PA** **Date:** _____

*Signature indicates immunizations have been reviewed and discussed with the applicant by the medical provider.
(An FGCU SHS Immunization approved document may be attached)*

It is important that you retain a copy of all information submitted to the Department of Physical Therapy and Human Performance for your personal records and for future use in the Athletic Training Education Program.



PHYSICAL EXAM FORM
Athletic Training

Name: _____ UIN#: _____

Height: _____ Weight: _____ lbs. Allergies: _____

Pulse: _____ BP: _____ Temp: _____ F° Age: _____

Eyes: Are glasses worn? _____ No _____ Yes

Visual Acuity: Right 20/_____ Corrected to 20/_____

Left 20/_____ Corrected to 20/_____

Ears: Is hearing reported as normal? _____ No _____ Yes

Comment:

- Skin..... Normal () Abnormal () Not Examined ()
Eyes, Head Normal () Abnormal () Not Examined ()
Ears, Nose/Sinuses..... Normal () Abnormal () Not Examined ()
Throat..... Normal () Abnormal () Not Examined ()
Thyroid/Neck..... Normal () Abnormal () Not Examined ()
Teeth/Mouth Normal () Abnormal () Not Examined ()
Lymph Nodes..... Normal () Abnormal () Not Examined ()
Lungs and Chest..... Normal () Abnormal () Not Examined ()
Heart..... Normal () Abnormal () Not Examined ()
Pulses..... Normal () Abnormal () Not Examined ()
Abdomen..... Normal () Abnormal () Not Examined ()
Extremities/Joints..... Normal () Abnormal () Not Examined ()
Spine..... Normal () Abnormal () Not Examined ()
Neurologic/DTRs Normal () Abnormal () Not Examined ()
Hernia Exam Normal () Abnormal () Not Examined ()
Genitals..... Normal () Abnormal () Not Examined ()

Health Care Provider Signature: _____ MD/DO/NP/PA

Date: _____

Name: _____

UIN: _____

Department of Physical Therapy
and Human Performance
College of Health Professions
Florida Gulf Coast University

TECHNICAL STANDARDS SIGNATURE FORM

Athletic Training

The Athletic Training Education Program at Florida Gulf Coast University is a very intense program that requires the student to have the knowledge and physical ability to perform specific tasks. The technical standards listed below, established by Florida Gulf Coast University, represent the qualities and abilities the student must possess to succeed in the Athletic Training Education Program.

1. Possess sufficient verbal and non-verbal communication skills that are necessary to communicate effectively within diverse situations and to people with different social and cultural backgrounds.
2. Demonstrate professional behaviors and standards needed to assimilate, analyze, and clearly process in a logical, practical manner to effectively implement proper care to the physically active individual through the use of established protocols.
3. Demonstrate a calm demeanor during highly stressful/emergency situations and make sound judgments concerning the physically active and the medical professional.
4. Ability to develop a rapport with fellow students, health care professionals, clinical instructors, and other individuals to insure quality medical attention is achieved.
5. Ability to record information given by individuals such as athletes, medical personnel and instructors efficiently and accurately.
6. Sufficient strength, coordination, auditory perception, and sensory function to be able to perform physical examinations as well as position, transport and assist in the moving of an individual.

The student may request accommodation to one or more of the standards to the FGCU Office of Adaptive Services. The phone number is 239-590-7956.

STUDENT NAME: _____ (Please print)

I certify that I have read and understand the physical requirements and technical standards of the Florida Gulf Coast University Athletic Training Education Program.

Student Signature

Date

I certify that I have read and understand the physical requirements and technical standards of the Florida Gulf Coast University Athletic Training program. I certify that the student named above is physically able to meet the technical standards listed above based on my physical examination.

Health Care Provider Name (Please print)

Health Care Provider Signature (MD/DO/NP/PA)

Date

Name: _____

UIN: _____

PRESENT / FUTURE COURSE WORK PLANNING SHEET

Athletic Training

COLLEGE/UNIVERSITY RECORD

List all college/university-level courses in which you are *presently enrolled*.
Please note that enrollment in the program is contingent upon you providing official
documentation of completion of courses listed as admission requirements.
(Attach a separate sheet if necessary.)

Course Title & Course Number	College or University	Sem./Qtr. Hours	From	To
			Mo./Yr.	Mo./Yr

List any college/university-level courses not listed above you ***expect to complete prior to the first class day***.
Please note that enrollment in the program is contingent upon you providing
official documentation of completion of courses listed as admission requirements.
(Attach a separate sheet if necessary.)

Course Title & Course Number	College or University	Sem./Qtr. Hours	From	To
			Mo./Yr.	Mo./Yr

CERTIFICATION

I certify that all information provided on this application is true and correct to the best of my knowledge. I also pledge on my honor that all application materials were authored solely by me in accordance with this certification statement. I acknowledge that any misrepresentation of information will nullify my application for admission, and if enrolled, will result in disciplinary action, which may include dismissal from the College of Health Professions and/or the University.

Signature _____ Date _____

Please note that the Athletic Training Education Program is a Limited Access Program. Admission to this program is competitive and based on an evaluation of all required submitted materials. Because enrollment is limited, all qualified applicants may not be admitted.

Name: _____

UIN: _____

PREREQUISITE GPA CALCULATION SHEET

Athletic Training

The following are instructions for calculating the prerequisite grade point average (GPA). These instructions apply to all institutions that use a 4-point scale. Courses in which you earned a "Pass/Fail", "Satisfactory/Unsatisfactory", or "Incomplete" do not generate grade points, so do not include them in your calculation. Please complete the table below:

1. indicate the institution at which you took the prerequisite course in the column, "College/University"
2. if you have not yet completed a course, add no information to that line and move down to the next course
3. if you have written approval from the Department of Physical Therapy and Human Performance at FGCU for a course to serve as an equivalent to one of these prerequisites, write in the course prefix number for the course being used as the equivalent in the space following the related prerequisite course (for example **BSC 1010C** BIO 101), and fill in the appropriate information for the equivalent course
4. indicate the earned semester credit hours for the course in the column, "Credit Hours"
5. indicate the earned letter grade for the course in the column, "Letter Grade"
6. indicate the value of the grade* for the course in the column, "Grade Value"
7. multiply the number of credit hours by the grade value for that course and place the value of the product in the column, "Grade Points"
8. if a course has a separate credit (and grade) allocation for the lecture and lab, use both lines for that course (lecture on one line and lab on the other). If the lecture and lab are combined in the credit (and grade) allocation, use only the first line
9. add the figures in the column, "Credit Hours" and indicate the total
10. add the figures in the column, "Grade Points" and indicate the total
11. divide the total number of grade points by the total number of credit hours and indicate the "Grade Point Average".

Grade*	A+	A	A-	AB	B+	B	B-	BC	C+	C	C-	CD	D+	D	D-	DF	F
Value	4.0	4.0	3.7	3.5	3.3	3.0	2.7	2.5	2.3	2.0	1.7	1.5	1.3	1.0	0.7	0.5	0.0

Special Notes: If your institution used a 3.0 or 5.0 scale, a Pass/Fail system, numeric grades such as percentages or points, or uses a quarter instead of a semester system, this form does not apply. In these cases FGCU Office of Admissions will be asked to determine the GPA, and you do not need to complete this form.

Course (or FGCU equivalent)	College/University	Semester/ Year	Credit Hours	Letter Grade	Grade Value	Grade Points
BSC X085C Anatomy & Phys. I						
<i>Lab:</i>						
BSC X086C Anatomy & Phys. II						
<i>Lab:</i>						
BSC1010C General Biology I						
<i>Lab:</i>						
PHY2053C College Physics I						
<i>Lab:</i>						
HSC 2577 Human Nutrition						
PSY X012 Gen Psychology						
STA 2023 Statistics						
Totals				NA	NA	
	Grade Point Average:					

COURSE EQUIVALENT SUBSTITUTION FORM (if applicable)

Instruction to the Applicant:

A request for any course to be accepted as a substitute for a prerequisite or required course must be made in writing to the Department of Physical Therapy and Human Performance. In order to request that a course be reviewed for equivalency to one of the prerequisite or required courses, an applicant/student must:

1. Submit in writing a letter directed to the Department of Physical Therapy and Human Performance Admissions and Recruitment Committee explaining the request.
2. Complete Part I of this form with your request, including specification of the prerequisite or required course, identification of the course being suggested as an equivalent to the prerequisite or required course with the course number, course title, and institution where the course was taken
3. Attach to this form a copy of the course description from the course catalog for the course being suggested as an equivalent to the prerequisite or required course.
4. Attach to this form a copy of the course syllabus for the course being suggested as an equivalent to the prerequisite or required course.

These materials are reviewed by FGCU faculty and a decision about course equivalence is made by the Department of Physical Therapy and Human Performance. The applicant/student is notified in writing of the decision.

PART 1: (To be filled out by the applicant)

Applicant's/Student's Name: _____ UIN _____

Applicant's/Student's Request: _____

Prerequisite or Required Course: _____

Suggested Equivalent Course: _____
(course number and title)

_____ (institution where course was completed)

(Please DO NOT write below this line)

PART 2: (To be filled out by Department of Physical Therapy and Human Performance Admissions and Recruitment Committee)

The applicant/student has had the equivalent of _____
(prerequisite course)

Signed: _____
(FGCU faculty member reviewing the course equivalence)

Date: _____

Signed: _____
(Chair, Department of Physical Therapy and Human Performance)

Date: _____

One copy of this completed form will be provided to the student, a second copy placed in the applicant's/student's file, and a third copy is kept in a central Department of Physical Therapy and Human Performance file.

ATHLETIC TRAINING SHADOWING EXPERIENCE

Athletic Training

The objective for the applicant's shadowing experience is direct observation of the various settings and professional responsibilities of a licensed and certified athletic trainer (ATC, LAT). Volunteer opportunities, while helpful to the applicant, are not the focus of the shadowing experiences.

Instructions for Validation of Athletic Training Shadowing Experience Form

1. It is the responsibility of each applicant to complete a minimum of **two** shadowing experiences, for a **total of 50 hours**. It is the responsibility of each applicant to locate facilities willing to participate in the shadowing experience. It is recommended that you observe an ATC, LAT in the activities of examination, diagnosis, prognosis, and intervention.
2. Every one of the required hours of the shadowing experience must occur under the supervision of an ATC, LAT.
3. **Before beginning your shadowing experience you must complete OSHA/Bloodborne Pathogens Training. Training can be completed online at www.citiprogram.org. Upon completion, you must print the completion certificate from the website and include in your application packet. Registration Instructions are located at <http://www.fgcu.edu/CHP/PT/ATBS/pats.html> (Prospective Athletic Training Student PATS).**
4. An applicant must complete two shadowing experiences. If you are unsure whether a site is appropriate, please call the Florida Gulf Coast University Department of Physical Therapy and Human Performance for clarification (phone: 239-590-7530; email: jcraddoc@fgcu.edu).
5. Work experience or school related experiences cannot be used for shadowing experiences.
6. Some facilities may require several hours of orientation prior to being allowed to shadow the ATC, LAT. These hours cannot be counted towards the 50 hours shadowing requirement. The applicant may choose to participate in a shadowing experience in a facility with such requirements; however, the applicant must complete 50 hours of shadowing of an ATC, LAT beyond the orientation requirement.
7. The shadowing experience must be validated by a licensed ATC, LAT.
8. If the 50 hours of shadowing does not provide enough exposure to Athletic Training to answer the portfolio essay questions, you may choose to spend additional shadowing hours with an ATC, LAT. We wish to clarify; however, that any hours in excess of the 50 required hours of shadowing will in no way affect the evaluation of this portion of your portfolio.

VALIDATION OF ATHLETIC TRAINING SHADOWING EXPERIENCE I

Athletic Training

Applicant's Name _____ UIN _____

Dear Practitioner,

The objective for the applicant's shadowing experience is a direct observation of the various settings and professional responsibilities of a licensed and certified athletic trainer (ATC, LAT). All aspects of the job of a ATC, LAT are a valuable exposure, from treatment preparation, to communication with other professionals, through service delivery. Volunteer opportunities, while helpful to the applicant, are not the focus of this shadowing experience.

Because of the changing nature of athletic training practice, it is required that the shadowing experience has occurred within two years of the application date.

Name of facility: _____

Name of ATC/L: _____

Certification Number: _____ State License Number: _____

Mailing address of the facility: _____

Phone Number of the facility: (____) _____

Type of facility: _____

Please validate that the applicant has met the minimum requirement of the shadowing experience with you and that the following conditions were met:

- This shadowing experience provided an opportunity for the applicant to observe characteristics of an ATC, LAT that are associated with quality, caring, and professional service.
and
- This shadowing experience provided an opportunity for the applicant to observe a minimum of ten responsibilities of an ATC, LAT.
- This shadowing experience provided _____ hours toward the minimum requirement of 50 hours at two different observation sites.

Additional Comments: _____

Date(s) of shadowing: _____

(ATC, LAT signature)

Date

VALIDATION OF ATHLETIC TRAINING SHADOWING EXPERIENCE II

Athletic Training

Applicant's Name _____ UIN _____

Dear Practitioner,

The objective for the applicant's shadowing experience is a direct observation of the various settings and professional responsibilities of a licensed and certified athletic trainer (ATC, LAT). All aspects of the job of a ATC, LAT are a valuable exposure, from treatment preparation, to communication with other professionals, through service delivery. Volunteer opportunities, while helpful to the applicant, are not the focus of this shadowing experience.

Because of the changing nature of athletic training practice, it is required that the shadowing experience has occurred within two years of the application date.

Name of facility: _____

Name of ATC/L: _____

Certification Number: _____ State License Number: _____

Mailing address of the facility: _____

Phone Number of the facility: (____) _____

Type of facility: _____

Please validate that the applicant has met the minimum requirement of the shadowing experience with you and that the following conditions were met:

- This shadowing experience provided an opportunity for the applicant to observe characteristics of an ATC, LAT that are associated with quality, caring, and professional service.
and
- This shadowing experience provided an opportunity for the applicant to observe a minimum of ten responsibilities of an ATC, LAT.
- This shadowing experience provided _____ hours toward the minimum requirement of 50 hours at two different observation sites.

Additional Comments: _____

Date(s) of shadowing: _____

(ATC, LAT signature)

Date



Florida Gulf Coast University
Department of Physical Therapy and Human Performance

HEPATITIS B IMMUNIZATION WAIVER

Hepatitis B virus infection is principally transmitted by contact with blood, blood products, and body fluids (saliva, tears, breast milk, etc.) of the infected person. Exposure to infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane potentially result in contracting the Hepatitis B virus. Health care workers who are exposed to any of the above are among the highest at risk for contracting Hepatitis B virus.

Among the people at highest risk of contracting hepatitis B infection are health care workers who are exposed to the infectious blood, blood products, or body fluids by cuts, needle sticks, or abrasions that may result in introduction of the infectious blood or body fluid into the skin or mucous membrane. If you have additional questions or concerns regarding these risks, please contact your personal health care physician and/or nurse practitioner.

Hepatitis B infection manifests itself in symptoms of jaundice, skin rash, headache, arthritis, fatigue, loss of appetite, and abdominal pain. The disease is fatal for 1% of the persons who contract it, and between 5% and 10% of the victims become chronic carriers who may later be predisposed to liver cancer or chronic liver impairment.

Hepatitis B Virus vaccine has been developed to prevent this infection. For immunization protection, three 1.0 ml intramuscular injections of the vaccine are administered at 0, 1, and 6 months. High titers of antibodies are produced in 95% of normal adult recipients. The duration of protection and need for booster doses has not yet been determined. Testing for immunity after vaccination is not routinely recommended unless you are in a health care profession or a profession at high risk of exposure to the disease.

As a student in the Department of Physical Therapy and Human Performance at Florida Gulf Coast University, you are required to provide proof of hepatitis immunization or sign a waiver. The Department of Physical Therapy and Human Performance encourages you to complete the Hepatitis B immunization series for your protection. If you elect to waive the Hepatitis B immunization series, sign below and return this form to the Department of Physical Therapy and Human Performance.

I understand that due to my occupational/educational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given sufficient time to complete the hepatitis vaccination schedule, however, I decline hepatitis B vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. I also am aware that by declining this vaccine, I may not be able to enter into a clinical affiliation with certain health care facilities which require the vaccine.

Date

Student Signature

Date

Witness