“be open to learn and understand what you don’t know”

“be prepared to react and respond to opportunities”

“nothing is achieved alone, it’s all about teamwork”

“embrace change”

“be humble and courageous”

GROWTH MINDSET
## Table of Contents

**Preface**
- Table of Contents ... i
- Introduction ... ii
- Standards of Operation - Chain of Command ... iii
- What is Athletic Training ... iv
- NATA Code of Ethics ... vii
- Athletic Trainers – Not “Trainers!” ... ix

**Section 1: Athletic Training/ Sports Medicine Program**
- Mission Statements ... 1-3
- Accreditation Status ... 1-3
- Educational Goals and Objectives ... 1-4
- Admission to the Program ... 1-4
- Technical Standards for Admission ... 1-5
- Transfer Students ... 1-6
- Pre-Professional Component Classes ... 1-6
- Professional Component ... 1-7
  - Athletic Training/Sports Medicine and Doctorate in Physical Therapy ... 1-7
- Course Outline for a Degree in Athletic Training/Sports Medicine ... 1-8
- Course Descriptions ... 1-9
- Academic Policy ... 1-12
  - Admissions, Progression, and Retention ... 1-12
  - Student Appeals Process ... 1-16
- Quinnipiac University Academic Integrity Policy ... 1-18

**Section 2: Clinical Education**
- Clinical Education Definitions ... 2-3
- Clinical Education ... 2-5
  - Clinical Education Plan ... 2-6
- Clinical Education Policy ... 2-10
  - Clinical Scheduling Guide ... 2-12
  - Pre-Season Transition Policy ... 2-13
  - Request for Additional Clinical Experience ... 2-14
  - Extracurricular Participation ... 2-15
- Professional Demeanor Policy ... 2-15
  - Personal Conduct ... 2-16
  - Media Policy and Acknowledgement Form ... 2-18
  - Professional Dress Policy ... 2-20
- Student Conduct Policy ... 2-22
- Sexual Harassment (NATA Brochure) ... 2-23
- HIPPA Final Rules Information ... 2-24
- CITI Stages Modules (Online OSHA training) ... 2-28
- Immunization Requirements for Students in the Health Professions ... 2-31
- Quinnipiac University Student Exposure Control Plan For Blood borne and Airborne Pathogens ... 2-33
  - Quinnipiac University Student Incident Report Form ... 2-46
  - Student Accident Insurance (QU Brochure) ... 2-49
Introduction

Welcome to Quinnipiac University and its Athletic Training/ Sports Medicine (AT/SM) Program as an athletic training student. You have taken on a great deal of responsibility and put yourself in a very rewarding position that will help you meet your professional goals and objectives. We, as a faculty and staff, commend your desire to become a certified athletic trainer and are pleased to have you within our ranks.

The AT/SM Program provides a bilateral approach to your education, academic coursework within a comprehensive athletic training degree and supervised clinical experience. Graduation from our CAATE (www.CAATE.net) accredited program (May 2009) allows you to obtain eligibility to sit for the BOC examination.

As an athletic training student, we have great expectations of you. We expect you to be ethical, reliable, dependable, loyal, diligent, and dedicated in your efforts. We also expect you to conduct yourself with the highest degree of decorum, to be academically sound, and to represent yourself, our program, our staff, and the university with professionalism beyond reproach.

Being an athletic training student at Quinnipiac University is a great privilege and responsibility. You are not only responsible for the health and welfare of the patient in your charge but you represent the University and our program. Any misconduct that compromises the image or integrity of this program, Quinnipiac University, or puts the health of patients at risk is grounds for dismissal from the AT/SM Program. Violations of procedures or policies of this program will be grounds for a warning from the faculty or staff. Repeated violations are grounds for dismissal.

It is the athletic training faculty and staffs’ intention that your experiences here be enjoyable and educational. We will attempt to provide you with the knowledge and skill necessary to be an outstanding athletic trainer. In return, we ask for and expect your cooperation, dedication, loyalty, and enthusiasm. Again, welcome to our program. We are glad to have you and we look forward to a profitable, educational, and longstanding relationship.
Standards of Operation - Chain of Command

In order for the athletic training and sports medicine program to function smoothly and consistently, the following chain of command is in effect. Decisions on questionable matters should always be referred to the next higher-ranking individual that is immediately available.

Chair, Department of ATSM, Program Director (Stephen Straub)

Dean, School of Health Sciences (William Kohlehepp)

Medical Director/ Team Physician (Robert Henry, MD)

Medical Director/ Team Physician (David Wang, MD)

Athletic Director (Greg Amadio)

Clinical Director of Athletic Training Services/ACP (Ernie Hallbach)

Associate Chairperson Susan Norkus

Executive Vice President/ Provost (Mark Thompson)

University President John L. Lahey

Associate Head Athletic Trainer (Jennifer Mead)
Sr. Associate Athletic Trainer (Dan Smith)

Certified Athletic Trainers APCs (Bartolotta, Gaydos, Garriess, MacDonough-Civatello, Mella, Pallone, Tagliaivini)

Intern and GA Certified Athletic Trainers

AT Faculty / Clinical Coordinator (Ken Kosiór, Meghan Lewis)

AT Faculty Dana White, Todd Botto, Lenn Johns

All Clinical Preceptors (on & off campus)

Academic GAs

Athletic Training
What is Athletic Training
(from the website: http://www.nata.org/about/athletic-training)
Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession.

Who are athletic trainers?
Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Athletic trainers work under the direction of a physician as prescribed by state licensure statutes.

Athletic trainers are sometimes confused with personal trainers. There is, however, a large difference in the education, skillset, job duties and patients of an athletic trainer and a personal trainer. The athletic training academic curriculum and clinical training follows the medical model. Athletic trainers must graduate from an accredited baccalaureate or master’s program, and 70% of ATs have a master’s degree.

Athletic trainers function under a physician’s direction.
The terms "direction" and "supervision" mean two different things. Most importantly, supervision may require the on-site physical presence of the physician and that the physician examines each and every patient treated by an athletic trainer. Direction, on the other hand, requires contact and interaction, but not necessarily physical presence.

Typical patients and clients served by athletic trainers include:

- Recreational, amateur, and professional athletes
- Industrial, military, public safety personnel
- Individuals who have suffered musculoskeletal injuries
- Those seeking strength, conditioning, fitness, and performance enhancement
- Others delegated by the physician

Some places athletic training services are provided include:

- Athletic training facilities
- Schools (K-12, colleges, universities)
- Amateur, professional and Olympic sports venues
- Clinics
What education does a certified athletic trainer need?

Students who want to become certified athletic trainers must earn a degree from an accredited athletic training curriculum [Commission on Accreditation of Athletic Training Education (CAATE)], and meet requirements set by the Board of Certification (BOC).

Accredited entry-level education programs include formal instruction using a medical based model and students are educated to provide comprehensive client patient care. The 325 accredited collegiate academic programs include formal instruction in the following area:

- Evidence-Based Practice
- Prevention and Health Promotion
- Clinical Exam and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Interventions
- Psychosocial Strategies and referral
- Healthcare Administration
- Professional Development and Responsibility

Classroom learning is enhanced through clinical education experiences. Under the supervision of a certified athletic trainer, students further develop their knowledge and skills in a wide range of settings, including scholastic sports, interscholastic sports, sports medicine clinics and other venues where certified athletic trainers work.

Many students earn their certification after completing the entry-level program. They often continue their studies, however, at an NATA-approved graduate education program. More than 70 percent of certified athletic trainers hold an advanced degree.

What are the qualifications to become a certified athletic trainer?

Graduation from an accredited athletic training education program

After interested candidates have met the curriculum requirements, they must pass an examination administered by the BOC.

Those who pass the exam are certified, and their certification is retained as long as they meet the continuing education requirements set by the BOC. Continuing education requirements include:

- Completion and reporting of a predetermined number of continuing education units, at least once in each three-year term
- Adherence to the BOC Standards of Professional Practice
- Submission of annual BOC certification fee or payment of NATA annual dues

Continuing education requirements are meant to ensure that certified athletic trainers stay current in the advancements in athletic training. Certified athletic trainers:

- Obtain current professional development information
State licensure and Registration
In addition to certification, athletic trainers must meet individual state licensing requirements in a growing number of states. To determine if these added requirements apply, certified athletic trainers should check with the states in which they practice. All states have licensure/regulation except CA, AK, and HI.

What financial aid is available for education?
Students who are interested in an athletic training career can explore financial assistance through their educational institution’s financial aid offices. These offices have information about many possible sources of aid:
- Scholarships
- Basic educational opportunity grants
- Federal educational opportunity grants
- College work/study programs
- National defense student loans

In addition, the NATA offers scholarships for its members through the NATA Research & Education Foundation. The Foundation has three scholarship categories:
- Undergraduate for college students in their junior year
- Curriculum for college students in the junior year of a curriculum program
- Postgraduate for college students in the final year of undergraduate education or graduate of an undergraduate program.

What is the National Athletic Trainers’ Association?
NATA is a not-for-profit organization dedicated to advancing, encouraging and improving the athletic training profession. Through its commitment to improving athletes’ health and wellbeing, NATA promotes excellence in athletic health care through public awareness and education. When certified athletic trainers join NATA, they get a variety of products and services:
- Annual Meeting & Trade Show. The largest athletic training trade show in the United States, this event includes educational workshops and clinical sessions featuring nationally-recognized sports medicine experts
- An up-to-date Web site, featuring items exclusively for members
- NATA News, the association’s award-winning monthly publication, available in both print and online editions
- Journal of Athletic Training, the NATA’s award winning scientific journal
- Free access to job vacancy information via the NATA Career Center
- Online Membership Directory
- Discounted member benefit programs, including professional liability insurance, travel services, office supplies, credit card, home and auto insurance
- Government Relations. NATA’s government relations department monitors all levels of government for new legislation and initiatives that affect athletic training. The department also provides information on specific legislation and regulation to help NATA members understand how the legislative process affects them
- Public Relations. NATA has an extensive public awareness and education program to keep health care professionals and others up-to-date on the latest athletic training advances through press releases, brochures, videos, a speaker’s bureau and international public relations campaign

For more information, visit the NATA Web site at www.nata.org.
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.

NATA CODE OF ETHICS

1. MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELFARE, AND DIGNITY OF OTHERS
1.1 Members shall render quality patient care regardless of the patient’s race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
1.2. Member’s duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times 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.

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
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.

3. MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES
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.

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.

4.1. Members should conduct themselves personally and professionally in a manner 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 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 welfare 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.

September 2005, Revised 2016
Athletic Trainers – Not “Trainers”

These days people are more active, more interested, more educated than ever before. We’re trained in fitness, sports, computer applications – even parenting. You can’t accurately describe anyone using simply the word “trainer.”

Here are some differences between an athletic trainer and a personal trainer.

**ATHLETIC TRAINER**
An athletic trainer is an expert at recognizing, treating and preventing musculoskeletal injuries. ATs meet qualifications set by the Board of Certification, Inc., and adhere to the requirements of a state licensing board. ATs practice under the direction of a physician and are members of a health care profession recognized by the American Medical Association.

**Requirements:**
- Must obtain, at minimum, a bachelor’s degree in athletic training
- Must pass a comprehensive exam to earn the ATC credential
- Must keep their knowledge and skills current by participating in continuing education
- Must adhere to standards of professional practice set by one national certifying agency and to a national code of ethics

**Daily Duties:**
- Provide physical medicine and rehabilitation services
- Prevent, diagnose, treat and rehabilitate injuries (acute and chronic)
- Coordinate care with physicians and other health care professionals
- Work in schools, colleges, professional sports, clinics, hospitals, corporations, industry, military, performing arts

**PERSONAL TRAINER**
A personal trainer develops, monitors and changes an individual’s specific exercise program in a fitness or sports setting; some personal trainers also make nutrition recommendations. Personal trainers can earn credentials through a number of agencies and can work as fitness trainers without formal instruction or certification.

**Requirements:**
- May or may not have higher education in health sciences
- May or may not be required to obtain certification or state licensing
- May or may not participate in continuing education
- May become certified by any one of numerous organizations that set varying education and practice requirements

**Daily Duties:**
- Assess fitness needs and design appropriate exercise regimens
- Work with clients to achieve fitness goals
- Help educate the public on the importance of physical activity
- Work in health clubs, wellness centers and other locations where fitness activities take place

Know who’s taking care of you and your athletes! Be sure you’re getting the right health care from the right health care professional for the right condition.

***About the National Athletic Trainers’ Association***

Athletic trainers are health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and illnesses. The National Athletic Trainers’ Association represents and supports 32,000 members of the athletic training profession. NATA advocates for equal access to athletic trainers for patients and clients of all ages. NATA members adhere to a code of ethics. For more visit www.nata.org.
"Man’s mind, once stretched by a new idea, never regains its original dimensions."
- Oliver Wendell Holmes, Jr., US Supreme Court Justice
School of Health Sciences

**Mission Statement:** The Quinnipiac University School of Health Sciences offers a comprehensive spectrum of health science programs designed to address both the evolving health needs of society and the practical implementation of innovative methods and procedures based on the latest scientific discoveries. Building upon a solid foundation in the basic sciences and liberal arts, the School of Health Sciences offers a student centered learning environment with interprofessional collaboration, innovative teaching and hands-on experience. The School of Health Sciences seeks to integrate theory, research and practice to best prepare health care practitioners and biomedical scientists who can demonstrate leadership in their disciplines and in the global community.

**Vision Statement:** The School of Health Sciences strives to develop forward-thinking, compassionate practitioners and scientists with broad professional competencies who can shape a rapidly changing biomedical and social landscape in pursuit of excellence in health care delivery. The school will be a nationally recognized school of choice for students, faculty and employers who share this vision.

**Values Statement:** The School of Health Sciences values an interprofessional, client/patient-centered health care model and the translational science that supports it. Students are held to high ethical standards as they utilize critical thinking, scientific evidence and knowledge of diverse cultures and communities to improve health outcomes. We value an experiential learning environment where faculty integrate inquiry with their professional expertise and build collaborative relationships that empower students to solve health-related challenges in a socially responsible manner.

**Athletic Training**

Departmental & Program Mission Statement: The mission of the Department of Athletic Training and Sports Medicine is to provide a quality education program through which students may obtain the knowledge and psychomotor skills necessary to practice as athletic trainers certified by the Board of Certification. Importance is placed upon the provision of opportunities within the curriculum for the development of skills encompassing the domains of athletic training. Strong emphasis is placed on the practical clinical experience coupled with specific professional course work. Recognizing the importance of excellence in teaching and instruction, the faculty, in its commitment to the combination of diverse clinical and intellectual experiences, collaborates in educating students. The athletic training education program offers a highly personalized learning environment featuring small classes and ready access to faculty; reflecting the University’s commitment to excellence in teaching, the athletic training and sports medicine faculty share a service orientation toward the students and their needs. The program also strives to prepare graduates who manifest critical and creative thinking, effective communication skills, informed value judgments, and who possess an educational foundation for continued growth and development in a changing world of diverse cultures and people.

**Accreditation Status**
Quinnipiac University Athletic Training Education is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Our most recent accreditation was awarded in 2009, we are due for reassessment in the 2018-2019 cycle.
Athletic Training/Sports Medicine Program – Educational Goals and Objectives

1. The graduates are prepared to promote acceptable standards of ethical conduct at every opportunity, and adhere to the NATA Code of Ethics.
2. The graduates are prepared to integrate the knowledge and psychomotor skills necessary to enter the profession of Athletic Training.
3. The graduates are prepared to successfully integrate skills encompassing the domains of Athletic Training as identified by the Board of Certification.
   
   - Injury/Illness Prevention and Wellness Protection
   - Clinical Evaluation and Diagnosis
   - Immediate and Emergency Care
   - Treatment and Rehabilitation
   - Organizational and Professional Health and Well-Being

4. The graduates are prepared to work with individual and team sports; Sports requiring protective equipment (e.g., helmet and shoulder pads); Patients of different sexes; non-sport patient populations; and patients with a variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology).
5. The graduates have demonstrated the ability to integrate the theory of the classroom into clinical practice.
6. The graduates understand the interactions between other allied health and medical professionals.
7. The graduates will manifest critical and creative thinking, effective communication skills, informed value judgments, and possess an educational foundation for continued growth and development.
8. Graduates are personally responsible professionals with a focus on delivering high quality patient care.

Admission to the Program

Candidates applying for admission to the athletic training program from high school are required to have not less than three years of high school college preparatory mathematics, one year of biology, one year of chemistry and one year of physics. In addition, the scores of the SAT or the ACT are an important consideration. Related health care experience is highly desirable. Prospective candidates also must satisfy general Quinnipiac University admission requirements.

All applications must include three letters of reference, and a personal interview may be required with representatives of the admissions office to discuss program requirements and the applicant’s professional interests and commitments.

Applications are accepted for admission to the fall semester only.

Admission to Quinnipiac University does not guarantee admission to the program in athletic training, unless officially accepted into the program. Students enrolled in the program’s preprofessional component (semesters 1–3) must achieve a B- or better in AT 114, AT 115, AT 116, AT 214, AT 216 and AT 250 and a minimum cumulative GPA of 2.67 upon completion of all additional preprofessional requirements including all program science and math requirements to qualify for admission into the professional component of the program (D and F grades in the required science and math courses are unacceptable).

All AT courses must be taken and completed at Quinnipiac University. Professional component students (semesters 4–8) must earn at least a B- in all professional component courses and maintain a GPA of 3.0 each semester during the professional component. Students who fail to maintain these grade requirements are subject to dismissal from the program.
**Technical Standards for Admission**

The athletic training program 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 program establish the essential qualities considered necessary for admitted students 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).

All students admitted to the program must meet the established abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted or may be dismissed from the program.

Candidates for selection to the program are required to verify they understand and meet the technical standards or that they believe that, with certain reasonable accommodations, the technical standards can be met. Verification of understanding includes the student reading, signing and returning a copy of the Technical Standards Agreement to the program director prior to arrival on campus in the fall semester. A listing of the technical standards and an agreement form for the athletic training program can be found on the program’s web page (www.qu.edu). If the student fails to complete the agreement form prior to the first day of classes, the student is admitted to the University but may be required to reapply for the athletic training program.

**Background Check**

All students entering the athletic training program, and the health care profession in general, should be aware that most professional credentialing agencies require a background check prior to awarding professional credentials. Information regarding background checks for those seeking to become certified athletic trainers can be found at www.bocatc.org.

For athletic training, the affidavit portion of the exam application requires candidates to report any felony or misdemeanor conviction. During the application process for the national certifying examination, candidates must submit an explanation of the events that led to the conviction(s), copy of court documents(s), including, but not limited to, an arrest report, sentence recommendation, compliance of all court requirements and proof of payment of all related fines.

Candidates may request a predetermination of eligibility at any time by submitting their documentation prior to their application. The Professional Practice and Discipline Committee reviews all convictions. Candidates are notified in writing of the committee’s decision. Please review the Professional Practice and Disciplinary Guidelines and Procedures for details.

Students enrolled in the Quinnipiac University athletic training program will be required to complete a criminal and sex offender background check prior to the start of clinical rotations (ie prior to the 4th semester) and a second check prior to the start of senior year.

**Immunizations**

Prior to the start of sophomore year, all students will be required to verify a complete immunization record as dictated by the School of Health Sciences. These immunizations include (and may not be limited to): MMR, Tdap, Varicella, Polio, Hepatitis B, Influenza and Tuberculosis. In addition, titer testing will be required to ensure immunity. Should the immunization expire during the program the student must come into compliance before clinical rotations can be resumed. Documentation of these record will be verified by an outside vendor. Cost of immunizations and background checks must be borne by the student.
Transfer Students from Other Colleges and Universities

Transfer students from other colleges and universities may be accepted into the athletic training program based on space availability. These students must meet the course requirements, performance standards (GPA of 2.67) and technical standards of the program. The students must complete the general science requirements, AT 114, AT 115, AT 116, AT 214, AT 216 and AT 250 and appropriate laboratory classes prior to entry into the professional component of the program or the fourth semester of the course sequence. AT 114, AT 115, AT 116, AT 214, AT 216 and AT 250 must be taken at Quinnipiac.

Athletic training courses from the student’s previous institution will not be considered for replacement of BMS 300, BMS 301 or any of the athletic training courses offered at Quinnipiac.

Transfer Students from within Quinnipiac

Students currently attending Quinnipiac in another program may be accepted into the athletic training program based on space availability and review of qualification by the program director. Students may apply through the department upon completion of the general science requirements, AT 114, AT 115, AT 116, AT 214, AT 216 and AT 250 and prior to entry into the professional component of the program or the fourth semester of the course sequence. These students must meet the course requirements, performance standards (GPA of 2.67) and technical standards of the program.

Course of Study: Athletic Training/Sports Medicine Program

Preprofessional Component

Examination and an evaluation of high school units presented determine initial placement in the English and mathematics courses. The minimum mathematics requirement is MA 275. It is strongly suggested that biology and athletic training courses are completed in the appropriate semesters as indicated. The following courses must be completed with a C- or better and a minimum GPA of 2.67.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 101-102</td>
<td>General Biology I &amp; II</td>
<td></td>
</tr>
<tr>
<td>BIO 211</td>
<td>Anatomy and Physiology I</td>
<td></td>
</tr>
<tr>
<td>CHE 101-102</td>
<td>Fundamentals of General, Organic and Biological Chem I &amp; II</td>
<td></td>
</tr>
<tr>
<td>MA 275</td>
<td>Biostatistics</td>
<td></td>
</tr>
</tbody>
</table>

Where applicable, courses may be used to satisfy University Curriculum requirements. Progression to the professional component occurs in the fourth semester or second year, spring semester.

The following courses must be completed with a minimum of a B- at Quinnipiac and prior to entry into the professional component of the athletic training program. All AT courses must be taken at Quinnipiac.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT 114</td>
<td>Introduction to Athletic Training/Sports Medicine</td>
<td>2</td>
</tr>
<tr>
<td>AT 115</td>
<td>Introduction to Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>AT 116</td>
<td>Introduction to Fitness &amp; conditioning</td>
<td>2</td>
</tr>
<tr>
<td>AT 214</td>
<td>Care &amp; Prevention of Athletic Injuries</td>
<td>3</td>
</tr>
<tr>
<td>AT 216</td>
<td>Emergency Management of Athletic Trauma and Lab</td>
<td>3</td>
</tr>
<tr>
<td>AT 250</td>
<td>Intro to Eval &amp; Treatment of Musculoskeletal Injuries and Lab</td>
<td>4</td>
</tr>
</tbody>
</table>
Professional Component

Students must meet all proportions of the pre-professional program in order to advance to the professional phase of the program. Program requirements are established in conjunction with the guidelines established by the Educational Council of the National Athletic Trainers’ Association and are acceptable to the school and University administration. While a good deal of the athletic training students’ clinical assignments (clinical practicum I–V) occur at Quinnipiac, off-campus assignments also are required. Students are responsible for transportation to and from all off-campus sites and should plan to have a vehicle by the fourth semester. Most off-campus sites are within 15 miles from the main campus. Moreover, students involved in varsity athletics normally require additional semester(s) to complete the program.

Bachelor of Science in Athletic Training and Doctor of Physical Therapy (7 years)

Select candidates from high school may apply to the combined AT-DPT degree. Upon completion of four years of study, students will receive a bachelor of science in athletic training/sports medicine and will be guaranteed admission into the three-year graduate DPT program. All preprofessional requirements of the professional graduate DPT program are required for those students selected for admission into the combined AT-DPT degree.

Students enrolled in the athletic training program, or other majors that provide prerequisite requirements for the graduate DPT program may apply for entry into the three-year doctor of physical therapy graduate program using the Physical Therapy Centralized Application Service (PTCAS) during the senior year of their BS program. Admission is competitive and is based on performance and space availability. Freshmen enrolled in the dual major AT-DPT program with the guarantee of admission into the graduate DPT program based upon successful completion of program requirements must complete the AT-BS program prior to enrollment in the graduate DPT program. It is essential that these student meet all academic requirements for admissions into the graduate portion of the program or risk losing their seat

See physical therapy for required standards to successfully complete the preprofessional component of that program. Additionally, all athletic training classes must be completed with a B- or better and an overall GPA of 3.2.
<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
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<tr>
<td>Bio 101 &amp; L</td>
<td>Bio</td>
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Dual PT/AT add/substitute Chem 110,111; MA141; PH 110,111 (additional 5 credits, total 132)

The curriculum for the professional component is subject to modification as deemed necessary to present to the students a progressive and meaningful educational experience.

A GPA of 3.0 must be maintained each semester during the professional component; C, D and F grades are unacceptable in the professional component of the program.
Course Descriptions - Athletic Training (AT)
2016-2017 University Catalog

AT 114 Introduction to Athletic Training/Sports Medicine (2 cr.) This course is designed to familiarize the student with the role of an athletic trainer in sports and health care. AT major only or permission of instructor. Every Year, Spring

AT 114L Introduction to the Clinical Environment (0 cr.) Lab to accompany AT 114. This eight-week session is required for AT majors or those considering transferring into the major. AT major only or permission of instructor. Every Year, Spring

AT 115 Introduction to Kinesiology (3 cr.) This introductory course explores the way the musculoskeletal system produces movement patterns in humans. Musculoskeletal anatomy, joint arthrology, muscular mechanics and biomechanical principals are used to perform muscular analyses of both the upper and lower extremities and the trunk. AT major only or permission of instructor. Prerequisite: BIO 101; Every Year, Spring

AT 116 Introduction to Fitness and Conditioning (2 cr.) This introductory lab and lecture course teaches the fundamentals of basic fitness and exercise. Students engage in fitness assessments and design of personal conditioning programs for healthy subjects. For AT major only or permission of instructor. Every Year, Spring

AT 210 Introduction to Evidence-Based Practice (2 cr.) Evidence-based practice in health care is the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences. This is an introductory course in the processes associated with collecting and utilizing evidence to make clinical decisions. Prerequisite: AT 216, AT 250, MA 275 or permission of the instructor; Every Year, Spring

AT 214 Care and Prevention of Athletic Injuries (3 cr.) This course is designed to provide an overview of the athletic training profession with an emphasis on the basic fundamentals utilized by the athletic trainer in prevention, recognition, care, treatment and rehabilitation of injuries. Students who take AT 201 cannot also receive credit for AT 214. Prerequisites: BIO 102, AT 115; Every Year, Fall

AT 215 Therapeutic Modalities (3 cr.) Therapeutic Modalities is an introductory course designed to provide students with knowledge of theory and operation of the most commonly used therapeutic devices. Prerequisites: AT 214, AT 216, AT 250; Every Year, Fall

AT 215L Therapeutic Modalities Lab (1 cr.) This lab includes the practical application of therapeutic modalities and must be taken in conjunction with AT 215. (2 lab hrs.) Prerequisites: AT 214, AT 216, AT 250; Every Year, Spring

AT 216 Emergency Management of Athletic Trauma (2 cr.) This laboratory and lecture course teaches the basic skills and decision-making processes necessary to manage emergency medical situations common to athletic activity. Students also perform general first aid. All students are required to pass Red Cross CPR/AED for the Professional Rescuer and Emergency Oxygen Administration (or equivalent). Prerequisites: BIO 102, AT 115 Every Year, Fall

AT 216L Emergency Management of Athletic Trauma Lab (1 cr.) This lab includes the practical application of basic skills and decision-making processes necessary to manage emergency medical situations. Must be taken in conjunction with AT 216. Prerequisites: BIO 102, AT 115; Every Year, Fall

AT 250 Introduction to Evaluation and Treatment of Musculoskeletal Injuries (3 cr.) This lecture and laboratory course provides the student with a basic systematic approach to the process of physical evaluation and exercise program development. It includes processes of history taking and physical exam techniques, indications and contraindications of exercise, and exercise progression as related to athletic injury, prevention, reconditioning and return-to-play guidelines. Prerequisites: AT 114; AT 115, AT 116; Every Year, Fall

1-9
AT 250L Introduction to Evaluation and Treatment of Musculoskeletal Injuries (1 cr.) This lab includes the practical application of recognizing, evaluating and treating common musculoskeletal injuries. Must be taken in conjunction with AT 250. Prerequisites: AT 114; AT 115, AT 116 Every Year, Fall

AT 251 Evaluation and Treatment of Lower Extremity Musculoskeletal Injuries (3 cr.) This lecture and laboratory course provides the student with a basic evaluation process and techniques involved in assessing musculoskeletal injuries of the lower extremity. The assessment information is then used to design and implement treatment and rehabilitative protocols. Emphasis is placed on integrating kinesiological principals with injury/illness recognition skills and rehabilitative concepts. Prerequisites: AT 214, AT 216, AT 250 Every Year, Spring

AT 251L Evaluation and Treatment of Lower Extremity Musculoskeletal Injuries Lab (1 cr.) This lab includes the practical application of recognizing, evaluating and treating common musculoskeletal injuries. Must be taken in conjunction with AT 251. Prerequisites: AT 214, AT 216, AT 250 Every Year, Spring

AT 290 Clinical Practicum I, Risk Management and Injury Prevention (2 cr.) This practicum introduces students to the general policies and procedures of the Quinnipiac University athletic training room. Students are instructed in taping techniques, proper medical documentation skills, ambulatory aids, the preparticipation examination, and the Quinnipiac University Emergency Action Plan. Hands-on practical experience is emphasized in class sessions. Prerequisites: AT 214, AT 216, AT 250; Every Year, Spring

AT 290C Clinical Practicum I (1 cr.) During the semester, students complete 2 six week long, supervised clinical experiences. Students required to complete specific NATA clinical competencies and proficiencies. (3 lab hrs.) Prerequisites: AT 214, AT 216, AT 250; Every Year, Spring

AT 330 Nutrition for Sport and Fitness (3 cr.) In this foundational course, students learn nutritional concepts related to wellness, injury prevention and maximizing human performance. Students also explore eating disorder habits and interventions and supplement use. Prerequisites: AT 350, AT 351; SCI 161 or SCI 105; HSC 262; Every Year, Spring

AT 350 Evaluation and Treatment of Upper Extremity Musculoskeletal Injuries (3 cr.) Students learn the evaluation process and techniques involved in assessing musculoskeletal injuries of the upper extremity. The assessment information is then used to design and implement treatment and rehabilitative protocols. Emphasis is placed on integrating kinesiological principals with injury/illness recognition skills and rehabilitative concepts. Prerequisites: AT 215, AT 251, AT 290 Every Year, Fall

AT 350L Evaluation and Treatment of Musculoskeletal Injuries Lab (1 cr.) This lab includes the practical application of athletic injury evaluation and rehabilitation. Must be taken in conjunction with AT 350. Prerequisites: AT 215, AT 251, AT 290 Every Year, Fall

AT 351 General Medical Conditions and Treatment (HSC 351) (3 cr.) This course enables the athletic training student to recognize, evaluate and differentiate common systemic diseases, understand appropriate pharmacological interventions, understand the principles of pharmacology and common issues that arise when specific pharmacological agents are employed. Prerequisites: AT 215, AT 251, AT 290; Every Year, Fall

AT 351L General Medical Conditions and Treatments Lab (1 cr.) This lab includes the practical application of recognizing, evaluating, differentiating and treating common medical conditions. Must be taken in conjunction with AT 351. Prerequisites: AT 215, AT 251, AT 290; Every Year, Fall

AT 352 Evaluation and Treatment of Spinal Injuries (3 cr.) Students learn the evaluation process and techniques involved in assessing common spinal pathologies. The assessment information is then used to design and implement treatment and rehabilitative protocols. Emphasis is on the evaluation process, critical thinking, choosing appropriate treatment techniques, as well as indications and contraindications of specific spinal disorders and exercise progression as related to spinal dysfunction/disorders. Manual therapy as a treatment technique and current trends for treating spinal disorders is also covered. Prerequisites: AT 350, AT 351; Every Year, Spring
AT 352L Evaluation and Treatment of the Spinal Injuries Lab (1 cr.) This lab includes the practical application of the evaluation process of the spine and demonstration of various treatment techniques and must be taken in conjunction with AT 352. Prerequisites: AT 350, AT 351. Every Year, Spring

AT 390 Clinical Practicum II, Athletic Protective Equipment (2 cr.) Students are introduced to proper fitting of athletic equipment, as well as sporting rules relevant to safety and the role of the medical professional. The course includes instruction in fabricating and applying protective equipment, such as pads, splints and supports, and advanced taping and wrapping techniques used in athletic training; hands-on practical experience is emphasized in class sessions. Prerequisite: AT 215, AT 251, AT 290; Every Year, Fall

AT 390C Clinical Practicum II, Clinical (1 cr.) During the semester, students gain a minimum 200 hours of supervised clinical experience. Students are required to complete specific NATA clinical competencies and proficiencies. (3 lab hrs.) Prerequisite: AT 215, AT 251, AT 290, AT 290C; Every Year, Fall

AT 391C Clinical Practicum III (1 cr.) During the semester, students gain 200 hours of supervised clinical experience. Students are required to complete specific NATA clinical competencies and proficiencies. (3 lab hrs.) Prerequisites: AT 350, AT 351, AT 390, AT 390C; Every Year, Spring

Spring AT 450 Administration and Management in Athletic Training (3 cr.) Organizational and administrative procedures and considerations, as well as the legal aspects of athletic training and sports medicine are included in this course. Prerequisite: AT 330, AT 352, AT 391C; Every year Fall

AT 460 Advanced Nutrition (HSC 460) (3 cr.) This advanced level food and nutrition course examines the composition and physiological role of nutrients and their relationships to health and the body. Macronutrient metabolism as well as a detailed examination of the role of vitamin and mineral metabolism are explored. Current nutrition issues of supplement use, weight management, sports nutrition, nutritional ecology and the application of nutrition directly to food and its preparation also are addressed. Prerequisites: AT 330;NU 351;SCI 105, SCI 161 or HSC 262; Every Year, Spring

AT 481 Strength Training and Conditioning for the Athletic Trainer (AT 240) (2 cr.) The purpose of the course is to expand the students' knowledge of rehabilitation beyond general concepts. Students learn theory pertaining to a variety of conditioning methods including: periodization, plyometrics and functional training. Lifting techniques and injury prevention related to conditioning are discussed and applied to both the individual athlete and team training concepts. The course is taught as a combination of classroom and laboratory experiences to ensure that students are capable of translating theory into practice. Prerequisites: AT 352 Every Year, Spring

AT 482 Advanced Rehabilitation Options in Sports Medicine (2 cr.) This course examines in-depth rehabilitative techniques and advanced manual therapy skills for the sports medicine setting. Practical application of current concepts and research-driven rehabilitative protocols are emphasized. The course also addresses trends in sports medicine surgical procedures, research behind new rehabilitative techniques, and effective mechanisms for evaluating clinical relevance of new products. Prerequisites: AT 352 Every Year, Fall

AT 490C Clinical Practicum IV (1 cr.) During the semester, students gain 200 hours of clinical experience. Students are required to complete specific NATA clinical competencies and proficiencies. (3 lab hrs.) Prerequisites: AT 352, AT 390C, AT 391C; Every Year, Fall

AT 491 Clinical Practicum V, Professional and Career Preparation (2 cr.) This course provides students with a means to integrate and augment all concepts, skills and knowledge covered in the athletic training curriculum. Much of the course is discussion based and requires the students to be fully participative. Prerequisite: AT 450, AT 490; Every Year, Spring

AT 491C Clinical Practicum V (1 cr.) During the semester, students gain a minimum of 200 hours of supervised clinical experience. Students are required to complete specific NATA clinical competencies and proficiencies. (3 lab hrs.) Prerequisite: AT 490C; Every Year, Spring
ACADEMIC POLICY

Students enrolled in the program's pre-professional component must achieve a minimum cumulative grade point average (GPA) of 2.67 upon completion of all pre-professional requirements and for all program science and math requirements in order to qualify for admission into the professional component of the program. A “B-” is required in the AT classes (AT114, AT115, AT 116, AT 250, and AT214) (D and F grades in the required science and math courses are unacceptable).

Professional component students must earn at least a B- in all professional component courses and maintain a GPA of 3.0 each semester during the professional component. Students who fail to maintain these grade requirements will be subject to dismissal from the program.

Any student not in good academic standing will be removed from all clinical experiences and affiliations until they are reinstated into good academic standing. All students in their 4th semester or beyond are required to maintain a 3.0 GPA or better to remain in the Athletic Training/ Sports Medicine Program and must earn at least a B- in all professional component courses. If the semester GPA falls below 3.0, the student may be dismissed from the academic program.

Any student whose grade is below 80% at the semester midpoint in ANY class is required to immediately contact the academic coordinator of the Athletic Training/ Sports Medicine Program to discuss their academic situation. Failing to do so may result in disciplinary action. Additionally, any student whose midterm grade is below an 80% in ANY Athletic Training class will not be permitted to travel with Quinnipiac athletic teams until they have received clearance from the academic coordinator of the AT/SM program.

Admissions, Progression and Retention Committee

Roles and Responsibilities. The Admissions, Progression and Retention Committee is responsible for:

- Development of the overall policies and procedures for admission into the program via internal transfer, academic progression to subsequent semesters, and overall retention within the Athletic Training/Sports Medicine Program.
- Annual review of all policies and procedures associated with the work of the committee
- Adjudicating issues that arise through the appeals process

General Policies and Procedures for Admissions, Progression and Retention

These policies and procedures provide a guide for the review of all students to ensure that they have met and/or have abided by all standards and guidelines set forth by the Admissions, Progression and Retention Committee of the Athletic Training/Sports Medicine Program.

A. Direct Admissions into the Pre-Professional Phase of the Program

I. Decisions for direct admission into the Athletic Training/Sports Medicine Program are made by Quinnipiac University Office of Admissions. All questions and
appeals for direct admission to the Athletic Training/Sports Medicine program should be directed to the Office of Admissions.

B. **Progression of Directly Admitted Students from the Pre-Professional Phase into the Professional Phase of the Program**

I. Freshman evaluation occurs at completion of the spring semester of the freshman year. If students are in good standing no action is taken. If a student is academically in jeopardy a letter of warning will be issued to the student to reiterate the academic standards for progression and retention within the program.

II. At the completion of the third semester, a review of all sophomore level student records occurs to determine progression and retention within the program. The following criteria are employed:
   i. Overall GPA of 2.67 or better
   ii. Grades of B- or better in Athletic Training courses
   iii. Grades of C- or better in all science courses

III. **Overall Process:** The Associate chair-person of ATSM will review all academic records and make one of the following decisions:

   i. **Progression**
   ii. **Probation:** In general, minor deficiencies in G.P.A. or non-core athletic training courses will lead to recommendation of probation.
   iii. **Dismissal:** In general deficiencies in athletic training, core science courses or major deficiencies in G.P.A. will lead to a recommendation of dismissal from the program.
   iv. If the student is placed on probation or dismissed, the student has the right to appeal the decision to the Admissions, Progression and Retention Committee

C. **Transfer of Quinnipiac Students into the Professional Phase of the Program**

I. A formal application must be submitted to the Program Director by December 1, requesting formal admittance to the athletic training major, with the intent of progressing into the Professional Phase of the program in the spring semester of that academic year. Please see the application process for complete details.

II. Acceptance into the program is dependent on the availability of space in the clinical component. Typically, the class number progressing into the 4th semester is between 15-20 students. In the event that the total number of directly admitted students is equal to or exceeds 22 students, NO transfer students will be accepted into the program. Moreover, space availability does not guarantee admission into the program.

III. **Overall Process**
i. **Prior to Application:**

1. Review the qualifications required for eligibility for acceptance into the Athletic Training/Sports Medicine Program.

2. Self assessment of overall GPA and Pre-Professional core GPA to ensure eligibility for acceptance into the Athletic Training/Sports Medicine Program. A minimum of 30 credits within the Pre-Professional core (36 credits total) must have been completed in order to be eligible for admission into the Athletic Training/Sports Medicine program as an internal transfer from within Quinnipiac University. Required courses include, AT 114, AT114L, AT 115, AT 116, AT 250 & Lab, BI 101 & Lab, BI 102 & Lab and BI 211 & Lab which constitute 23 of the 30 credit minimum.

3. Prepare an essay which discusses the following 2 questions (400 word Maximum)
   a. What has sparked your interest in the field of Athletic Training?
   b. Where do you see yourself working as a Certified Athletic Trainer 10 years after the time of graduation?

ii. ** Formal Application due to the Program Director by December 1**

1. The material required to complete an application are as follows:
   a. Submit a letter of intent
   b. College transcripts of any course not taken at Quinnipiac
   c. Submit a signed copy of the Technical Standards form
   d. Submit a signed copy of the Academic Release form
   e. Submit a typed essay pertaining to your interest in the field of Athletic Training
   f. Agree to comply with all health related information prior to any clinical assignment, if accepted into the Athletic Training/Sports Medicine program.
   g. Completion of all required immunizations and submission of background check information.

iii. **After the Formal Application has been filed**

1. The Formal Application will be reviewed and evaluated by the Program Director.

2. The Program Director will arrange a formal interview with each student who has submitted an application for the Athletic Training/Sports Medicine program after the full application has been filed.

3. Following the formal interview and the completion of the fall semester (to obtain 3rd semester grades) the Program Director will
make final evaluations and decisions on all applicants for the Athletic Training/Sports Medicine program and establish a rank order based on total points awarded according to the review process.

4. Each student will be notified individually by phone and email with respect to the admission decision via internal transfer.

iv. **Decisions:**
1. **Accepted**
2. **Probation:** In general minor deficiencies in G.P.A. or non-core athletic training courses will lead to recommendation of probation.
3. **Denied:** In general deficiencies in athletic training, science courses or major deficiencies in G.P.A will lead to a denial of admission.
4. If the student is placed on probation or denied admission, the student has the right to appeal the decision to the Admissions, Progression and Retention Committee.

D. **Progression and Retention within the Professional Phase of the Program**
I. Evaluation and retention of students enrolled in semesters 4-8, occurs after the completion of each semester
   i. Semester GPA of 3.0
   ii. Grades of B- or better in Athletic Training courses
   iii. Grades of B- or better in BIO 212, BMS 300 & 301
   iv. Satisfactory clinical competency as evaluated within the Clinical Practicum courses I-V, respectively. Deficiencies in clinical competency relate to mastery of skills that have been previously instructed and evaluated. More specifically, passing grade(s) pertaining to the performance of clinical skills and overall evaluations from the student’s clinical preceptor(s).

II. **Overall Process:** The Associate Chair-person of ATSM will review all academic records and make one of the following decisions:

   i. **Progression**
   ii. **Probation:** In general minor deficiencies in G.P.A. or non-core athletic training will lead to recommendation of probation.
   iii. **Dismissal:** In general deficiencies in athletic training, core science courses or major deficiencies in G.P.A. will lead to a recommendation of dismissal from the program.
   iv. If the student is placed on probation or dismissed, the student has the right to appeal the decision to the Admissions, Progression and Retention Committee

E. **Clinical Performance within the Pre-Professional and Professional Phase of the Program**
I. Any violations or infractions of the AT/SM Program’s Clinical Education Policy (section 3, Athletic Training/Sports Medicine Program student manual), anything that risks patient safety, HIPPA regulations, the NATA Code of Ethics or an individual clinical site’s Policies and Procedures may result in disciplinary action.

II. **Overall Process:** The AT/SM program’s Clinical Coordinator will investigate any and all situations related to the clinical education component of the curriculum. Based upon the results of the investigation, and on the severity of the infraction committed by the student, the Clinical Coordinator may make recommendations to the Program Director. The Program Director will review all of the documentation provided by the Clinical Coordinator and make one of the following decisions:

   i. **Warning:** Student will receive a written letter detailing the infraction and the remedial action suggested. The student is expected to work closely with the clinical coordinator to resolve the issue.

   ii. **Probation:** The student is placed on probation for a specified amount of time during which the violation of any regulation may result in additional disciplinary action. The length of the probation may vary depending on the severity of the issue.

   iii. **Suspension:** During the didactic year, suspension prohibits the student from receiving any further clinical assignments. Suspension from the clinical assignment while in the academic phase effectively halts the student’s progress into the next semester. Further, if the student does not appeal the suspension, it will lead to dismissal from the program.

   iv. If the student receives a warning or is placed on probation or suspension, the student has the right to appeal the decision to the Admissions, Progression and Retention Committee.

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**Student Appeals Process for the Athletic Training/Sports Medicine Program**

- The purpose of the appeals process is to provide the student with a mechanism of appeal to the Policies and Procedures or interpretations of the Policies and Procedures of the Program relating to Admissions/transfer of Quinnipiac students into the program and the Progression and Retention of students enrolled in any phase of the program.

**Step 1 – Student Notification of Disciplinary Action**

Once a decision has been made the student will be contacted via phone by the Associate Chairperson. Official written notification will occur via university email. As per university policy, students are responsible to check their university email often, as this is the means by which the university communicates with all students.

**Step 2- Student Response to Disciplinary Action**

In the event the student chooses to appeal the decision of the Associate Chairperson, the student must respond in writing or via email within 5 calendar days of being notified. The appeal is to be made to the Chair of the Admissions, Progression and Retention Committee of the Athletic Training/Sports Medicine Program (APRC-ATSM).
Upon receipt of the student’s request for appeal, the chair will notify the student (via phone and email) that a date has been set for their hearing. The student will be required to submit all materials that may substantiate their appeal no later than 72 hours prior to the appeals hearing. Materials are to be submitted to the Chair of the APRC-ATSM. (Members of the committee include: Associate Dean, School of Health Sciences, AT/SM Program Director, AT/SM Faculty Members, and one outside member).

**Step 3- Appeals Hearing**
Within the appeals hearing the student will be provided the opportunity to speak on their own behalf. Following the appeals hearing the committee will discuss the case and come to a consensus decision which must be supported by a majority vote of all committee members.

**Step 4- Notification of Hearing Results**
The APRC-ATSM Chair will notify the student by telephone within 48 hours of the committee’s decision, followed by official written notification within one week of the hearing.

Should the student be awarded an opportunity to progress via remediation, 2 outcomes are possible:

- **Step 4a** – the student passes the remediation, and is permitted to progress. In this instance, the student will be asked to agree to an educational plan and will be placed on probation for a minimum of one semester. Should the student meet all set forth conditions of the agreement, probation will be removed at the end of the semester.

- **Step 4b** – the student is not successful in the remediation and the initial dismissal is upheld. The student will be notified by phone by the chair of the APRC-ATSM followed by official written notification.

**Step 5 – Additional Course of Action**
If the student disagrees with the decision of the Admissions, Progression and Retention Committee, additional appeals should be directed to the Dean, School of Health Sciences within 5 days of notification. Note that any appeals to the Dean should be based on errors in the facts considered by the ATSM program or extenuating circumstances.
Academic Integrity Policy
Quinnipiac University
Revised April 2017
(full policy located at: https://www.qu.edu/content/dam/qu/documents/policies/academic-integrity-policy.pdf)

Introduction

A. Integrity: The Foundation of Quinnipiac University

In its Mission Statement, Quinnipiac University emphasizes its commitment to be an academic community. As an academic community, our students, faculty, and staff work together to acquire and extend knowledge, develop skills and competencies and serve the greater good of our nation and local communities. Our individual and collective inquiry and pursuit of knowledge are only possible when each of us in the community is aware of and strives to maintain a code of ethical practice and integrity. All communities, though diverse in their individual members, are based on a shared set of beliefs and values that serve as their foundation. At Quinnipiac, our community has chosen integrity as one of its guiding principles.

Integrity means upholding a code or standard of values. In its most general sense integrity also means being complete. As an academic community, the completeness that we seek includes asking each individual to see her/his life as a whole, and to understand how the actions that he/she takes affect self, others and the community. Individual actions also impact the community of higher education as a whole. In keeping with this commitment to the Quinnipiac community and the larger community of higher learning, Quinnipiac is a member of the Center for Academic Integrity (CAI), a consortium of institutions of higher education committed to the principle of integrity. Our Academic Integrity Policy is based on the five fundamental values outlined by the CAI: honesty, trust, responsibility, fairness, and respect.

Quinnipiac expects all members of our community, students, faculty and staff, to uphold these five standards of integrity and to contribute to our larger culture of integrity.

Honesty

Honesty is the bedrock upon which integrity is based. Academic and professional honesty require that each individual conduct herself or himself openly and in keeping with the truth. Even more importantly, honesty requires actively searching for and upholding the truth. Honesty is critical for the production and exchange of knowledge and ideas that are the hallmark of an institution of higher learning.

Trust

Trust is essential for an academic community. Academic work almost always builds upon or extends from the work of others and all members of the community must respect the work of others. Each individual must trust that community members undertake their work in such a way that we build our knowledge, while freely and openly admitting our dependence upon the work of others. Community members also must endeavor to be worthy of the trust others have placed in us. This foundation of trust is vital to our community of inquiry and learning.

Responsibility

An academic or professional community provides its members with support, fellowship and intellectual stimulation. The price of these benefits is responsibility to the community. Therefore, all members of the university community must not only be committed to ethical practices themselves, but also must bear the responsibility of helping to encourage integrity among all community members.

Fairness

True communities celebrate the differences among their members while upholding the general principle that each individual should be treated equally. This basic principle of fairness to all is an aspect of integrity that guarantees
each of us freedom to express our own individuality. This standard of fairness also carries the burden, however, of fair sanctions to those who violate the standards of the community.

Respect
The university is a gathering place where students and faculty come to learn about different ideas, cultures and ways of thinking — even those with which we may strongly disagree. This learning environment can be maintained only with mutual respect. This respect must be present in the classroom, in our everyday encounters with each another, and in our individual work. Respect means listening to others, evaluating and criticizing their ideas fairly, and properly acknowledging all sources of material that are not originally ours.

B. Expectations for Integrity at Quinnipiac University
This policy is part of the larger educational effort at Quinnipiac University in which community members learn and practice ethical behavior. All members of the Quinnipiac University community are expected to commit themselves to personal and academic integrity and to the five fundamental values by

• Being honest in what they say, don’t say, do, and don’t do
• Trusting others and being worthy of trust
• Acting responsibly and expecting responsible behavior from others
• Treating other members of the community fairly, and expecting fair consequences when mistakes are made
• Treating other members of the community and the educational process with respect, and expecting respect for oneself, one’s views, and one’s abilities.

In keeping with these values, Quinnipiac University expects its community members to comply with the usual expectations for honest academic work. In general, community members

• May not cheat on any work
• Must properly cite sources in all academic work
• May not provide or procure unauthorized assistance on any assignment or test
• May not falsify or alter university documents, tests or assignments
• May not impede any other student in his/her coursework
• May not do any other thing that violates or allows another person to violate the accepted standards of academic integrity (see appendix I for more details on specific violations).

Students, faculty, and staff also should promote integrity by
• Educating each other
• Discussing integrity in their classes
• Reporting violations when they occur.

Quinnipiac recognizes that reporting violations is difficult; however, reporting is necessary to maintain fairness as well as standards of integrity on campus. Reporting is part of each individual's responsibility as a member of the community (see appendix II for community responsibilities).

This policy is overseen and administered by the Office of Academic Innovation and Effectiveness.

C. Resources - In its effort to uphold these standards of academic integrity, the university provides numerous educational and support resources to reduce academic integrity violations. These resources may be found on the Academic Integrity MyQ site.

\[1\]This policy, and its emphasis on five principles of integrity, relies heavily upon the “Fundamental Values Project, A Report from the Center for Academic. It is available at <http://www.academicintegrity.org/Values.asp>. This section in a notable Values Project” of the Center for Academic Integrity.
SECTION 2

CLINICAL EDUCATION

“The way to get started is to quit talking and begin doing.”
-Walt Disney
CAATE Clinical Education Terminology

Glossary:

**Academic plan**: The document that encompasses all aspects of the student’s classroom, laboratory, and clinical experiences. Also called a specimen program or curriculum plan.

**Academic year**: Two academic semesters or three academic quarters.

**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.

**Appropriate administrative authority**: Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement.

**Assessment plan**: See Comprehensive Assessment Plan

**Clinical education**: The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor.

**Clinical site**: A physical area where clinical education occurs.

**Communicable disease**: A contagion that may be directly transmitted from person-to-person or by a person from an inert surface.

**Comprehensive Assessment Plan**: The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program.

**Course/coursework**: Courses involve classroom (didactic), laboratory, and clinical learning experience.

**Curricular Plan**: See Academic Plan

**Degree**: The award conferred by the college or university that indicates the level of education (baccalaureate or masters) that the student has successfully completed in athletic training.

**Direct patient care**: The application of athletic training knowledge, skills, and clinical abilities on an actual patient.

**Distant learning site**: Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution interacting with students at other locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences.


**Faculty**: An individual who has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.

**Fees**: Institutional charges incurred by the student other than tuition and excluding room and board.

**Goals**: The primary or desired results needed to meet an outcome. These are usually larger and longer term than objectives.

**Health Care Professional**: Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Paramedic, Occupational Therapist, Optometrist, Orthotist, Pharmacist, Physical Therapist, Physician Assistant, 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.

**Higher education accrediting agency**: An organization that evaluates post-secondary educational institutions.

**Infectious disease**: A disease caused by microorganisms entering the body. An infectious disease may or may not be contagious.

**Laboratory**: A setting where students practice skills on a simulated patient (i.e., role playing) in a controlled environment.

**Major**: The designation as a major must be consistent with institutional and system wide requirements. Institutional documents (e.g., catalog, web pages) must list athletic training as a major.
**Medical director**: The physician who serves as a resource regarding the program’s medical content. There is no requirement that the medical director participates in the clinical delivery of the program.

**Memorandum of understanding (MOU)**: Similar to an affiliation agreement, but tends not to include legally-binding language or intent.

**Monetary remuneration**: Direct cash payment received by students for athletic training services and/or time.

**Objectives**: Sub-goals required to meet the larger goal. Generally objectives are more focused and shorter-term than the overriding goal.

**Official publication**: An institutional document (printed or electronic) that has been approved by the appropriate institutional personnel.

**Outcome (program)**: The quantification of the program’s ability to meet its published mission. The outcome is generally formed by multiple goals and objectives. For example, based on the evaluation of the goals associated with the outcomes, each outcome may be measured as "met," "partially met," or "not met."

**Outcome assessment instruments**: A collection of documents used to measure the program’s progress towards meeting its published outcomes. Examples of outcomes assessment instruments include course evaluation forms, employer surveys, alumni surveys, student evaluation forms, preceptor evaluation forms, and so on.

**Physician**: A medical doctor (MD) or doctor of osteopathic medicine (DO) who possesses the appropriate state licensure.

**Preprofessional student**: A student who is not formally admitted into the program. Preprofessional students may be required to participate in non-patient activities as described by the term Directed Observation Athletic Training.

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

**Professional development**: Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services that allow for the continuation of eligibility for professional credentials.

**Program Director**: The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program.

**Release time (reassigned work load)**: A reduction in the base teaching load to allow for the administrative functions associated with functioning as the Program Director and/or clinical coordinator.

**Retention**: Matriculating through the AT program culminating in graduation.

**Retention rate**: A time-based measure of the number of students who are enrolled at the start of the period being studied (e.g., 1 year, 4 years) versus those enrolled at the end of the period. Retention rate is calculated as: number at end/number at start * 100.

**Secondary selective admissions process**: A formal admission process used for acceptance into the AT major following acceptance into the institution. Secondary selective admissions is optional and determined by the program.

**Similar academic institution (Syn: Peer institution)**: Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions.

**Sponsoring institution**: The college or university that offers the academic program and awards the degree associated with the athletic training program.

**Stakeholder**: Those who are affected by the program’s outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni.

**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**: The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.
The Quinnipiac University academic program is designed so that students begin taking athletic training classes in their freshman year. The courses that are associated with the supervised clinical experiences encompass 5 semesters, beginning with the fourth semester. Prior to this semester, students have obtained approximately 50 observation hours as part of AT 114 and AT 250. The goal of the clinical courses are to expose students to information as early as possible so that they may have the time to assimilate the classroom knowledge, cognitive, and affective aspects of each domain into real-life scenarios while they are still in a controlled environment, and under the supervision of professionals.

The five clinical courses (AT 290C, 390C, 391C, 490C, 491C) are designed in a progression and the proficiencies associated with them are direct progressions from our didactic classes. Initial exposure to the various clinical proficiencies and psychomotor competencies take place in numerous lecture classes. These classes present the information and then allow for “hands on” practice during class time and/or laboratory sessions. Evaluation of the competencies and proficiencies are accomplished through written examinations, oral and/or practical examinations, homework assignments, projects, role playing, and/or mock scenarios. As part of the clinical practicum classes, approved preceptors also evaluate the competencies and clinical proficiencies. After the initial assessment in the classroom, students demonstrate the ability to integrate the knowledge and skills learned in the classroom and/or lab into the athletic training setting, approximately 1 semester after initial classroom exposure.

The goals of each clinical experience (clinical lab) is for the supervising clinical preceptor to guide the student to demonstrate and integrate proficiencies associated with clinical decision making in the areas that the student has previously had didactic courses. Basically, the preceptor assists the student in taking the individual elements of the proficiency and fosters the synthesis of the skills into a more comprehensive clinical understanding and broader application. The students practice, master, integrate, and apply their skills during the clinical experiences.

Students are evaluated at least one time during the semester and then again at the end of the semester on the specific content areas they have been exposed to previously. Additionally, students are assigned certain proficiency assessments as a component of each of the Clinical Practicum classes. Students are assessed on their ability to assimilate the various skills and subset skills that form the proficiencies and apply them in a clinical problem solving manner. Approved Clinical Preceptors perform evaluation of the proficiencies.

The following chart identifies the location of the majority of the proficiency instruction and evaluation, as well as where we are evaluating these over time.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Majority of Instruction</th>
<th>Majority of Integration</th>
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<tbody>
<tr>
<td></td>
<td>Instruction of educational competencies/ clinical proficiencies</td>
<td>Evaluation of clinical proficiencies/ mastery</td>
</tr>
<tr>
<td>Evidence Based Practice</td>
<td>AT 210</td>
<td>AT 250, 251</td>
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<td></td>
<td>AT 350, 351, 352</td>
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<tr>
<td>Prevention &amp; Health</td>
<td>AT 116, 216</td>
<td>AT 290C, 490C, 491C</td>
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<tr>
<td>Promotion</td>
<td>AT 330, 390</td>
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Clinical Education Plan

Every effort is taken by the clinical coordinator(s) to ensure that all athletic training students receive a well-rounded clinical experience as a component of the clinical practicum classes. Each semester, students are able to request certain clinical assignments, and suggestions from clinical preceptors are encouraged. However, the clinical coordinator(s) makes all final decisions regarding clinical assignments of students, and all efforts are made to assign students to all sites. It is important that each student’s clinical education is balanced to not only include a variety of settings and exposures, but also that each student learns from a variety of clinical preceptors, and that all students have experiences in which there is a low preceptor to student ratio.

During each clinical practicum class the students are assigned to certified athletic trainers in any or all of the following areas: Quinnipiac University athletics, secondary school athletics, community-based health care settings, and other local college/university athletic teams. The clinical education plan includes exposure of each student to upper extremity, lower extremity, equipment intensive, and general medical experiences of both genders.

<table>
<thead>
<tr>
<th>Class</th>
<th>Min Hours</th>
<th>Exposure</th>
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<tbody>
<tr>
<td>AT 114</td>
<td>12 observation</td>
<td>Class separated into 6 groups, Each group meets for 6 weeks with staff or faculty ATC</td>
</tr>
<tr>
<td>AT 250</td>
<td>35 observation</td>
<td>Assigned to jr or sr mentor Shadows upper class ATS</td>
</tr>
<tr>
<td>AT 290C</td>
<td>100</td>
<td>Two 6-week rotations</td>
</tr>
<tr>
<td>AT 390C</td>
<td>200</td>
<td>Two 7-week rotations</td>
</tr>
<tr>
<td>AT 391C</td>
<td>200</td>
<td>Semester long assignment</td>
</tr>
<tr>
<td>AT 490C</td>
<td>200</td>
<td>Semester long assignment</td>
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<tr>
<th>Clinical exam and diagnosis</th>
<th>AT 250, 251</th>
<th>AT 390C, 391C</th>
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<tbody>
<tr>
<td>AT 350, 351, 352</td>
<td>AT 290C, AT 490C</td>
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<tr>
<th>Acute care of Injuries &amp; Illness</th>
<th>AT 214, AT 216</th>
<th>AT 290C</th>
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<tbody>
<tr>
<td>AT 390</td>
<td>AT 290C, AT 490C</td>
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<th>AT 215</th>
<th>AT 390C, 391C</th>
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<tr>
<td>AT 250, 251</td>
<td>AT 490C, 491C</td>
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<td>AT 350, 351, 352</td>
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<th>PS 101, 272</th>
<th>AT 490C, 491C</th>
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<tr>
<td>AT 490</td>
<td>AT 330</td>
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<tr>
<th>Healthcare Administration</th>
<th>AT 450</th>
<th>AT 450</th>
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<tr>
<th>Prof Development</th>
<th>AT 114</th>
<th>All Clinical Courses</th>
</tr>
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<tbody>
<tr>
<td>AT 450</td>
<td></td>
<td></td>
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Pre-Professional Component
Semester 2 (Spring Freshman year) – AT 114L
As a component of AT 114L, each student completes between 3-5 hours of supervised classroom/clinical experience during a six-week period (approximately 2 hrs/meeting).

Semester 3 (Fall Sophomore year) – AT 250
Each student completes a total of 35 hours of clinical observation over the course of the semester. These observation hours are completed on campus. Each student is assigned to either a junior or senior mentor that he/she will shadow. These assignments are made by the programs clinical coordinator. Students are expected to complete exposures that consist of a minimum of 3 consecutive hours. Students are exposed to athletic trainers responsible for athletic programs that compete in the fall and winter athletic seasons (volleyball, soccer, field hockey, cross country, tennis, basketball, ice hockey). The clinical observation experience includes pre-practice, practice, and post-practice games/ events and activities. Although each student’s rotation and experiences will vary, every effort is taken to ensure that all athletic training students receive a well-rounded clinical education.

Professional Component
Every attempt is made to make sure each student receives at a variety of exposures to upper extremity, lower extremity, equipment intensive, and general medical experiences of both genders. Our general medical rotation is fulfilled in a variety of ways, including direct exposure to our team physicians. Each student is required to attend the physician clinic as a component of the clinical classes. Each student must attend based on the requirements set forth in the clinical course syllabi.

The purposes of these clinics is to provide learning opportunities and to facilitate interaction between the athletic training students and the physicians. Current diagnoses will be presented to the physicians for critical analysis and an exchange of ideas. Students are encouraged to attend as many clinics as possible during the semester beyond the scheduled weekly physician clinics. However, required attendance is as follows:

AT 290C – 1
AT 390C – 2
AT 391C – 2
AT 490C – 2 (*1 of which requires oversight of the Gen Med clinic)
AT 491C – 1 (requires oversight of the Gen Med clinic)

Students with clinical assignments off-campus will still be required to attend MD clinics; these may be at either QU or the off campus clinical assignment (if the student decides to attend an off campus MD clinic, this must be verified
and/or documented). The time spent at the MD clinic will count towards each class's clinical hour requirement.

Students with clinical assignments in which there are regularly scheduled physician visits (i.e., men’s basketball, women’s basketball, men’s ice hockey, women’s ice hockey, football, etc.) receive additional exposure and opportunities physician interactions. These are documented by the student as either Gen Med or Orthopedic exposures.

Students in AT 490C and AT 491C will be required to present one senior capstone to the program, including team physicians. These presentations will be scheduled in advance.

**Semester 4** (Spring Sophomore year) – AT 290C
As a component of AT 290C each student completes a minimum of 100 and a maximum of 200 clinical hours under the direct supervision of a certified athletic trainer. During this semester, the student will complete two 6-week rotations, in which one rotation may be completed at a Quinnipiac University off-campus affiliate. Students will typically be assigned 6 weeks with a certified athletic trainer responsible for a winter sport (basketball, ice hockey, indoor track, tennis) or spring sport (baseball, softball, lacrosse, track, tennis), and 6 weeks with an off-campus certified athletic trainer (university or secondary school). A typical rotation may include 6 weeks at Yale University basketball (off-campus and a winter sport) and 6 weeks with QU women’s lacrosse. Although each student’s rotation and experiences will vary, every effort is taken to ensure that all athletic training students receive a well-rounded clinical education.

**Semester 5** (Fall Junior year) – AT 390C
As a component of AT 390C each student completes a minimum of 200 and a maximum of 300 clinical hours under the direct supervision of a certified athletic trainer. During this semester, the student will complete 2 7-week rotations; one rotation will be completed at a Quinnipiac University off-campus affiliate. Students will typically be assigned 7 weeks with a certified athletic trainer responsible for a fall sport (field hockey, volleyball, soccer, tennis, cross county), OR 7 weeks with a certified athletic trainer responsible for a winter sport (ice hockey, basketball, track, tennis), AND 7 weeks with an off-campus certified athletic trainer responsible for an equipment intensive sport (university or secondary school; football or ice hockey). Students may also be assigned to a rehabilitation rotation.

Upon completion of the fall semester, junior year, students complete at least one full semester off-campus during one of the remaining three semesters.

**Semester 6** (Spring Junior year) – AT 391C
As a component of AT 391C each student completes a minimum of 200 and a maximum of 300 clinical hours under the direct supervision of a certified athletic trainer or other licensed health care provider (PT, PA, MD). The clinical assignment increases from 7 week rotations to a semester long 15-week assignment. The student is assigned to an athletic trainer responsible for a winter or spring sport, either at Quinnipiac University or an off-campus affiliate. The student may also be assigned a rotation that focuses on rehabilitation. A typical assignment for this
semester may be one of the following: men’s basketball, women’s basketball, men’s ice hockey, women’s ice hockey, softball, baseball, men’s lacrosse, women’s lacrosse, men’s tennis, women’s tennis, men’s track, women’s track, acrobatics & tumbling, rugby, rehabilitation. Students assigned to an off-campus ATC will typically experience both a winter and spring sport.

Semester 7 (Fall Senior year) – AT 490C
As a component of both AT 490C and 491C, each student completes a minimum of 200 and a maximum of 300 clinical hours under the direct supervision of a certified athletic trainer or other licensed health care provider (PT, PA, MD). Senior students that are lacking a specific clinical rotation or exposure will be assigned that during one of the senior semesters. For example, if a student has been exposed to two lower extremity sports, two upper extremity sports, and only one equipment intensive sport, that student would then be assigned an equipment intensive sport during the senior year. Students may also be assigned to a rehabilitation rotation for the semester, either on-campus or at an off-campus affiliate.

Semester 8 (Spring Senior year) – AT 491c
AT 491c encompasses the student’s final clinical assignment. This semester requires a minimum of 200 and a maximum of 300 hours of clinical application and experience. The focus of this semester is one of rehabilitation, specialization, or remediation. For example, students lacking a specific clinical rotation or exposure will be assigned that during this semester. If a student has been exposed to two lower extremity sports, two equipment intensive sports, and only one upper extremity sport, that student would then be assigned an upper extremity sport such as baseball during this final semester. Students who also have a very specific goal or desire to pursue a particular setting (clinic, high school) might be assigned according to the student’s desires. Students may also be assigned to a rehabilitation rotation for the semester, either on-campus or at an off-campus affiliate.

Upon completion of the QU AT/SM program, all students complete clinical rotations encompassing:

Upper Extremity exposure – baseball, softball, tennis, volleyball, gymnastics/ acrobatics & tumbling, swimming, field events, squash, wrestling, archery, badminton, crew, fencing, rifle, golf

Lower Extremity exposure - soccer, cross country/track, basketball, field hockey, women’s lacrosse, rugby

Equipment Intensive exposure - football, ice hockey, men’s lacrosse

General Medical – MD clinics, and throughout all clinical experiences as part of the primary healthcare provided by preceptors.

Off campus exposure – secondary schools, community based health care, university athletic programs

A weekly clinic and cases study presentations (twice each semester) are attended by the program’s medical director (Dr. Henry) and team physicians (Dr. Cohen, Dr. Wang, & Dr. Nissen). The interactions are scheduled weekly and students are required to attend as designated in the clinical course syllabi (AT 290LC, AT 390C, AT 391C, AT 490C and AT 491C).
Prior to each semester, all preceptors must communicate with the clinical coordinator(s) to discuss the program’s clinical instruction plan for that semester. This includes identifying which preceptors are responsible for which students, and exactly how the evaluations of individual proficiencies are to be performed and documented. Preceptors are also made aware of the students’ knowledge and capabilities. This helps to ensure that students are limited to applying only those skills that have been formally evaluated. A preceptor will usually supervise a number of students from each academic level simultaneously. It is reviewed with the preceptor what proficiencies the student(s) have already mastered in previous courses and what the course objectives are for the current semester. The process of evaluation and documentation of proficiency mastery is reviewed each semester by the clinical coordinator, in conjunction with the AT/SM faculty and staff. Any questions or clarifications during the course of the semester are directed to the clinical coordinator(s). The clinical coordinator(s) are available for clarifications at any time via phone, email, in the athletic training room, or at weekly departmental meetings, to address any issues or concerns, and to solicit feedback and suggestions for improvement to the process.

**CLINICAL EDUCATION POLICY**

The Athletic Training Major is integrally related to your clinical experiences. The Athletic Training Room serves as a working laboratory for your classroom assignments as well as a place for you to become proficient in the skills of this profession. It serves as a clinical affiliation site for the educational program just as any other site (i.e., other universities, area high schools and clinics, etc.). The different areas—classroom work, laboratory classes, and clinical lab classes—are independent of each other, but also mutually dependent on each other for success. Each student is supervised in the Quinnipiac University athletic training room, athletic fields, arenas, and/or designated off campus sites by certified athletic trainers (ATC) or other licensed health care professionals (PT, PA, MD).

The time spent in the clinical setting as an athletic training student is designed to give you practical hands-on experience in your major. You should use this time wisely by learning, watching, and doing. Do not be afraid to learn new skills, and do not be afraid to use those skills. You will have a clinical preceptor supervising and instructing you along the way.

In order to facilitate your learning, it is expected that all athletic training students will abide by the following guidelines:

- All students must report to any and all clinical assignments on time. When anticipating arriving late, call immediately. If unable to attend, advance notice must be given to the preceptor. Failure to report for clinical assignments and unexcused absences will lead to probation, suspension, or termination from the Athletic Training/Sports Medicine Program.
- The Quinnipiac Athletic Training rule to punctuality: “To be early is to be on time, to be on time is to be late, and to be late is unforgivable.”
- All students must be prepared for the clinical assignment to include weekends and/or holidays (especially when in-season).
• Unless approved by the Clinical Coordinator, only students in the 3rd or 4th year of the Athletic Training/ Sports Medicine Program may attend away games. When traveling, athletic training students are to abide by the respective rules of the team.
• Students are required to earn CPR/AED certification for the health care professional by the end of the sophomore fall semester in the program and must maintain this certification throughout enrollment in the program.
• OSHA guidelines are followed very closely at all clinical sites. All students must read, understand, and adhere to the guidelines and universal precautions. A training session on the OSHA guidelines and universal precautions is required each year and documented in MyRecordTracker.
• No student may perform a skill, use equipment, apply a modality, etc. that he/she has not been instructed on.
• The HIPAA (Health Insurance Portability and Accountability Act) Guidelines are to be followed and strictly adhered to at all clinical affiliations and sites. See the end of this section for more information on HIPAA.
Clinical Scheduling Guide
All students shall complete fifteen weeks of clinical experiences associated with each of their clinical (AT390C, 391C, 490C, 491C) classes.

Students shall be required to perform a minimum of 200 hours (~13.3 hrs X 15 weeks) and a maximum of 300 hours (20 X 15) over the course of a semester.

Recognizing that clinical schedules vary from week to week, hours may peak and ebb over the course of the semester as long as the average does not exceed 20 per week.

Actual daily scheduling shall be at the discretion of the supervising ATC.

The rotations may or may not precisely coincide with the academic calendar. Actual dates will be at the discretion of the clinical supervisor but shall be clearly limited to fifteen weeks.

If a student is required to start a clinical rotation prior to the start of school or must stay through a vacation, then this student will have no further responsibilities past fifteen weeks from their start date. Exceptions or variations to this, must be discussed and approved by the clinical coordinator(s) in advance.

The following are guidelines to assist the preceptor in maintaining a experience for the AT student.
1. When scheduling, emphasis should be placed maximizing learning opportunities.
   a. Clinical scheduling shall always be secondary to the student’s academics. (Please remember that academic requirements will also peak and ebb across the semester).
   b. *When possible*, scheduling should be sensitive to the student’s extra-curricular activities
2. If the student will be traveling with an athletic team, travel hours (actual travel time) **COUNT** towards the 20 hours per week
   a. If the student is unable to achieve his/her weekly clinical goals on a consistent basis the student should be scheduled in a fashion that permits additional learning opportunities as opposed to travel time.
   b. If the student will be undertaking overnight travel, hotel time and other time that permits for personal activity (e.g. study time) shall **NOT** count towards the 20 hours. However, hotel and/or bus treatment, rehabilitation, and taping shall be included.
   c. Reminder: current ATSM policy states that a student shall be removed from team travel if his/her midterm grades fall below a B-.
3. Commuting time in excess of 15 miles one way to a clinical site shall count towards the 20 hours.
4. Additional hours in a week are acceptable when classes are not in session (i.e. preseason or winter break) however this time must be included when determining semester totals.
5. Students shall be permitted a minimum of one day off in each calendar week.
6. Special events and travel that result in excessive hours in a week (> 40 hrs) during an academic session require consent from the clinical coordinator of the ATSM.
7. If the student anticipates he/she will exceed the 300-hour maximum, he/she must make a formal written request with the clinical coordinator to exceed this limit. The “Request for Additional Clinical Experience” form, available on E-Value, should be submitted when the student reaches approximately 250 clinical education hours and anticipates exceeding the 300-hour limit. Both student and supervising ATC must sign the form prior to submitting to the clinical coordinator. The clinical coordinator and/or program director will investigate and verify that the student is academically sound, meeting appropriate requirements, and are not excessively exceeding the above clinical scheduling guidelines.

REMINDER: Direct supervision means constant visual and auditory interaction between the student and the supervising ATC.
Away Pre-Season Transition Policy: When the Athletic Training Student returns from an away-site pre-season experience, the following policy will be used in order to transition them back into clinical experience in a healthy manner:

Athletic Training Program
Preseason Experience Transition Policy

When the Athletic Training Student returns from a preseason experience, the following policy will be used in order to transition them back into the clinical experience in a healthy manner:

Immediately upon return to campus the Athletic Training Student (ATS) will have 1 week of rest.

- During the rest week the Athletic Training Student will be required to refrain from attendance at Clinical Experience.
  - However, if both the student and ACP agree, the student may attend clinical no more than 2 days (no more than 8 hours) for orientation and goal setting meetings.
- The rest week is designed to allow the ATS to rest, catch up on responsibilities, and generally pursue interests not related to athletic training.

For Fall Clinical Rotations:
Following the initial mandatory rest week, the Athletic Training Student will begin a transition week.

- During the transition week the student will be required to attend clinical experience between 4 & 6 days within the 7-day period. The number of days will be at the discretion of the Approved Clinical Preceptor in collaboration with the Clinical Coordinator.

After the two weeks of rest and transition back into clinical experience, the Athletic Training Student will return to normal attendance at clinical experience.

For Winter Clinical Rotations:
Following the initial mandatory rest week, the Athletic Training Student will begin a period of transition prior to beginning regular attendance at their clinical assignment. Since the ATS is assigned to a winter rotation which will last the entire semester, and into the winter break, the AT program feels the student should transition during the first 4 weeks of the semester and attend clinical on a part-time basis

- During the transition period the Athletic Training Student will be required to attend clinical experience, on average no more than 15 hours per week. The exact days and times should be determined by the ACP in conjunction with the clinical coordinator, in order to increase the student’s opportunity to transition smoothly into the assignment.

The Athletic Training Student will return to normal attendance of clinical experience at the end of the 4th week of the semester, or at a mutually agreed upon date approved by the ACP & clinical coordinator.

By signing below, I acknowledge that I have read and fully understand the Preseason Experience Transition Policy.

Student signature: ___________________________ Date: ___________________________
Request for Additional Clinical Experience

I _____________________________ request the opportunity to
____________________________________________________________ for additional clinical
experience. I understand that this request may be in excess of the maximum experience
delineated in the AT/SM Clinical Scheduling Guide. I have attached my plan with supporting
justification, for the remainder of the semester/experience, to this form.

My clinical supervisor for this experience is ________________________________

Contact information for clinical supervisor ________________________________

I attest that I am currently earning an 80% or better in all classes and am up-to-date on all
academic and clinical requirements at the time of this request.

My total current clinical education hours for the semester are ________________

I earned _________ clinical education hours during ____________________________ (pre-
season, winter break, summer, etc.) when no classes were in session.

My GPA is _______

☐ My plan and supporting justification are attached to this form

____________________________________  ________________
Signature of Student                      Date

____________________________________  ________________
Signature of Supervising ATC              Date

☐ Request Approved                       ☐ Request Denied

____________________________________  ________________
Signature of Program Director or Clinical Coordinator  Date

If denied, reason _______________________________________________________

1 copy to student                      1 copy to supervising ATC  1 copy to file – attach to hours card
Extracurricular Participation

- Athletic training students are encouraged to become involved in campus organizations and activities; however, students must understand that **academic requirements take priority and that clinical experiences are academic in nature.**
- Varsity student athletes
  - Athletic training students are allowed to participate in most varsity sports with the understanding that the academic program and clinical requirements take precedence over athletics responsibilities.
  - **It will take most varsity athletes an additional academic year to complete the requirements for the program if participating as a student-athlete. Please plan for 5 years.**
  - No exceptions will be made to the course sequencing.
  - No exceptions will be made for meeting the required clinical education rotations associated with academic coursework.
  - During the off-season, the student-athlete will not be permitted to participate in his/her respective sport if it conflicts with the clinical assignment.
- Athletic training students must meet with the Clinical Coordinator and the Program Director of the Athletic Training/ Sports Medicine Program before making plans to participate in varsity sports or excessive involvement in student/campus organizations.
- Athletic training students will not be excused from clinical assignments to participate in intramural or club practices or games.

Clinical Hours Verification

- Athletic training students are required to keep documented all clinical hours on the E*Value software.
- Hours are to be recorded daily and verified by the supervising clinical preceptor.
- Students will record one hour for each hour of their clinical experience. Partial hours should be recorded to the nearest quarter (15 minutes).
- The preceptors are responsible for verifying the recorded hours on E*Value.

Travel

- One athletic training student will travel with a preceptor and the team to which he/she is currently assigned unless there are significant extenuating circumstances or the team budget/coaches allow more than 1 student to travel.
- If an athletic training student cannot travel as assigned, **five days’ notice** must be given so that a substitute might be found or other arrangements made.
- Athletic training students are required to adhere to all travel regulations which apply to the team.
- In any travel situation be early for the departure time. Anyone not ready may be left behind.

Professional Demeanor Policy

Students within the Quinnipiac University AT/SM Program must follow and adhere to all University policies as delineated in the Quinnipiac University Student Handbook ([https://www.qu.edu/content/dam/qu/documents/policies/UGStudentHandbook2016.pdf](https://www.qu.edu/content/dam/qu/documents/policies/UGStudentHandbook2016.pdf)). **Any violations of these policies may result in dismissal from the institution.** Please read the university policy manual for a complete discussion of Academic Integrity, Academic Good
Standing, Student Records, Alcohol and Drug Policy, expected Student Code of Conduct, Medical Leaves, Disabilities, Exposure to Bloodborne Pathogens, Noise, Parental Notification, Sexual Assault and Rape, Sexual Harassment, Smoking, Use of Computer and Information Resources, and Prevention on Alcohol Abuse and Other Drug Use.

1. The use of illegal drugs will not be tolerated: anyone caught on or away from campus using or selling drugs or drug paraphernalia will be immediately reported to Public Safety as well as to the office of the Vice President and Dean of Students for appropriate action.

2. Athletic training students should not report to the athletic training room or any clinical site in an impaired manner. Any athletic training student who reports to any clinical site in an impaired manner will be immediately removed from the clinical rotation and the clinical coordinator will be notified. The student may then be reported to the office of the Vice President and Dean of Students for appropriate action and may be subject to removal from the Athletic Training/ Sports Medicine Program.

3. Any actions committed on or away from campus that are illegal and punishable by any law where the student is acting in a capacity, or representing the University in any capacity, may result in dismissal from the institution and/or program. The student will be immediately reported to the office of the Vice President and Dean of Students for appropriate action.

4. Failure to meet or maintain the academic and clinical requirements of the Athletic Training/ Sports Medicine Program will result in probation, suspension, or termination of enrollment in the program.

5. Any action deemed as, construed as, or pertaining to sexual harassment as defined in Student Handbook by any student in the Athletic Training/ Sports Medicine Program will be immediately removed from their present clinical rotation and the clinical coordinator will be notified. The student may then be reported to office of the Vice President and Dean of Students for appropriate action and may be subject to removal from the Athletic Training/ Sports Medicine Program.

6. All students wishing to file a grievance must do so in writing to the Director of Athletic Training and Sports Medicine. A meeting will be arranged with all parties involved to attempt to resolve the grievance. If it cannot be resolved, it will be referred to other administrative personnel within The University.

7. Failure to comply with any of the Policies and Procedures of the Athletic Training/ Sports Medicine Program can result in punishment, suspension, or termination of enrollment in the Program. The student will be informed in writing of disciplinary action and will be given due process. If the offending action is severe enough to warrant suspension or termination, the student will be referred to Dean of the School of Health Sciences and Vice President and Dean of Students.

**Personal Conduct**

Conduct while an athletic training student is expected to be professional at all times, including all forms of communication. As a healthcare provider, conduct on and off the athletic field or court has a direct impact on your ability to help others. As an athletic training student, you represent your family, the Athletic Training/ Sports Medicine Program, and Quinnipiac University. Avoid horseplay with the athletes and maintain the
respect of administrators, coaches, and athletes at all times. All students should obey the rules of the Athletic Training Staff, the Athletic Department, and Quinnipiac University.

Your conduct as an athletic training student does not end when you leave the court or field. The confidence placed in you as a healthcare provider begins long before you evaluate an athlete’s injury. The trust placed in you is based on how you act and conduct yourself in the classroom, in the dorm, and around town—-and then based on how you conduct yourself at practice and games. As a healthcare professional, you must maintain a distance from your athletes to remain objective and effective in your position. A line exists between social and clinical interaction that cannot be crossed—ever. To cross that line will cause a loss of confidence in you and your ability to provide care. This loss of confidence may prevent you from learning and growing in this valuable educational experience as an athletic training student.
Quinnipiac Sports Information Media Policy & Acknowledgement Form

Quinnipiac Sports Information Media Policy

We ask the media to direct all interview requests through the sports information office. You should never agree to any interview unless the arrangements are coordinated through the Quinnipiac Sports Information Office. Never give your phone number out to the media. These rules were established in an effort to reduce disruptions to your schedule and also to avoid having someone contact you who may attempt to gain information for other purposes outside of media information. If you receive an interview request, ask the media representative to make arrangements through the Quinnipiac Sports Information Office.

Quinnipiac Athletics and Social Media

- **New Media:** Public media refers to technologies used to communicate messages and whose mission is to serve or engage a public. Public media domains include print outlets, traditional broadcasts, and digital. When utilizing any public media outlets, student-athletes are expected to conduct themselves responsibly as members of their respective team, the Athletics Department, the University and the community.
- **Social Networks:** Social network sites such as Facebook, Myspace, Twitter, Blogs, and other new digital platforms facilitate students communicating with other students. Participation in such networks has both positive appeals but potentially negative consequences. It is important that Quinnipiac student-athletes be aware of these consequences and exercise appropriate caution if they choose to participate.
- Student-athletes are not restricted from using on-line social network sites and digital platforms. However, users must understand that any content they make public via on-line social networks or digital platforms is expected to follow acceptable social behaviors and also to comply with federal government, state of Connecticut, Quinnipiac, NEC/ECAC, and NCAA.
- Facebook and similar directories are hosted outside the Quinnipiac server. Violations of university policy (e.g., harassing language, university alcohol or drug policy violations, etc.) or evidence of such violations in the content of on-line social networks or digital platforms are subject to investigation and sanction under the University’s *Student Code of Conduct*, and other University and department policies. They are also subject to the authority of law enforcement agencies.
- It is the responsibility of the student athlete to be aware of university regulations. Ignorance of these regulations does not excuse student-athletes from compliance.

Guidelines for Student-Athletes & Athletic Training Students

The following guidelines are intended to provide the framework for student-athletes to conduct themselves safely and responsibly in an on-line environment. As a **student-athlete** at Quinnipiac University you should:

1. Be careful with how much and what kind of identifying information you post on on-line social network sites. Virtually anyone with an *edu* e-mail address can access your page. It is unwise to make available information such
as full date of birth, social security number, address, residence hall room
number, phone number, cell phone numbers, class schedules, bank account
information, or details about your daily routine. All can facilitate identity theft
or stalking. Facebook and other sites provide numerous privacy settings for
information contained in its pages; use these settings to protect private
information. However, once posted, the information becomes the property of
the web site.
2. Your site is available to potential current and future employers. You
should think about any information you post on Facebook, Twitter, and any
other digital media, or similar directories potentially providing an image of
you to a prospective employer. The information posted is considered public
information. Protect yourself and your team by maintaining a self-image
that you can be proud of in years to come.
3. Understand that freedom of speech is not unlimited. The on-line social
network sites are NOT a place where you can say and do whatever you want
without repercussions.

**Prohibited Conduct** Student-athletes are highly visible representatives of the
University and are expected to uphold the values and responsibilities of the University
while meeting all requirements set forth by the MAAC/ECAC, the NCAA, Quinnipiac
University, and the Quinnipiac University intercollegiate athletics program. The
Quinnipiac University Department of Athletics prohibits malicious and reckless
behavior when utilizing public media outlets. It is important that student-athletes
recognize the power of public media domains and the potentially negative image that
they can portray about student-athletes, coaches, the athletics program, and the
university.

**Bottom line: YOU are accountable for your social media presence. Understand
that inappropriate postings can follow you for life. Do not post anything that
would embarrass Quinnipiac, your team, the AT Program, or your family. If you
believe something you posted would upset your parents, and then know that it is
going to upset the university, too.**

**Upon review of the Quinnipiac University Sports Information Media Policy, read
and sign the following statement:**

I __________________________________________ understand that not
adhering to the policies set forth by Athletic Training Program and Quinnipiac Sports
Information may result in disciplinary action and sanction, including immediate
suspension, dismissal, or expulsion from the Athletic Training Program. Therefore, by
signing below I acknowledge receipt and complete review of contents pertaining to the
Quinnipiac Sports Information Media Policies.
Professional Dress Policy

Dress and appearance are critical in today’s society. Judgments are made about you from your appearance. When your appearance distracts others from the work you are doing, you cannot be effective in that work. Neatness and cleanliness should be the trademark of an athletic trainer.

In order to establish a professional appearance consistent with allied health care professionals and Quinnipiac University (QU), all athletic training students must abide by the athletic training professional appearance policy listed below. The professional appearance policy is in effect at all times when representing the University, day or night, in the athletic training room or at practice.

- Students’ outermost layer should have the Quinnipiac Sports Medicine emblem and/or logo clearly visible when weather permits.
- Approved Quinnipiac University sports medicine t-shirts, collared shirts, and/or long sleeves must be worn at all times. The shirts must be tucked in and neat in appearance.
- Students may wear either Khaki or Navy colored slacks or shorts.
  - Please note that all shorts should be of a professional length.
  - Slacks should be neat, clean and free of excessive wrinkles.
  - Jeans and sweats are unacceptable.
- All shoes must be closed-toed, professional and functional.
  - Sneakers are highly suggested for indoor use.
  - Boots are appropriate for inclement weather.
  - Any type of sandal or open backed shoe is unacceptable.
- Hats
  - May be worn outdoors; however they must be an acceptable QU product or have no logo at all.
  - Hats are not acceptable indoors.
- Fanny packs - Fanny packs should be in your possession at all times. You may use one provided to you (if applicable) or a professional one of your personal choice.
- No student will wear clothing representing another university while completing clinical education rotations with Quinnipiac University.
- No visible body or facial piercing. Any pre-existing piercing must be taken out at your clinical assignment.
- If you wear any unacceptable clothing, you will be sent home to change.
- Athletic training students must maintain good personal grooming including clean shaven, hair tied back, clean hands and appropriate length finger nails.

Games and Doctor’s visits

- Some sports (ex: Men’s BB, Women’s BB) will require the student to wear a shirt and tie, or dress slacks to games.
  - The dress requirement for these sports will be up to the discretion of the staff athletic trainer/preceptor.
- When representing Quinnipiac University sports medicine at a hospital or doctor’s office a Quinnipiac University collared shirt or nice dress shirt must be worn.

Inclement Weather

- All efforts must be made to adhere to the following dress code, however exceptions will be made in the event of inclement weather.
<table>
<thead>
<tr>
<th>Shirts</th>
<th>ATR</th>
<th>Practices</th>
<th>Games</th>
<th>Dr / Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUAT T-shirt</td>
<td>QU/AT T-shirt</td>
<td>QU/AT Collar, Team-specified</td>
<td>QU/AT Collar, Team-specified</td>
<td></td>
</tr>
<tr>
<td>Pants</td>
<td>Long or Short Khaki style, wind Tan, Navy</td>
<td>Long or Short Khaki style, wind Tan, Navy</td>
<td>As ATR, or better, Tan (Preferred)</td>
<td>As ATR, or better, Tan (Preferred)</td>
</tr>
<tr>
<td>Footwear</td>
<td>Sneaker, Boot (Clean, tied)</td>
<td>As ATR</td>
<td>As ATR</td>
<td>As ATR, or better</td>
</tr>
<tr>
<td>Hats</td>
<td>No</td>
<td>Outdoor, QU only, if necessary</td>
<td>Outdoor, QU only, if necessary</td>
<td>No</td>
</tr>
<tr>
<td>Inclement Weather Gear</td>
<td>NA</td>
<td>Outdoor, QU only, if necessary</td>
<td>Outdoor, QU only, if necessary</td>
<td>NA</td>
</tr>
<tr>
<td>Personal Grooming</td>
<td>Clean, neat, able to perform AT duties as determined by the AT Staff/Faculty</td>
<td>NO visible undergarments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***Mesh shorts are not acceptable.
***Shirts must be tucked in at all times, therefore visible undergarments will not be an issue.
***Acceptable dress policy will be to the discretion of the athletic training staff.
Student Conduct Policy

As a student in Quinnipiac University’s athletic training program, each student is expected to uphold a strong sense of professionalism and abide by the rules of being a health care professional. Throughout one’s time in the program the preceptors, professors, faculty and clinical staff will be evaluating students’ professionalism on a daily basis.

The basic steps to a behavioral incident in the educational (classroom or clinical) setting is typically the following steps:

1. The first offense is addressed to the student by the preceptor, faculty or clinical staff.
2. If the behavior continues, the student will be dismissed from clinical for a time that the preceptor sees fit and assigned a written assignment about the behavioral incident or other topic deemed appropriate by the preceptor/faculty/clinical staff. In addition, the student will meet with the clinical coordinators to address the behavioral issue.
3. After the written assignment is read, feedback is given the preceptor will give the student permission to return to clinical. If at this point another behavioral incident occurs, the student will once again be dismissed from clinical and will report for a mandatory meeting with program director to determine his/her future within the AT/SM program.

Documentation of each behavioral incident will occur through E*Value, in which a concern card is submitted and flagged. There are varying levels of offenses to generate a concern card through E*Value that can be categorized to minor or major offenses. Each preceptor and professor can submit a concern card based upon their discretion in regards to the expectations discussed in the initial rotation meeting, as well as those expectations set forth by the program. The concern card will remain in the record of the student and may be shared with the other faculty/clinical staff/off-campus preceptors, if needed. Ultimately if an offense is egregious enough or if there are a series of minor offenses, the program director upholds the ability to remove the student from his/her clinical rotation and from the program.

In addition, if you are cited for a behavioral violation it may have the potential to be brought before the academic integrity board at Quinnipiac University. The Academic Integrity Board consists of representative across the entire University and it is this committee that will also make a decision about what repercussions should be disseminated. Each clinical rotation is associated with a class and therefore whether the behavioral incident occurs in a lecture, lab or clinical, all come with the standards put forth by the academic integrity policy.

Examples of minor offenses
- Less than 10 minutes late to clinical
- Not following dress code
- Forgetting to wash the caps to the water bottles

Examples of major offenses
- Breaking HIPPA
- Not showing up for clinical when student has been assigned to that particular day/hours
- Being disrespectful to an athlete, coach, preceptor
- Handing out medication or performing a treatment without consulting your preceptor

I ___________________________________ acknowledge that I have read the above policy and understand that any behavioral incident/violation of this policy may result in disciplinary action and sanctions as determined by the Athletic Training Program or Quinnipiac University.

____________________________  __________________
Signature                      Date
SEXUAL HARASSMENT (NATA Brochure)

WHAT EVERY ATHLETIC TRAINER SHOULD KNOW
Most athletic trainers work in environments where physical contact, competition, and pressure for opportunities are intense, and where failure often has quick consequences for athletes and those who work with them. The potential for sexual harassment is high in environments such as these.

Sexual harassment is not just a problem for its victims. Anyone responsible for workplace decisions or employee supervision is responsible for understanding and preventing sexual harassment and may be held liable for failing to do so. Sexual harassment includes much more than most people think.

This brochure provides general summaries of what sexual harassment is, what athletic trainers' responsibilities are, what victims can do, and where NATA stands. Laws, regulations and case law vary by jurisdiction and change over time - this brochure does not provide individual legal guidance and is no substitute for knowing the law in your area.

What is Sexual Harassment?
Sexual Harassment is any form of unwelcome conduct based on a victim's gender. There are two basic types. Most people understand the first type, quid pro quo, in which the victim is promised some kind of benefit, is threatened or fears some kind of harm in exchange for sexual favors. Sexual favors include requests for dates and social events as well as requests for any kind of sexual touching.

The second type of harassment, hostile environment harassment, is more commonly alleged and does not require any threat or promise of benefit: sexual harassment occurs if a harasser by his or her conduct or failure to act creates or allows a hostile, offensive or intimidating environment. An environment may be hostile even if no touching occurs: jokes, pictures, innuendo, comments about a person’s body or appearance, sexual remarks about others, gestures and looks, and even more subtle collections of practices may create one.

What responsibility does an athletic trainer have for sexual harassment?
If an athletic trainer is an employer, is a manager of employees, or is a person responsible for workplace policies, he or she has a variety of responsibilities to attempt to prevent sexual harassment and to deal properly with it when it happens. These responsibilities have been growing rapidly in recent years and athletic trainers are cautioned to stay well informed of their legal responsibilities.

An employer could be liable for sexual harassment of the quid pro quo type even if it had no knowledge of the harassment, and even if the victim did not object and suffered no harm.

An employer may be liable for hostile environment harassment if it knew of the harassment, took insufficient action to stop it, or had no effective means in place for reporting, investigating or remedying the harassment (with no adverse consequences for the victim).

An employer is generally responsible for trying to prevent and police harassment against employees from any source, not just from other employees. This means that employees must be protected against harassment from athletes, coaches, fans, customers, vendors, doctors, athletic trainers and others, to the extent possible.

Courts increasingly determine whether harassment against women occurred based on whether a reasonable woman (not a reasonable man) might feel threatened or harassed.

What can a victim do?
A person can be a victim of sexual harassment if she or he is the target of the harassment, if she or he is harmed because someone else is a target (for example, if someone else gets preferred treatment), or if she or he works in a sexually hostile environment.

Appropriate actions will vary greatly with the situation and governing laws and policies. A person may feel victimized or ill-treated and not legally be a victim of sexual harassment; so (1) becoming informed, (2) keeping proper records, and (3) acting calmly are generally prudent.

Employers are legally expected to have and publish investigation and protection procedures for victims. The law requires that employers (1) act promptly, (2) take all complaints seriously, (3) document the investigation, (4) conduct all interviews privately and confidentially, and (5) prevent avoidable harm to the victim. Many employers make available same-gender representation and alternative reporting channels. Victims should investigate their internal options. Victims often have a variety of legal courses of action in addition to internal procedures including breach of contract, workman’s compensation claims, common law tort actions, state and federal statutory claims, and EEOC or other regulatory agency actions. Expert advice, not just the impassioned views of friends and relatives, should be sought. Keeping proper records increases a victim's options and chances of positive resolution. Non-legal resolutions should be analyzed as well.

Where does the NATA stand?
Sexual harassment violates the NATA’s Code of Ethics and can be grounds for sanctions, including termination of membership.
The Governmental Affairs Committee provides this information about the HIPAA regulations as a service to NATA members. This is provided as information only and should be viewed that way. Any final interpretations of this act should be left to your employer’s attorney. Portions of HIPAA will affect the way athletic trainers communicate and otherwise handle medical records/information of our patient population. We believe it is important that you become familiar with these regulations. This message will briefly cover: background of HIPAA, final modifications with potential implications in work settings, and resources for additional information.

**Background:** HIPAA, which stands for Health Insurance Portability and Accountability Act, was created to allow, among other things, employees to keep their medical insurance plans as they change jobs (“Portability”). HIPAA is administered by the US Health and Human Services Department (The Department) and can be broken down into three "Rules". The first one, the "Transaction Rule" is intended to standardize procedure codes and electronic billing format; the second rule, the "Security Rule" is designed to secure personally identifiable healthcare information being transmitted electronically; the third rule is the "Privacy Rule" and it will have the greatest impact on how we communicate and share patients’ medical information. Actually, the Privacy Rule took effect on April 14, 2001. Most covered entities must comply with the Privacy Rule by April 14, 2003.

The privacy rule creates national standards to protect individuals’ personal health information and gives patients increased access to their medical records. HIPAA regulations were intended to only affect “covered entities” or those health care providers that conduct financial or administrative transactions electronically. However, it is thought by some that this definition has been expanded to include all health care entities, and business associates, that utilize patients’ medical records. Thus, certified athletic trainers in all employment settings may be affected. NATA recommends that all ATCs have your employer’s legal counsel determine if you are a covered or hybrid entity in your state and employment setting.

**Final Rules:** On August 14, 2002 the final rules to the HIPAA statutes were released in the Federal Register. For the complete story, please go to http://www.hhs.gov/ocr/hipaa/ where you can also find a helpful fact sheet and other pertinent information.

There are seven main categories in the final rules that will most likely affect certified athletic trainers and they are discussed below:

1. **Consent for Treatment** - The original privacy rule required direct care providers obtain the patients written consent to the use or release of protected health information (PHI) for treatment, payment and health care operations. The final rule eliminates this requirement and substitutes a requirement that direct health care providers make a “good faith effort” to obtain a written acknowledgement of receipt of the provider’s Notice of Privacy Practices.

   Covered entities will instead be required to provide patients with a Notice of Privacy Practices that describes the uses and disclosures that may be made with their personal health information and the patient’s rights over such information. The written acknowledgement must be in writing, but there is neither a form prescribed nor a requirement that the patient’s signature be on the notice itself. A direct health provider may simply have the individual sign a separate sheet or simply initial a cover sheet of the notice.

   Following this logic, the Department understands that it is impossible to obtain a signed consent form or acknowledgement of receipt of privacy policies during an emergency situation. Therefore, this is not a requirement of the final rules.

2. **Authorization to Release Information** - Covered entities are required to obtain an authorization for non-routine uses and disclosures of PHI, meaning disclosures to third parties that are not part of the chain of health care providers. It is unclear whether disclosure of an athlete’s PHI to a coach or athletic director is included here, but disclosures to the media and others are included. NATA recommends all athletic trainers discuss this situation with their team physician, AD and coach and have an attorney create the applicable policy.
The Department has established a list of core elements that must be present for the authorization to be valid. They are:

1. A description of the information to be used or disclosed;
2. The identification of the persons or class of persons authorized to make the use or disclosure of the protected health information;
3. The identification of the persons or class of persons to whom the covered entity is authorized to make the use or disclosure;
4. A description of each purpose of the use or disclosure;
5. An expiration date or event;
6. The individual's signature and date; and
7. If signed by a personal representative, a description of his or her authority to act for the individual.

An authorization is not valid unless it contains all of the following:

1. A statement that the individual may revoke the authorization in writing, and (a) a statement regarding the right to revoke, and instructions on how to exercise such right or (b) if this information is included in the covered entity's Notice of Privacy Practice, a reference to the notice;
2. A statement that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization if such conditioning is prohibited by the Privacy Rule or, if conditioning is permitted, a statement about the consequences of refusing to sign the authorization; and
3. A statement about the potential for the protected health information to be redisclosed by the recipient.

Traditional blanket authorizations commonly used by athletic trainers should, in order to protect PHI, contain and address the above elements.

Finally, a covered entity that seeks an authorization is required to provide the individual with a copy of the signed authorization form. It is also paramount to remember that the patient or athlete must grant permission in advance for each type of non-routine use or disclosure. This means that the authorization is done on a per incident basis and a universal authorization form will not be valid for non-routine uses or disclosures.

3. Minimum Necessary Rule - The minimum necessary standard was added to the privacy rules of HIPAA with the intention of limiting the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose. The intent was to make covered entities evaluate their practices and enhance protections as needed to limit unnecessary or inappropriate access to, and disclosures of, PHI.

The final modifications exempt from the minimum necessary standard any use or disclosure for which the covered entity has an authorization. Nothing in the final rule eliminates an individual’s control over his/her PHI with respect to authorization. Minimum necessary requirements are still in effect to ensure an individual’s privacy for most other uses and disclosures. The minimum necessary rule does not apply to a covered entity’s use or disclosure to another health care provider for treatment purposes. It does apply to use and disclosures for payment and health care operations (business operations).

4. Incidental Uses and Disclosures - The initial proposals made even incidental uses and disclosures subject to penalty. The final modifications, however, recognize that these may occur in the course of patient care and are often impossible to avoid. Thus, the final rule explicitly permits certain incidental uses and disclosures that occur as a byproduct of a use or disclosure otherwise permitted by the Privacy Rule.

The incidental use of disclosure is only permissible to the extent that the covered entity has applied reasonable safeguards to protect the PHI. If these safeguards are met, health care providers may use office sign-in sheets, hospitals may keep charts at bedside and health care providers can talk with patients in semi-private rooms without fear of violating the rule if overheard by a passerby.

5. Parents and Minors - The Final Rule clarifies that state law, or other applicable law, governs in the area of parents and minors. Generally, the Privacy Rule provides parents with new rights to control the health information about a minor child, with limited exceptions that are based on state or other applicable law and professional practice. For example, where a state has explicitly addressed disclosure of a minor's health information to a parent, or access to a child's medical record by a parent, the final Rule clarifies that state law governs. In addition, the final Rule clarifies that, in the special cases in which the minor controls his or her own health information under such law and that law does not define the parents' ability to access the child's health information a licensed health care provider continues to be able to exercise discretion to grant
or deny such access as long as that decision is consistent with the state or other applicable law. Athletic trainers need to be familiar with applicable state laws that govern this relationship.

6. **Uses and Disclosures for Research** - The Final Rule allows authorizations for research to be combined with an informed consent to participate in the research study, another authorization, or any other legal permission related to the research. This is an exception to the general rule that authorizations may not be combined.

7. **Business Associate Agreements** - The Final Rule permits a covered entity to disclose PHI to a business associate who performs a function or activity on behalf of the covered entity that involves the creation, use or disclosure of PHI, so long as the covered entity enters into a contract with the business associate containing specific safeguards. This will impact all athletic trainers. For example, those athletic trainers that have a business relationship with brace makers must have a contract with the maker detailing uses of the PHI and the privacy standards. These business associates, per the agreement, may not release patient information for marketing or other purposes without patient authorization.

The Final Rule allows covered entities to continue operating under existing contracts with business associates for up to one year beyond the April 14, 2003 compliance date. This transition period is available if the covered entity has an existing contract or other agreement with a business associate, and the contract is not renewed or modified between the effective date of the proposed rule and April 14, 2003.

An important piece of information to include in the Privacy Rules is a notice to the patient of their right to complaint. According to the Department, the privacy notice must contain a statement that individuals may complain to the covered entity and to the Secretary of the Department if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint with the covered entity, and a statement that the individual will not be retaliated against for filing a complaint. This is an important step in protecting the rights of the patient.

It should be noted that existing STATE law can preempt HIPAA although to what extent is worth considerable more discussion than space allows. It is highly likely that your state of residence already has a group/taskforce examining these issues based upon state law. You should monitor the information coming out of your state group, as NATA does not have all information as it pertains to individual state law. Many states have web sites devoted to this effort. For example, see Kansas site at www.hark.info.

The Department of Health and Human Services has stated a commitment to assisting covered entities meet compliance standards for this rule. They have also committed to update the guidance on their website to reflect any modifications or interpretations of the final rule. The NATA will monitor the information and bring it to our members, as it is available. You may personally monitor the information at the Office of Civil Rights web site at www.hhs.gov/ocr/hipaa/.

Note: ATCs who bill for athletic training services, regardless of work setting, must be aware of electronic billing rules (Rules 1 & 2) that are described elsewhere within HIPAA regulations.

Resources for Additional Information: The summary described above is not intended to be all-inclusive. Rather it serves as notice to all certified athletic trainers that provisions called for under HIPAA will impact the way you practice athletic training. Please consult your employer, medical director/supervising physicians, and administrators to be sure that you clearly understand your role in the privacy policy and procedures that they will be required to develop. Share this information with third parties you work with, i.e., coaches, parents, media, etc.

Information regarding HIPAA has appeared in four issues of the NATA News. You may find these articles in the following issues:
- May 2000, p. 6-7
- Sept. 2001, p. 9
- Sept. 2001, p. 33-34
- Dec. 2001, p. 64

St. Anthony’s Press offers a HIPAA Handbook with basic information and a notebook that is updated during the year as needed. The phone number is 1-800-765-6097 ext. 33107; ask for Katie to receive a special NATA member discount.

The following web sites can provide additional information:
• www.hhs.gov (US Department of Health and Human Services) follow the “news” link. The HHS News and HHS Fact Sheets are very informative.
• www.aha.org this is the American Hospital Association site that offers AHA’s comments and concerns about the Privacy Rule.
• www.fmaonline.org (Florida Medical Association) has a very useful “Confidentiality Assessment Checklist” that may be used by permission of the FMA.

Please feel free to contact the Governmental Affairs Committee- Keith Webster, Chair, kjwebs@uky.edu; the Governmental Affairs Department - LaNell Collins, Director, lanellc@nata.org; Rich Rogers, Manager, richr@nata.org for help with questions.
Quinnipiac University - CITI Stage Modules

Group(s): CITI Health Information Privacy and Security (HIPS) for Students & Instructors

HIPS Expiration: 0 year(s)
Passing Score: 80

The modules are shown below as they appear in the learner gradebook.

Required Modules

- Health Privacy Issues for Students and Instructors (ID: 1420)
- Basics of Health Privacy (ID: 1417)
- Basics of Information Security, Part 2 (ID: 1424)

Elective Modules - Required: (7)

- Protecting Your Computer (ID: 1425)
- Protecting Your Portable Devices (ID: 1427)
- Protecting Your Identity (ID: 1428)
- Safer Emailing and Messaging, Part 1 (ID: 1429)
- Safer Emailing and Messaging, Part 2 (ID: 1430)
- Safer Web Surfing (ID: 1431)
- Security for Work/Workers Off-Site (ID: 1433)
- Picking and Protecting Passwords (ID: 1449)

Group(s): OSHA Bloodborne Pathogens

HIPS Expiration: 1 year(s)
Passing Score: 80

The modules are shown below as they appear in the learner gradebook.

Required Modules

- OSHA Bloodborne Pathogens Standard (ID: 13902)
- Hepatitis B Virus (HBV) Vaccination (ID: 13903)
- Labels and Engineering Controls (ID: 13904)
- Universal Precautions and Work Practices (ID: 13913)
- Emergency Response Procedures (ID: 13914)
To Enroll in a Course:

1. You will be presented with a series of questions or options to enable you to enroll in the Learner Group appropriate to your interests or your role in Human Subject Research / Lab-Animal Welfare or other curriculum as decided by your institution.

2. Your institution has prescribed your course curriculum. Your role in research does not affect your curriculum choices. The course(s) you are enrolled in depends only on your answers to the "Select Curriculum" questions.

3. The next page is the Main Menu. This page lists the courses you have chosen. The Main Menu also provides a number of Learner Tools designed to help you.
   - The Add a Course or Update Learner Groups link allows you to go to the enrollment questions and change your "Learner Group" by providing new responses to the enrollment questions.
   - The View Previously Completed Coursework link allows you to see your past scores, view expiration, and print completion reports.
   - The Update Institution Profile link allows you to update your institution-specific details, such as your institutional ID or employee number, email, department, role in research, etc.
   - The View Instructions page link brings you back to this page.
   - The Remove Affiliation link allows you to unaffiliate with an institution if you are no longer required to be certified under them and wish to no longer receive email notifications regarding courses under the institution. Please be aware that you will not have access to previous scores or completion reports obtained under the institution unless you remain affiliated.
   - You may affiliate with another institution. The software will sum the requirements of both institutions so that you need not retake modules common to the requirements of both institutions.

4. Click the Title of the Course to begin or continue the course.

5. Please Complete the Integrity Assurance Statement presented at the top after clicking a course title. The system will allow you to start taking the course modules after completing it.

6. Complete the Required modules and associated quizzes.

7. Complete the required number of Elective modules and associated quizzes.

8. When you complete all Required Modules in your curriculum and any necessary Elective Modules, you will be shown a list of Optional Modules. You may return to the course site at a future time to review these modules. Please be aware that Optional Modules do not count towards nor appear on a completion report.

9. When you complete all required modules successfully, you may print your completion report through the link: Print Report from your Main Menu or your Previously Completed Coursework page.

The Basic Course for Humans Subjects Research and the LabAnimal Welfare Core Courses will require 4-6 hours to complete depending on the curriculum prescribed by your organization. You are encouraged to use multiple log on sessions.

To Complete the Course:

- The minimum "passing" aggregate score for the quizzes has been set by your institution. A running tally is compiled in the Grade Book. If you want to improve a score on a quiz, you may repeat any quiz in which you didn't score 100% correct. Scores obtained after a completion report has been issued will not be reflected on the completion report.

- Print or download a Completion Report as evidence that you have met your institutional requirements. A copy will be sent automatically to your institutional administrator. You may
return to the course site in the future to obtain a copy of the completion report. The My Reports page will allow you to access any completion reports you have earned.

- Submit a voluntary, anonymous user satisfaction survey.

Questions:

- Technical issues should be addressed to citisupport@med.miami.edu or to 305-243-7970.
- Questions regarding your requirements should be addressed to your IRB training coordinator.
**Immunization Requirements for Students in Health Professions Programs**

Following recommendations by the CDC, to promote and maintain a safe environment at Quinnipiac University, and for students to participate in clinical practice settings, the following information is needed. As some of these immunizations take up to 6 months to complete, please review this information carefully and begin any series that might require completion prior to a titer being drawn. A health care provider (HCP) must complete and sign this form or include prior documentation of the required immunizations on a legitimate HCP form. All documentation must be signed by the health care provider to be accepted.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td><em>Please complete both pages of this form.</em></td>
</tr>
</tbody>
</table>

### IMMUNIZATION HISTORY

Where indicated by †, Positive Titers can be substituted for vaccine dates

<table>
<thead>
<tr>
<th>DATES OF IMMUNIZATION</th>
<th>NOTES (IF APPLICABLE)</th>
</tr>
</thead>
</table>

#### MMR (Measles, Mumps, Rubella)†
2 doses given on or after the first birthday and separated by 28 days or more

- Dose 1:
- Dose 2:
- Date(s) MMR Booster if negative titer:
- Dose 1:

#### Tdap (Tetanus, Diphtheria, Pertussis)
Tdap Booster within past 10 years

- Date:

#### Varicella (Chicken Pox)†
2 doses of varicella vaccine given at least 28 days apart
If history of varicella infection, must provide serologic proof of immunity

- Dose 1:
- Dose 2:
- Date(s) Varicella Repeat Series if negative titer:
- Dose 1:
- Dose 2:

#### Polio
4 doses of OPV/IPV given with last dose on or after the fourth birthday

- Dose 1:
- Dose 2:
- Dose 3:
- Dose 4:

#### Hepatitis B†
3 doses of hepatitis B vaccine at 0, 1, and 6-month intervals

- Dose 1:
- Dose 2:
- Dose 3:
- Date(s) Hepatitis B Repeat Series if negative titer:
- Dose 1:
- Dose 2:
- Dose 3:

#### Influenza
Current within past year*
Students choosing not to receive annual vaccine, must complete declination form**

- Date:
- *Must be repeated annually to meet medical requirements
- **Certain clinical sites may require influenza vaccination. Students unable to confirm influenza vaccination cannot be guaranteed clinical placement.

#### Tuberculosis
1-step PPD required annually*
If history of positive PPD, negative chest X-ray required
Negative QuantiFERON Gold blood test will be accepted in place of PPD or chest X-ray**

- Date PPD Placed:
- Date PPD Read:
- Result (mm):
- *Specific dates of test based on individual program requirements
- **Must be repeated annually to meet medical requirements
## PROOF OF IMMUNITY

Positive titers are required for the following; copies of actual lab results must be provided by student.

<table>
<thead>
<tr>
<th></th>
<th>DATE OF BLOOD TITER</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measles Immunity</strong></td>
<td>Date:</td>
<td>Result:</td>
</tr>
<tr>
<td>- Measles Antibody IgG</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mumps Immunity</strong></td>
<td>Date:</td>
<td>Result:</td>
</tr>
<tr>
<td>- Mumps Antibody IgG</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rubella Immunity</strong></td>
<td>Date:</td>
<td>Result:</td>
</tr>
<tr>
<td>- Rubella Antibody IgG</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella Immunity (Chicken Pox)</strong></td>
<td>Date:</td>
<td>Result:</td>
</tr>
<tr>
<td>- Varicella Antibody IgG</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B Immunity (Anti-HBs)</strong></td>
<td>Date:</td>
<td>Result:</td>
</tr>
<tr>
<td>- Hepatitis B Surface Antibody, Quantitative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- At least 1 month after HBV vaccine dose 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

| Medical Provider Signature: | | Credentials: |
| Medical Provider Name, Address, Phone (please print): | | Date: |
Approved policy for Quinnipiac University students who incur an accidental exposure to human blood (or other potentially infectious materials), or who may be exposed to airborne pathogens (e.g. the tuberculosis bacterium) while participating in a course/university related activity (e.g. a laboratory, clinical training, athletics, etc.).

**Background information:**

The University recognizes that some students, in their coursework, clinical practicums, or other university-related activities, may accidentally be exposed to another person’s blood/body fluids (including airborne droplets) through various activities such as an athletic injury, a needle puncture wound, a surgical accident, or caring for a patient who has tuberculosis. Exposure to human blood and certain body fluids (semen, vaginal secretions, cerebrospinal fluid, any body fluid containing visible blood and unfixed tissues) may put these students at risk of contracting a bloodborne pathogen. The major bloodborne pathogens are: hepatitis B virus (HBV), hepatitis C virus (HCV) and the human immunodeficiency virus (HIV). Exposure to airborne droplets from a patient with tuberculosis (coughing, sneezing) puts the students at risk of contracting tuberculosis. Students who have exposure to the droplets of patients with Pertussis and Meningococcal Meningitis are also at risk for disease transmission. Students who are at greatest risk of these types of exposures (primarily, but not exclusively, health science students) must be educated about how to minimize or eliminate the likelihood of exposure to these potentially infectious fluids before they participate in these activities. Additionally, they must be informed as to how to proceed if they incur an exposure, either on or off campus, while participating in a course/university related activity.

Currently, health science students who have a risk of exposure either on or off campus at clinical training sites are trained according to the Occupational Safety and Health Administrations (OSHA) Bloodborne Pathogen Standard, which was developed in an attempt to minimize or eliminate employee risk of exposure to human blood/body fluids during the course of his/her work. This training includes discussion of the Centers for Disease Control (CDC) Universal Precautions document regarding infection control and information on the hepatitis B vaccine. This training is done either on campus by a faculty member, or at the student’s clinical facility as part of an orientation presentation.

**Bloodborne Pathogens:**

This portion outlines a protocol to be followed by students regardless of location, if they incur an accidental exposure to human blood/body fluids while engaged in coursework or some other university-related activity. Exposure in this case means that another person’s blood/body fluid has come into direct contact with some part of the student’s body. This other person is referred to as the source individual. All bloodborne pathogen exposure incidents should be evaluated immediately since risk of post-exposure infection is dependent upon many factors and that treatment, if indicated, must be started as soon as possible in order to be maximally effective.

Bloodborne pathogens include, but are not limited to Hepatitis B; Hepatitis C; Non A, Non B Hepatitis; Human Immunodeficiency Virus; Syphilis; and Malaria. These pathogens may be transmitted in blood or other potentially infectious materials, including cerebrospinal fluid,
synovial fluid, pleural fluid, amniotic fluid, pericardial fluid, peritoneal fluid, semen, vaginal secretions, any body fluid contaminated with blood (saliva in dental procedures), and, in emergency situations, body fluids that cannot be recognized. Unfixed tissue or body organs other than intact skin and blood, organs and tissue from experimental animals infected with HIV or HBV are also considered potentially infectious materials.

**Facts about HIV Exposure:**
- The average risk for HIV infection from all types of reported percutaneous exposures to HIV-infected blood is 0.3%. **Risk is increased for exposures involving:**
  - A deep injury to the health-care worker
  - Visible blood on the device causing injury
  - A device previously placed in the source patient’s vein or artery (e.g. needle used for phlebotomy)
  - Proven or presumed high viral load as demonstrated through testing of the source patient or in case of source patient death from AIDS complications within 60 days post exposure.
- Identification of these risk factors in the case-controlled study suggests that the risk for HIV infection exceeds 0.3% for percutaneous exposures involving a large blood volume and/or higher HIV titer in blood. The risks after mucous membrane exposure on average is approximately 0.1% and on skin exposure less than 0.1% probably also dependent on the volume of blood and titer of HIV.
- Although information about the potency and toxicity of antiretroviral drugs is available from studies of HIV-infected patients, it is uncertain to what extent this information can be applied to uninfected persons receiving PEP.

**Facts about Hepatitis B Exposure:**
For a needlestick exposure involving hepatitis B, the risk is considerably higher (i.e. 1 in 3 or ~33%) than for HIV. The risk is likely much lower in superficial or trivial needlestick injuries, and in skin/mucous membrane exposures, depending on specific circumstances. It is negligible in individuals who have completed a course of hepatitis B vaccine with confirmatory titers.

**Facts about Hepatitis C Exposure:**
The average incidence of anti-HCV seroconversion after accidental needlestick injury from an HCV-positive source is about 2%.

**Protocol to follow if exposed to human blood or other potentially infectious body fluids:**

**AN EXPOSURE INCIDENT REQUIRES IMMEDIATE ACTION!**

1. **Exposure Incidents**
   - The following events are considered an exposure:
     - percutaneous injury involving a potentially contaminated needle or other sharp
     - splash of blood or other potentially infectious materials to the eyes, mouth or mucous membranes
     - blood or other potentially infectious materials contacting broken skin

2. **Steps to Take in the Event of An Exposure or Needle Stick**
   - Do not panic! It is not helpful. **Clear thinking and immediate action** are the best course of action
- Wash the exposure area immediately for at least two minutes if possible. If it’s a skin wound, wash well with water and disinfectant soap. Irrigate eyes with saline if available, otherwise use water. If it’s a mouth exposure, wash mouth out well with water.

- Students should immediately report the incident to whomever is precepting or supervising them (including but not limited to their Quinnipiac University Clinical Coordinator).

- Before starting rotations, students should ask their preceptor for a copy of their site's exposure control plan if they are at a distant location such as out of state.

3. Attempt to obtain the HIV/HBV/HCV status of the source individual. If the exposure is judged to be “high risk”, prophylactic anti-viral therapy may be started immediately in order to be maximally effective.

4. Post-exposure risk evaluation and potential treatment: The CDC now recommends that an individual with a significant exposure to blood or other potentially infectious body fluids of another individual should be seen and evaluated within three hours (or otherwise as soon as possible) of the exposure. An exposure incident is to be treated as a medical emergency.

Assessing Risk After an Exposure Incident: Assessing post-exposure risk is often very difficult to clearly evaluate. The student should try to provide, to the best of his/her ability, the following information about circumstances surrounding the exposure incident:

1) The specific procedure involved (phlebotomy, surgery, etc.)
2) Specific equipment involved (needle type/gauge, scalpel, pipet, etc.)
3) Body surface exposed (skin, eyes, nose, mouth, percutaneous wound depth)
4) Type of fluid exposed to (whole blood, serum/plasma, viral culture, semen, etc.)
5) Personal protective equipment employed (gloves, gown, mask, etc.)

   a. Evaluation of the student’s risk of infection may include drawing the student’s blood for baseline testing for HIV, HBV, HCV, complete blood count, and blood chemistry screening, including liver function tests. Treatment, if indicated, may include initiation of prophylactic anti-viral therapy. This cost of this medication must be borne by the student.

   b. In general, a “high risk” exposure incident is one based on both transferal of a relatively large volume of infected patient blood (e.g. a deep needlestick injury with a large bore needle) and blood containing a high concentration of viral particles (e.g. early acute retroviral illness or end-stage AIDS). “Increased risk” means exposure to either one of the above. “Low risk” generally means exposure with minimal penetration (e.g. superficial skin injury, solid suture needle injury), low viral concentration fluids (e.g. saliva, urine), or exposure on fully intact skin.
Where to go if you have been exposed:

**Exposures at a site WITH on-site capability for initial care:**

Students who are exposed at a clinical site with on-site capability for providing appropriate care for bloodborne exposure, will follow the clinical site protocol and seek initial evaluation and treatment at the clinical site.

**Exposures at a site WITHOUT on-site capability for initial care:**

If the clinical site is without on-site capability for providing appropriate care for bloodborne or airborne exposure, then the student should be seen at:

MidState Medical Center’s MediQuick  
61 Pomeroy Ave, Meriden, CT.  
(203-694-5350)

It is advised that you call ahead to let MediQuick know you are coming (203-694-5350). Inform them that you have been exposed to human blood or other potentially infectious material so that they can expedite your getting seen as soon as possible.

If MediQuick is not open, then the student should be seen at a nearby hospital-affiliated urgent care center or hospital emergency department. The preferred site in the Hamden area is:

MidState Medical Center Emergency Department. Meriden, CT

If the student is out-of-state, they should be seen at a nearby hospital-affiliated urgent care center or hospital emergency department.

**Post-exposure follow-up care with infectious disease office:**

Follow-up care, if needed for the exposure, should be arranged with:

MidState Medical Center Infectious Disease office, Dr. Levitz  
61 Pomeroy Ave, Meriden, CT.  
(203-694-5444)

(Note: the Infectious Disease office of Dr. Levitz is not the same office as MediQuick but they are in the same office building).

If the student is out-of-state, any needed exposure follow up should be arranged at a hospital-affiliated urgent care center or hospital emergency department.

*The student is responsible for using their own health insurance or the university purchased accident only policy through Gallagher Insurance Company to pay for any medical visits associated with their occupational exposure.*

**Payment of Services for an Exposure Incident:**

The student is responsible for using their own health insurance to pay for any medical visits associated with their occupational exposure. The students are also covered by an ‘accident only’
student insurance program that has been coordinated through the university with the Gallagher Insurance Company and information can be obtained via the Gallagher web site at www.gallagherstudent.com/Quinnipiac under My Student Health. See Attached flyer and FAQ sheet.

**Documentation of an Exposure Incident:**
All student exposure incidents, on or off campus, must be fully documented by filing a detailed incident report form (available online at the QU student Health Services webpage) to the Director of the Quinnipiac University Student Health Services (FAX: 203-582-8924, TEL: 203-582-8742) and with the student’s program director/department chairperson within **FIVE (5) days of the incident**. A copy of the form is at the end of this document. Additional copies may be obtained from Student Health Services and from the Office of the Dean of Health Sciences in North Haven. If you need help filling it out, ask a faculty member in your program/department or a nurse from Student Health Services.

You will also likely be required to fill out an incident report form at your clinical affiliate site for their records. It is very important that you fill these out thoroughly and completely in order to aid in post-exposure evaluation and follow-up, and to protect your legal rights in the future if necessary. You should obtain copies of any and all post-exposure evaluation/testing/treatment documents as follow-up will most likely occur at:

**Infectious Disease office at MidState Medical Center**
61 Pomeroy Ave, Meriden, CT
(203-694-5444)

All information related to an exposure incident will be kept confidential in your medical records file at Student Health Services at the University

**Tuberculosis (TB) Exposure:**

The tuberculosis bacterium is spread from person-to-person through inhalation of small droplets produced during the coughing and sneezing of an infected individual. Close contact with a person with untreated or undiagnosed pulmonary TB places healthy people at risk of acquiring the infection. Tuberculosis is treated with antibiotics.

If a student is exposed to TB during course-related activities, they should inform their instructor/clinical coordinator/supervisor as soon as possible. The student will then be directed to obtain a baseline TB skin test (PPD). The student should fill out a QU **Student Incident Report Form** (available online at the QU student Health Services webpage) and submit it to QU **Student Health Services** and their department chairperson/program director. 

Post-exposure evaluation/treatment of an exposure incident may include the following:
1) Evaluation of student’s risk given the exposure situation
2) PPD test at time of exposure and 12 weeks post-exposure
3) A chest X-ray
4) Prophylactic therapy

As for bloodborne pathogens, the decision for specific treatment and follow-up will be made on a case-by-case basis by qualified health care providers with the students’ consent.
**Pertussis:**

Pertussis is a bacterium that is spread from person to person through the inhalation of contaminated droplets from an infected person. Pertussis is a vaccine preventable disease for children who are current on their vaccinations. However, Pertussis immunity is not carried through to adulthood, and a booster is required for immunity. The CDC currently recommends any adult who has not had a Tetanus Diphtheria and Pertussis (Tdap) vaccination as an adult to receive at least one dose.¹, ii Note most adults who have had a tetanus diphtheria booster have NOT received the one with Pertussis.

If a student has been exposed to a laboratory confirmed documented case of Pertussis during course-related activities, they should inform their instructor/clinical coordinator/supervisor as soon as possible. The student will then be directed to have a medical evaluation. The student should fill out a QU Student Incident Report Form (available on line) and submit it to QU Student Health Services and their department chairperson/program director.

Within the next 2 business days the student should follow up with QU Student Health Services for evaluation and prophylaxis if needed. The students are advised to call the QU Student Health Services first. In the event that Student Health Services is not available, such as when school is not in-session, the student is directed to contact at the Infectious Disease office at MidState Medical Center (203-694-5444) 61 Pomeroy Ave, Meriden, CT

If on rotation out of state, the student should check with their preceptor, and follow their protocols. In the case where students are not under the policy, or there is any concern, the student should be evaluated at a nearby hospital-affiliated occupational medicine, urgent care center or primary care center.

Restrictions from clinical duties may occur; the CDC guidelines¹, ii recommend exclusion from duty for 5 days after initiating prophylaxis/treatment on any symptomatic healthcare worker after exposure. No restrictions for asymptomatic persons. Treatment may include prophylaxis with, erythromycin, azithromycin, or Bactrim (TMP/SMX) for 14 days. This will be addressed at the time of the evaluation; you are not contagious immediately after an exposure.

**Meningococcal Meningitis:**

Students in rotations may come in contact with patients infected with Neisseria Meningitides, a common causative agent of one of the most deadly forms of meningitis. Although transmission from a patient to a healthcare worker is rare, unprotected contact with respiratory secretions can lead to infection. Because of the significant morbidity and mortality associated with the disease students and health care workers with a known exposure are treated with prophylaxis. If a student has been exposed to a laboratory confirmed documented case of Meningococcal meningitis during course-related activities, they should inform their instructor/clinical coordinator/supervisor as soon as possible.

The student should be directed to have a medical evaluation. The student should start by contacting the QU Student Health Services at 203-582-8742, to arrange for prompt evaluation. In the event the Student Health Services is not going to be available for more than 48 hours the student is directed to be evaluated at:
If out of state or at a distant location the student should check with their preceptor and go to the local emergency room/urgent care center for initial evaluation and determination if prophylactic antibiotics are required.

The student should then follow up with QU Student Health Services. The student should fill out a QU Student Incident Report Form (available online at the QU Student Health Services webpage) and submit it to QU Student Health Services and their department chairperson/program director.

Restrictions from clinical duties may occur; the CDC guidelines\textsuperscript{i, ii} recommend exclusion from duty from clinical duties until 24 hours after starting prophylaxis for asymptomatic persons. Treatment may include prophylaxis with, Rifampin, Ciprofloxin or Ceftriaxone. This will be discussed at the time of evaluation. The student is not contagious immediately after exposure.

\textbf{Prevention:}

It is our aim to prevent as many exposure incidents as possible by educating students properly and by reminding them to always remain aware of the risks as they perform their duties.

The following are guidelines for preventing student exposure incidents:

1. \textit{Attend and listen} carefully at all OSHA training sessions.

2. \textit{Obtain the full series} (3 injections over 6 months) of hepatitis B vaccine and check immunity (hepatitis B antibody in blood) one month after the last injection.

3. \textit{Pay careful attention} to instructors and learn/practice good technique for phlebotomy, handling and disposal of needles and sharp instruments, surgical procedures, etc.

4. \textit{Adhere to the principle of Universal Precautions} which states that anyone’s blood/OPIMs may be potentially infectious and therefore everyone’s blood and body fluids must be treated accordingly.

5. \textit{Use personal protective equipment} (e.g. gloves, gowns, face mask) as required to protect yourself.

6. \textit{Wash hands frequently} with antimicrobial soap under hot running water.

7. \textit{Keep hands/fingers} away from face and eyes.
8. *Think about what you are doing. Most exposure incidents are due to carelessness!*

**Reviewed/updated:** April 20, 2012 by Dr. Tom Brady, Professor and Chairman of Biomedical Sciences, (203) 582-8609, thomas.brady@quinnipiac.edu

**Modified:**
- April 20, 2012
- September 17, 2012
- February 18, 2013
- April 24, 2014

**Attachments:**
- Midstate Medical Center Protocol for Chemoprophylaxis following Bloodborne Pathogen Exposure.
- Midstate Medical Center/ MediQuick Pre-registration form
- Quinnipiac University Incident Report Form

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ii Centers for Disease Control and Prevention, Immunization of health care personnel, Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011; 60 (no. 7).

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**Attachments**

Student accident only insurance program through Gallagher Insurance Company FAQ

Midstate Medical Center Protocol for Chemoprophylaxis following Bloodborne Pathogen Exposure.

Midstate Medical Center/ MediQuick Pre-registration form

Quinnipiac University Incident Report Form
MidState Medical Center Protocol for the Management of Post Exposure Chemoprophylaxis following Potential Occupational Exposure to Bloodborne Pathogens

General Information:
- The student will follow guidelines as listed within the “Quinnipiac University Student Exposure Control Plan for Bloodborne and Airborne Pathogens”
- The student is responsible for using his/her own health insurance and for paying for the visits associated with post exposure follow up.
- Students who are exposed at a clinical site with on-site capability for providing appropriate care for bloodborne exposure, will follow the clinical site protocol and seek initial evaluation and treatment at the clinical site.
- Students who are exposed at a clinical site without on-site capability for providing appropriate care for bloodborne exposure will receive initial evaluation and treatment at: MidState Medical Center’s MediQuick
  61 Pomeroy Ave.
  Meriden, CT
  Telephone number (203) 694-5350.
- Hours of operation
  o 8am to 7:30pm

Bloodborne Exposure Protocol:
*Students who are exposed at a clinical site without on-site capability for providing appropriate care for bloodborne or airborne exposure will follow steps 1 – 3 below. All students will follow step 4 below.

1. Notification from Quinnipiac University/QU Student:
   - Notification from Quinnipiac University/QU Student to MediQuick (MQ) Charge Nurse of student exposure.
   - Student arrives at MQ with copy of:
     o Completed registration form
     - Registration form and Release of Information form are available on the Quinnipiac University Student Health Services website
     o Signed release of information form for MidState Medical Center
     o Copy of incident report
     o Copy of hepatitis B vaccine status.
   - Student reports to MQ Registrar and is fast tracked into treatment room where registration process will be completed.
   - CBC, Renal & Hepatic chemical functions, baseline HIV and Hepatitis C antibody will be drawn.

2. Assessment:
   - The MQ physician and/or LIP will assess the extent of exposure and determine risk.
   - The MQ physician and/or LIP will offer appropriate PEP along with information on the prescribed medications and risks.

3. Intervention:
   - Permission for post-exposure prophylaxis (PEP) regimen will be obtained
   - Perform other testing as indicated (including pregnancy test if indicated)
4. Follow-up (all students):

- An appointment should be made by the student with the **Infectious Disease physician, Robert Levitz, M.D. for 2 weeks post exposure follow-up.** This appointment can be made by contacting the Infectious Disease Office at **203-694-5444** on the next business day following the immediate post exposure follow-up.

- If the immediate post-exposure follow-up was **not** done at *MidState Medical Center*, the student should request a copy of the lab work be copied to Robert Levitz MD, at *MidState Medical Center Department of Infectious Disease* (fax # 203-694-5373).

- The Infectious Disease physician (Dr. Levitz) will evaluate/counsel the student in **two weeks** for follow-up blood work and additional medication as needed. To make an appointment with Dr. Levitz, the student should call 203-694-5444. The office is located at 61 Pomeroy Ave, Meriden, CT (note that the Infectious Disease office of Dr. Levitz is **not** the same office as *MediQuick* but they are in the same office building).

- The Infectious Disease physician (Dr. Levitz) is available for consultation regarding the effects of post exposure prophylaxis (PEP) medication and medication changes, if appropriate.

- If the student is out-of-state, any needed exposure follow up should be arranged at a hospital-affiliated urgent care center or hospital emergency department.
Quinnipiac University –
FAQ – Excess Student Accident Insurance
Q. What is “excess student accident insurance” and why does Quinnipiac have a policy?
A. The concept of this is to prevent Quinnipiac students from incurring expenses due to accidents that occur while in school. An “excess” policy covers expenses that the student would otherwise be responsible for in the absence of this policy i.e. co-pays, deductibles, and other amounts denied by primary insurance and shown as the patient responsibility on the primary eob.
Q. How do I become eligible? How does it work?
A. Every Quinnipiac student is automatically covered by the plan. When an accidental injury occurs a claim form must be completed and sent to the claims company, BMI Benefits LLC. Claims forms can be found online at www.gallagherstudent.com/quinnipiac or from Student Health & Wellness, Public Safety or Athletics.
Q. Do I need to have a claim form on file for every injury?
A. Yes. A new claim form must be filled out for each new injury.
Q. Do I still need to have primary insurance, since Quinnipiac has this policy?
A. YES, you do. All full time students must have a primary insurance policy. Our excess student accident policy ONLY covers accidental injury related injury charges not paid by primary insurance and shown as the student’s responsibility on the primary insurance eob. It does not cover any bills associated with general illness or non-accidental injuries.
Q. What expenses does the Excess Student Accident Insurance policy cover?
A. The policy is designed to cover most expenses beyond your primary insurance coverage for accidental injuries, up to of 100% Usual & Customary. This includes amounts shown as the patient responsibility on the primary insurance eob: co-pays, co-insurance, high deductibles etc.
Q. What is the benefit period to incur bills/claims?
A. The benefit period is 2-years / 104 weeks from the date of injury. This is on a per injury basis.
Q. Is there a deductible associated with the Student Accident Policy?
A. There is no deductible. This means that any accidental injury medical charges, from $0.00 to $5,000, not covered by your primary insurance, and shown as the student’s responsibility on the primary eob, will be paid up to 100% Usual & Customary.
Q. What insurance information do I have to give a provider?
A. When you go to hospital, Doctor’s office, PT clinic, etc, you must remember to bring the Excess Student Accident Insurance card and claim form. The policy number is on the form. This form can be obtained from Student Health & Wellness, Public Safety or Athletics.
Q. How will claims be processed?
A. Do NOT pay bills yourself. The provider will take down your primary insurance information, as well as the Excess Student Accident Policy information. Bills will be sent to your primary insurance for processing. If you remember to present the secondary insurance info upfront, providers should automatically send any outstanding balances to BMI Benefits LLC, to process under the Excess insurance plan.
Q. What documents are needed in order for BMI Benefits, LLC. to process a claim?
A. The provider will send BMI Benefits the following documents:
1) Itemized bill – This is called a HCFA or UB92, and it contains the following information:
   o Provider’s Name
   o Provider’s Address
   o Tax ID Number
   o Date(s) of Service
   o Type of Service(s) Rendered
   o The Fee for Each Procedure
2) **Primary Explanation of Benefits (EOB)** – This is a statement from your primary insurance company that outlines what charges will be covered and what the patient might owe. If a primary insurance company denies charges for one reason or another, a DENIAL will be sent instead of an EOB.

Q. What can cause a delay in processing and paying a claim?
A. BMI Benefits cannot process a claim that is missing one or more of the following documents: the injury claim form, the Itemized Bill or the Primary EOB / denial. **They cannot accept balance due, balance forward, or past due statements for claims processing.**

Q. What if I already paid the bills I got from an accidental injury after my primary insurance paid? Can I get reimbursed?
A. You are not supposed to pay bills but if you have, yes, you can get reimbursed for costs you have already paid. To do this you need to submit a receipt or some other proof of payment along with the EOBs and HCFAs/UBs. Keep in mind it usually takes longer for these to be reimbursed. For this reason, we try to have providers “bill” you for fees that are usually paid at the time of office visit. In other words, try to avoid paying any fees to providers up front, so they can be paid by the Excess Student Accident Policy instead.

Q. I felt sick and went to the ER. Will the Excess Student Accident Insurance plan help cover this?
A. Our excess student accident insurance plan will **not** cover charges due to general illness. Therefore, services for general “non-accident” medical concerns (cold/flu, appendicitis for example) are not covered.

Q. What if I hurt myself playing intramurals or playing another sport in the off season? Will the plan cover me for that?
A. **Yes,** all student accident claims covered.

Q. Can I go to any doctor or provider for treatment, or do I have to use the Quinnipiac provided physicians for the excess student accident insurance policy to cover costs?
A. Our excess student accident policy will cover services from **any provider**, for charges up to 100% Usual & Customary, as long as the provider bills your primary insurance first (creating an EOB and itemized bill). This includes physicians in any insurance network, and other providers such as chiropractors, etc.
## PRE-REGISTRATION FORM

### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Name (Last, Middle, First)</th>
<th>Maiden Name</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address, City, State, Zip Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Marital Status</th>
<th>Religious Preference</th>
<th>Name of Church or Synagogue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Single ☐ Married ☐ Married ☐ Divorced ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Telephone Number</th>
<th>Occupation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Address</th>
</tr>
</thead>
</table>

### HIPPA

Does the patient, parent or legal representative agree to be listed in the hospital directory?  ☐ Yes ☐ No

*If answered “No”, no visitors or deliveries (flowers, cards, etc) will be allowed.*

Does the patient, parent or legal representative allow the physician to discuss their medical condition in the presence of family or friends?  ☐ Yes ☐ No

### SPOUSE INFO

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (if different than above)</td>
<td>Telephone Number</td>
<td>Home:</td>
</tr>
<tr>
<td>Employer</td>
<td>Telephone Number</td>
<td>Occupation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Address</th>
</tr>
</thead>
</table>

### COMPLETE IF PATIENT IS A MINOR

<table>
<thead>
<tr>
<th>Father’s Name</th>
<th>Address if different than patient</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>Employer Address</td>
<td>Occupation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>Address if different than patient</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>Employer Address</td>
<td>Occupation</td>
<td></td>
</tr>
</tbody>
</table>

### EMERGENCY CONTACT

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Patient:</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td></td>
<td>Home:</td>
</tr>
<tr>
<td></td>
<td>Work:</td>
</tr>
</tbody>
</table>

### Insurance Information

**Primary Insurance Information**

Please check one of the Following: ☐ Commercial insurance ☐ Champus ☐ Medicaid

<table>
<thead>
<tr>
<th>Name of Insurance Company</th>
<th>Policy Number</th>
<th>Group Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Name</td>
<td>Social Security Number</td>
<td>Sub. Date of Birth</td>
</tr>
<tr>
<td>Subscriber Employer Name</td>
<td>Employer Address</td>
<td>Employer Telephone Number</td>
</tr>
</tbody>
</table>

**Secondary Insurance Information**

<table>
<thead>
<tr>
<th>Name of Insurance Company</th>
<th>Policy Number</th>
<th>Group Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Name</td>
<td>Social Security Number</td>
<td>Sub. Date of Birth</td>
</tr>
<tr>
<td>Subscriber Employer Name</td>
<td>Employer Address</td>
<td>Employer Telephone Number</td>
</tr>
</tbody>
</table>
1. Student Name/ID# (print): 

2. Student’s Major/Program: 

3. Date and Time of Incident: 

4. Specific Location of Incident: 

5. Brief Explanation of Incident: 

(Outline the specific details of the incident on the reverse side of this form) 

6. Instructor(s) of Record at Time of Incident: 

7. Witnesses to the Incident: 

For accidental exposure to bloodborne or airborne pathogens, please fill out the following (8-11): 

8. Your Hepatitis B vaccination status: 
   ____ full vaccination series (date ____________) 
   ____ not vaccinated 
   ____ immunity checked (date ____________/result ____ pos./neg.) 
   ____ booster given (date ____________) 

9. Source Individual is: 
   HBV ____ positive ____ negative ____ unknown 
   Other source individual information: (e.g. X-ray, active TB) 
   HCV ____ positive ____ negative ____ unknown 
   HIV ____ positive ____ negative ____ unknown 
   PPD ____ positive ____ negative ____ unknown 

10. Protective Equipment Worn at Time of Incident: 
    ____ none ____ gloves ____ gown ____ mask ____ face shield ____ safety glasses ____ other _______ 

11. Post-Exposure Evaluation/Treatment: 

   Evaluation was: ____ offered and initiated ____ offered and refused ____ not indicated
Location:

______________________________________________________________________________

Treatment was: ___ offered and initiated   ___ offered and refused   ___ not indicated

Location:

______________________________________________________________________________

If evaluation and/or treatment were initiated anywhere other than MidState Medical Center’s MediQuick, make certain to obtain copies of all documents related to that evaluation/treatment in the event that follow-up is at a different location.

---------------------------------------------------------------------------------------------------------------------

Student’s Signature: ___________________________________ Date: ___________

Date University Informed: ___________ QU Faculty/Staff Signature: _____________

Detailed Explanation of Incident: (Please Print!):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________

Use additional pages if necessary. Please print. Sign and date additional sheets. Keep a copy of this completed form for yourself and send a copy to Student Health Services (FAX: 203-582-8924), and to your program director/department chairperson as soon as possible.
Student Accident Insurance Program

Quinnipiac University is pleased to provide a student accident insurance plan for the 2015-2016 school year.

All full-time undergraduate and graduate students are automatically covered for Excess Accident Medical Expense Benefits and Accidental Death & Dismemberment Benefits as described below. Please read this brochure carefully for information on coverage, limitations, exclusions, etc.

Questions should be directed to the program administrator as shown on the back panel of this brochure.

The accident plan provides 24 hour coverage. It covers medical expenses resulting from bodily injury caused by a Covered Accident occurring while the insurance is in effect. See "Benefits,” “Definitions” and "Exclusions" for further details.

The effective date of coverage is August 1, 2015 and coverage terminates July 31, 2016. Should the insured graduate or withdraw from school, their coverage will end.

Accident Medical Expense Benefits

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the Maximum Benefit, as indicated below. Eligible medical expenses must be incurred within the Benefit Period; with the first eligible expense incurred within 180 days of the date of the accident. Deductible - $0.

Maximum Benefit for ALL Students:
$5,000 per injury up to 100% of Usual, Reasonable, and Customary Charges

Benefit Period: 2 Years from the date of the accident

Maximum Benefit for Intercollegiate Sports Athletes:
$5,000 per injury up to 100% of Usual, Reasonable, and Customary Charges

Benefit Period: 2 Years from the date of the accident


Excess of Other Insurance

This insurance is provided to fill-in the gaps that may exist in other insurance programs and to provide coverage where no other insurance exists. When an accident occurs, therefore, the bills for any necessary medical care must first be submitted to any other applicable insurance company, medical service plan, or pre-payment program. Any unpaid balance should be submitted, along with a copy of the other company’s explanation of benefits, for processing under this insurance.

Accidental Death and Dismemberment (AD&D) Benefits

We will pay benefits for Eligible Expenses if the insured suffers an Eligible Expenses resulting directly and independently of all other causes from a Covered Accident within 365 days of the Covered Accident.

AD&D Principal Sum: $10,000

Schedule of Covered Losses

| Loss of Life: | 100% of the Principal Sum |
| Loss of Two or More Hands or Feet: | 100% of the Principal Sum |
| Loss of Sight of Both Eyes: | 100% of the Principal Sum |
| Loss of One Hand or Foot: | 50% of the Principal Sum |
| Loss of Sight in One Eye: | 50% of the Principal Sum |

Aggregate Limit of Indemnity: $500,000

Important Definitions

Covered Person means a person eligible for coverage for whom proper premium payment has been made, and who is therefore insured under this Policy.

Covered Accident means a sudden, unforeseeable event which: causes injury to one or more Covered Persons; and occurs while coverage is in effect for the Covered Person.

Eligible Expenses means the lesser of the Usual, Reasonable and Customary Charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while the Policy is in force.

Usual, Reasonable and Customary Charge means: 1) With respect to fees or charges, fees for medical services or supplies which are: a) Usually charged by the provider for the service or supply given; and b) the average charged for the service or supply in the locality in which the service or supply is received; or 2) With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

Medically Necessary means those services or supplies provided or prescribed that are: 1) provided for the diagnosis, treatment, cure or relief of a health condition, illness, injury, or disease and not for experimental, investigational or cosmetic purposes. 2) Necessary for and appropriate to the diagnosis, treatment cure or relief of a health condition, illness, injury or disease or its symptoms. 3) Within generally accepted standards of medical care in the community. 4) Not solely for a Covered Person’s convenience, their families convenience or the Doctor’s convenience.

Exclusions

1. Injury caused by or results from the Covered Person’s own:
   a. Intentionally self inflicted Injury, suicide or any attempt thereof;
   b. Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance and involuntary inhalation of gas/fumes is not excluded);
   c. Commission or attempt to commit a felony;
   d. Participation in a riot or insurrection;
   e. Driving under the influence of a controlled substance unless administered in the advice of a doctor; or;
   f. Driving while Intoxicated.
2. Injury caused by or results from:
   a. Declared or undeclared war or act of war; b. Accident which occurs while Covered Person is on active duty service in any Armed Forces;
   c. Aviation, except as specifically provided in this Policy;
   d. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the result of an accidental external bodily injury or accidental food poisoning.
Additional Exclusions
1. Normal Health Checkups
2. Dental care or treatment other than care of sound, natural teeth and gums
   required on account of injury resulting from an Accident while
   the Covered Person is covered under this policy, and rendered
   within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person
   who is:
   a. The Covered Person or a member of his immediate family
4. Charges which: a) The Covered Person would not have to pay if he did not
   have insurance; or b) Are in excess of Usual, reasonable
   and Customary charges.
5. An Injury that is caused by flight in: a) an aircraft, except as a fare- paying
   passenger; b) A space craft or any craft designed for navigation above or
   beyond the earth’s atmosphere; or c) An ultra light; hang-gliding,
   parachuting or bungi-cord jumping;
6. Travel in or upon: a) A snowmobile; b) Any two or three wheeled motor
   vehicle; c) Any off-road motorized vehicle not requiring licensing as a
   motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle
   and does not possess a current and valid motor vehicle operator’s license (except in a Driver’s Education Program);
8. Injury that is: a) the result of the Covered Person being Intoxicated; or b)
   Caused by any narcotic, drug, poison, gas or fumes voluntarily taken,
   administered, absorbed or inhaled, unless prescribed by a doctor;
9. Any sickness, except infection which occurs directly from an Accidental cut
   or wound or diagnostic tests or treatment, or ingestion of contaminated
   food;
10. Any Injury resulting from participation in or practice for non-School
    sponsored swimming, ice hockey, lacrosse, soccer, or football;
11. Practice or play in any in any sports activity, including travel to and from
    the activity and practice, unless specifically provided for in this Policy;
12. Preventative medicines, sera, vaccines;
13. Expenses to the extent that they are paid or payable under valid and
    collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a hospital for the
    processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no
    Injury is involved;
16. Any loss covered by state or federal worker’s compensation law,
    employer’s liability law, occupational disease law, or similar laws or act.
17. Expenses incurred for an Accident after the Benefit Period shown in the
    Schedule of Benefits;
18. Orthopedic appliances which are used mainly to protect an Injury so that a
    covered student can take part in interscholastic or intercollegiate sports;
19. Hemia of any kind, or any bacterial infection that was not caused by an
    Accidental cut or wound

IMPORTANT NOTICE:
This information is a brief description of the important benefits and
features of the Blanket Accident Medical Insurance underwritten by US
Fire Insurance Company. It is not a contract. Full terms and conditions of
coverage, including effective dates of coverage, benefits, limitations and
exclusions, are set forth in the policy.

Claim Procedures
Submit your claims to your primary medical insurance plan
first. Once you receive an Explanation of Benefits (EOB) from
your primary plan, send copies of the EOBs, and copies of all
itemized bills to the Claims Administrator, BMI Benefits.
Always keep a copy of all documents submitted for claims.

Claims must be filed within 90 days of the date of accident
and can be submitted via e-mail, fax or mail. To obtain a claim
form contact Student Health & Wellness, Public Safety, Athletics,
or go to http://www.gallagherstudent.com/quinnipiac. If you have
any questions, contact Vicki at BMI Benefits:
(800) 445-3126 or vicki@bobmccloskey.com

In the event of an accident, the insured should:
1. If at college, notify Student Health Services or Public Safety.
2. If away from College, consult a Doctor and follow
   the Doctor’s advice. Notify Student Health Services within thirty (30)
   days after the date of the Covered Accident or as soon thereafter
   as is reasonably possible.
3. Staple all your EOBs and itemized medical and hospital bills to the
   claim form and mail to the Claims Administrator:

   BMI Benefits
   P.O. Box 511 Matawan, NJ 07747
   Toll free: (800) 445-3126
   Fax: (732) 583-9610

   For additional information or claims assistance, please contact:
   Gallagher Student Health & Special Risk
   500 Victory Road Quincy, MA 02171
   Email: sportscare@gallagherekosterm.com
   Toll Free: 1-877-345-8928
   Fax: 617-479-0860

   How to File an Appeal
   Once a claim is processed and upon receipt of an Explanation of Benefits
   (EOB), an insured student who disagrees with how a claim was processed
   may appeal that decision. The student must request an appeal in writing
   within 60 days of the date appearing on the EOB. The appeal request
   must include why they disagree with the way the claim was processed.
   The request must include any additional information they feel supports
   their request for appeal, e.g. medical records, physician records, etc.
   Please submit all appeal requests to the Claims Administrator at the
   address above.

   Keep this brochure as a record of your accident insurance
   coverage.