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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.
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
- Hospitals
• Physician offices
• Community facilities
• Workplaces (commercial and government)
• Military
• Performing Arts

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
- Explore new knowledge in specific content areas
- Master new athletic training-related skills and techniques
- Expand approaches to effective athletic training
• Further develop professional judgment
• Conduct professional practice in an ethical and appropriate manner

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 though 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.
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 2018
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. AT's must be qualified by the Board of Certification, Inc., and adhere to the requirement of a state licensing board. AT's practice under the direction of a physician and are members of a health care profession recognized by the American Medical Association.

**Requirements:**
- Must obtain an associate's degree in athletic training
- Must pass a comprehensive examination for 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 is 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 and athletic settings, clinics, hospitals, corporations, industry; military, performing arts

**PERSONAL TRAINER**
A personal trainer develops, monitors, and changes an individual's specific exercise program, fitness, sports selling; some personal trainers also make nutritional 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 need a 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

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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.

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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 22,000 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
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

Students will:
1. display personal responsibility in meeting professional expectations.
2. become clinicians who provide high quality patient-centered care, this includes:
The program will:
1. provide effective clinical placement sites supervised by willing and participatory preceptors.
2. demonstrate excellence in teaching.
3. provide professional mentorship to guide students to their selected post-graduate placement.

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 students 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 will be 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 ATSM program director during the first year.

A listing of the technical standards and an agreement form for the athletic training program at Quinnipiac University can be found on the program’s web page: [https://www.qu.edu/schools/health-sciences/programs/bs-athletic-training.html](https://www.qu.edu/schools/health-sciences/programs/bs-athletic-training.html)

**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](http://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</th>
<th>Description</th>
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<tbody>
<tr>
<td>BIO 101-102</td>
<td>General Biology I &amp; II</td>
</tr>
<tr>
<td>BIO 211</td>
<td>Anatomy and Physiology I</td>
</tr>
<tr>
<td>CHE 101-102</td>
<td>Fundamentals of General, Organic and Biological Chem I &amp; II</td>
</tr>
<tr>
<td>MA 275</td>
<td>Biostatistics</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</th>
<th>Credits</th>
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<tbody>
<tr>
<td>AT 114 Introduction to Athletic Training/Sports Medicine</td>
<td>2</td>
</tr>
<tr>
<td>AT 115 Introduction to Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td>AT 116 Introduction to Fitness &amp; conditioning</td>
<td>2</td>
</tr>
<tr>
<td>AT 214 Care &amp; Prevention of Athletic Injuries</td>
<td>3</td>
</tr>
<tr>
<td>AT 216 Emergency Management of Athletic Trauma and Lab</td>
<td>3</td>
</tr>
<tr>
<td>AT 250 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.
### Quinnipiac University

**Course Outline for a Degree in Athletic Training**

*Updated 6/2018*

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<tr>
<td>BIO 101&amp;L</td>
<td>Biology I</td>
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<td>CH 101&amp;L</td>
<td>Fund Gen, Org, Biol Chem I*</td>
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<td>EN 101</td>
<td>Elements of Composition I</td>
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<td>UC</td>
<td>Fine Arts</td>
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<td>AT 115</td>
<td>Introduction to Kinesiology</td>
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<td>AT 116</td>
<td>Intro Fitness and Conditioning</td>
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<td>Course Title</td>
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<tr>
<td>BIO 211&amp;L</td>
<td>Anatomy and Physiology I</td>
</tr>
<tr>
<td>AT 250&amp;L</td>
<td>Intro to Evaluation &amp; Treatment- Injury*</td>
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- *These AT courses have a clinical component*
- MA 275 Biostatistics should be taken in the Sophomore year
- Student interested in DPT, PA or Medical school should take:
  - CH 110 & 111 in place of CH 101 & CH 102
  - PH 110 & 111, MA 141 (UC electives)
Course Descriptions - Athletic Training (AT)

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. (3 lab hrs.) 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 receive credit for AT 214. Prerequisites: BIO 102, BIO 102L; 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, Spring

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

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, AT351290;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
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.

   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.
3. 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. Appeals should be based solely on errors in fact or extenuating circumstances.

**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 business 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 March 2018

Full policy: https://myquinnipiac.edu/Academics/Academic%20Integrity/Document%20Library/Academic%20Integrity%20Policy.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 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.

A. 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.

B. 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.

1This policy, and its emphasis on five principles of integrity, relies heavily upon the “Fundamental Values Project, A Report from the Center for Academic Integrity.” It is available at <https://academicintegrity.org/fundamental-values>. This section in amental 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

If you fail, never give up because
F.A.I.L. means
"First Attempt In Learning"
End is not the end. In fact E.N.D. means
"Effort Never Dies"
If you get NO as an answer, remember N.O.
means
"Next Opportunity"
Positive thinking!!!!
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.
CLINICAL EDUCATION at Quinnipiac University

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>
</tr>
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<tbody>
<tr>
<td></td>
<td>Instruction of educational competencies/clinical proficiencies</td>
<td>Evaluation of clinical proficiencies/mastery</td>
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<tr>
<td>Evidence Based Practice</td>
<td>AT 210</td>
<td>AT 250, 251</td>
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<td></td>
<td></td>
<td>AT 350, 351, 352</td>
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<tr>
<td>Prevention &amp; Health Promotion</td>
<td>AT 116, 216, AT 330, 390</td>
<td>AT 290C, 490C, 491C</td>
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<tr>
<td></td>
<td>BSM 300, 301</td>
<td></td>
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<tr>
<td>Clinical exam and diagnosis</td>
<td>AT 250, 251, AT 350, 351, 352</td>
<td>AT 390C, 391C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AT 490C, 491C</td>
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</table>
Acute care of Injuries & Illness | AT 214, AT 216, AT 390 | AT 290C, AT 390C, AT 490C
---|---|---
Therapeutic Interventions | AT 215, AT 250, 251, AT 350, 351, 352 | AT 390C, 391C, AT 490C, 491C
Psychosocial Strategies | PS 101, 272, AT 490, AT 330 | AT 490C, 491C
Healthcare Administration | AT 450 | AT 450
Prof Development | AT 114, AT 450 | All Clinical Courses

**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 Winter, spring sport</td>
</tr>
<tr>
<td>AT 250</td>
<td>35 observation</td>
<td>Assigned to jr or sr mentor Shadows upper class ATS Fall, winter sport</td>
</tr>
<tr>
<td>AT 290C</td>
<td>100</td>
<td>Two 6-week rotations Winter, Spring, Off-campus (college or HS)</td>
</tr>
<tr>
<td>AT 390C</td>
<td>200</td>
<td>Two 7-week rotations Team, Individual, Off-campus (college or HS)</td>
</tr>
<tr>
<td>AT 391C</td>
<td>200</td>
<td>Semester long assignment On or off-campus (college) Winter or spring sport</td>
</tr>
<tr>
<td>AT 490C</td>
<td>200</td>
<td>Semester long assignment On or off-campus (college, HS, or clinic) Fall, winter or Clinic</td>
</tr>
<tr>
<td>AT 491C</td>
<td>200</td>
<td>Semester long assignment On or off-campus (college, HS, or clinic) Winter, Spring, or Clinic</td>
</tr>
</tbody>
</table>
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.

Note that the clinical practicum may begin and/or end outside the dates of the traditional semester due to the nature of the clinical opportunity, this may include August or semester breaks. The student will be informed of the dates for start and end of the clinical rotation as soon as that information is available prior to the start of the clinical experience.

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.

Note that the clinical practicum may begin and/or end outside the dates of the traditional semester due to the nature of the clinical opportunity, this may include January, spring break, or May. The student will be informed of the dates for start and end of the clinical rotation as soon as that information is available prior to the start of the clinical experience.
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.

Note that the clinical practicum may begin and/or end outside the dates of the traditional semester due to the nature of the clinical opportunity, this may include August, Thanksgiving break, or the semester break (December). The student will be informed of the dates for start and end of the clinical rotation as soon as that information is available prior to the start of the clinical experience.

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.

Note that the clinical practicum may begin and/or end outside the dates of the traditional semester due to the nature of the clinical opportunity, this may include January, spring break, or May. The student will be informed of the dates for start and end of the clinical rotation as soon as that information is available prior to the start of the clinical experience.

Upon completion of the QU AT/SM program, all students complete clinical rotations encompassing:
- **Protective Equipment**
- **Male sport and Female sport**
- **Individual or team sport**
- **Non-Sport Patient Population/ Patients Across the lifespan**
- **Conditions other than orthopedic**.

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.
# Application – Pre-Season Clinical Opportunity

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<tr>
<th>Name:</th>
<th>Year in School:</th>
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<tr>
<th>Checklist</th>
<th>Qualifications</th>
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<tr>
<td>[ ] Contact information provided</td>
<td><strong>Required</strong></td>
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<tr>
<td>[ ] Application completed</td>
<td>1. Positive work ethic, attitude, professional behaviors</td>
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<tr>
<td>[ ] Statement attached</td>
<td>2. Positive clinical evaluations</td>
</tr>
<tr>
<td>[ ] Professional Resume attached</td>
<td>3. Athletic training GPA 3.25/4.00*</td>
</tr>
<tr>
<td>[ ] Transcript attached (copy or unofficial)</td>
<td>4. Overall GPA 3.00/4.00</td>
</tr>
<tr>
<td>[ ] Agreement page initialed and signed</td>
<td>5. Current CPR/AED and first aid</td>
</tr>
<tr>
<td><strong>incomplete applications will not be considered</strong></td>
<td>6. Junior or Senior status at time of Experience</td>
</tr>
<tr>
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<td>*this may be waived based on grades from most recent 2 semesters</td>
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</tbody>
</table>

### Qualifications

1. Positive work ethic, attitude, professional behaviors
2. Positive clinical evaluations
3. Athletic training GPA 3.25/4.00*
4. Overall GPA 3.00/4.00
5. Current CPR/AED and first aid
6. Junior or Senior status at time of Experience

*this may be waived based on grades from most recent 2 semesters

### Overall GPA /4.00

**Please attach a copy of your transcript**

### Athletic GPA /4.00

**The following website can help you in determining your Athletic Training GPA:**

http://www.back2college.com/gpa.htm

### Athletic Training GPA recent 2 semesters /4.00

Please provide your grades in the following classes:

<table>
<thead>
<tr>
<th>Class</th>
<th>Grade/ Current Avg.</th>
<th>AT216</th>
<th>AT210</th>
<th>AT250</th>
<th>AT290</th>
<th>AT290C</th>
<th>AT350</th>
<th>AT352</th>
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<td>AT114</td>
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<td>AT214</td>
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</tr>
</tbody>
</table>

Please list 2-3 clinical references that can attest to your work ethic, attitude, and clinical skills:

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Dates/Location/ of Clinical Supervision</th>
<th>Approximate hrs.</th>
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</tbody>
</table>
☐ Check here if you will have limited availability

  ○ Please provide a short explanation with specific details in the box below

  

☐ I have attached a professional resume outlining my athletic training experiences.

☐ I have attached a brief statement (no longer than 1 page typed, 1” margins, 12 point font) which addresses my work ethic, attitude, and desire for participation in this experience. The majority of this statement should be a reflection on why you feel this experience will help you grow as an athletic trainer and clinician.

☐ I can and am willing to travel to a pre-season site that may require air travel

  ○ I do not wish to travel by air, and have provided my travel limitations below (i.e., distance able to travel in the box below):

  

☐ If selected for this opportunity, I understand that if my spring semester grades and/or clinical performance do not meet expectations, this assignment may be revoked.

________________________  __________________
Student Signature             Date

Please provide the following information:

<table>
<thead>
<tr>
<th>T-Shirt Size (men’s)</th>
<th>T-Shirt Size if women’s cut available:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collared Shirt Size (men’s)</td>
<td>Collared Shirt Size if women’s cut available:</td>
</tr>
<tr>
<td>Shoe Size (men’s)</td>
<td>Shoe Size if women’s sizes available:</td>
</tr>
</tbody>
</table>

In the space below, please provide your comprehensive schedule and weekly availability for an interview with the selection committee:
**AGREEMENTS:** Please read the following statements and sign and date where appropriate:

**JUNIORS ONLY**

I understand and agree that if selected for this voluntary opportunity, I am still responsible to complete another clinical rotation upon my return for the fall semester. That second clinical rotation will be approximately 10 weeks in length (vs. the two 7 week rotations students who do not complete this experience complete). If I have questions, it is my responsibility to ask PRIOR to leaving for the summer.

I understand that the pre-season experience does in NO WAY substitute for the clinical experiences I will have when I return to QU. I understand that these are two separate entities and I plan to engage in both to their fullest. Participating in pre-season does in no way excuse me from putting forth my best effort towards a second rotation. Hours and experiences cannot be “banked” and I understand this.

**SENIORS ONLY**

I understand and agree that if selected for this voluntary opportunity, I am still responsible to complete my assigned clinical rotation upon my return for the fall semester and communicate appropriately with my fall preceptor. If I have questions, it is my responsibility to ask PRIOR to leaving for the summer.

I understand and agree that if I am permitted to stay at my pre-season site into the start of the fall semester, it is my RESPONSIBILITY to contact all professors and preceptors PRIOR TO the start of pre-season.

**ALL APPLICANTS:**

I understand that this pre-season opportunity is completely VOLUNTARY and NOT required as part of the AT curriculum.

I agree to accept the placement that is deemed best for my growth and education as an athletic training student.

I realize that if the selection committee feels I am not ready clinically or professionally for this experience, that I will NOT be selected.

I realized that I may NOT be selected due to the limited number of available clinical sites.

I understand that if selected, I am REQUIRED to follow the pre-season transition policy (attached) upon return to QU.

I attest that this application is true and complete to the best of my ability and knowledge.

_________________________________________  ____________________
Student Signature                          Date
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 4 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.

__________________________________________________________________________ Date

Signature of Student

__________________________________________________________________________ Date

Signature of Supervising ATC

Request Approved Request Denied

__________________________________________________________________________ Date

Signature of Program Director or Clinical Coordinator

If denied, reason__

* 1 copy to student * 1 copy to supervising ATC * 1 copy to file — attach to hours card
Application -- Semester Long Clinical Away

Name: ____________________________  Yr in School (during pre-season): ____________
Home Address: ______________________  School Address: _______________________
___________________________________  _______________________________________
___________________________________  _______________________________________
Phone: _____________________________  Phone: _____________________________
Cell: _______________________________  Email: _____________________________

Overall GPA ___________/ 4.00  Please attach a copy of your transcript from WebAdvisor
Athletic Training GPA ___________/ 4.00

Please list 2-3 clinical references that can attest to your work ethic, attitude, and clinical skills:
1. ____________________________  Position: ____________________________  Phone:___________
2. ____________________________  Position: ____________________________  Phone:___________
3. ____________________________  Position: ____________________________  Phone:___________

Please list 2-3 academic references that can attest to your academic achievements.
1. ____________________________  Position: ____________________________  Phone:___________
2. ____________________________  Position: ____________________________  Phone:___________
3. ____________________________  Position: ____________________________  Phone:___________

☐ I understand that the approximate start date for Semester Long Clinical Away is August 1st (Fall Semester) or January 1 (Spring Semester).

☐ I understand that the Semester Long Clinical Away may afford an opportunity over the winter break that involves attending playoffs and experiences that may extend into the month of January. This opportunity cannot be guaranteed and is solely up to the supervising clinical instructor and host institution.

☐ I have attached a brief statement (no longer than 1 page typed, 1” margins, 12 point font) about why I want this opportunity. I have included the goals I hope to achieve during this opportunity.

☐ I have attached a resume outlining my athletic training experiences.

☐ I prefer to go alone _______with a classmate_______ or have no preference _______. (Please check one).

Choose the semester you are applying for:
☐ Fall
☐ Spring
<table>
<thead>
<tr>
<th>Checklist</th>
<th>Qualifications Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>□  Contact information provided</td>
<td>7.  Overall GPA 3.00/4.00</td>
</tr>
<tr>
<td>□  Overall GPA/ Athletic Training GPA</td>
<td>8.  Athletic training GPA 3.25/4.00</td>
</tr>
<tr>
<td>□  Names and phone numbers of references</td>
<td>9.  Current CPR/AED and first aid</td>
</tr>
<tr>
<td>□  Statement</td>
<td>10. Senior status at time of Study Away Semester</td>
</tr>
<tr>
<td>□  Resume attached</td>
<td>11. Must be enrolled as a full time student at time of Study Away Semester</td>
</tr>
<tr>
<td>□  Transcript attached (copy or unofficial)</td>
<td>12. Positive work ethic, attitude, professional behaviors</td>
</tr>
<tr>
<td>□  Signed Policies Form</td>
<td>13. Positive clinical evaluations</td>
</tr>
<tr>
<td>□  Signed Agreement Form</td>
<td></td>
</tr>
</tbody>
</table>

After approval:

- □  Signed Release of Conduct Waiver Form
- □  Signed Agreement regarding Professional Behaviors
- □  Course Request Form

The only site we currently have a semester away contract with is the University of Wyoming (you would take classes at UWyo). The other sites we have used include: Stanford University and Northwestern University in which you take online classes through QU. We are willing to work with the administration at all of our other preseason sites to allow students to participate for an entire semester while taking online courses through Quinnipiac University. While this is still pending please make selections based on the potential of these options being approved.

Please list the Semester Long Clinical Away Site(s) at which you wish to study:

1. 
2. 
3. 

I understand that the university will be reaching out to the school(s) on my list above in order to create a semester away opportunity for me.

__________________________________________________________
(Signature of participant)

I understand that if a contract is able to be formulated, I am agreeing to participate in the semester away experience.

__________________________________________________________
(Signature of participant)

I understand that if a contract cannot be formulated, I will be informed ASAP. An alternative may or may not be provided.

__________________________________________________________
(Signature of participant)
Semester Long Clinical Away Policies

Students who entering into their senior year in the Quinnipiac University Athletic Training and Sports Medicine (ATSM) major are encouraged to include the semester long clinical away program in their academic plan. QU ATSM policies governing semester-long clinical away are as follows:

1. Students must have an overall GPA of 3.00/4.00 to be considered for this program. Eligible students must also have a minimum GPA of 3.25/4.00 in all athletic training classes and related pre-requisites. In special circumstances the QU ATSM may approve a waiver of this requirement away. It should be noted that the affiliated site(s) may have additional GPA requirements.

2. Students must not have any existing or pending judicial sanctions through the Quinnipiac University Office of Student Affairs. Students with a judicial sanction or who have one placed on them after being accepted into the clinical away program must submit a Request for Waiver of Judicial Clearance. In special circumstances, the ATSM may approve permission to participate in clinical away despite judicial sanctions.

3. Students must maintain full-time student status (i.e., 12-16 class credits) while away. Students participating in clinical away are required to receive approval from their academic advisor(s) and respective dean(s) for all requested courses. The Requested courses will be listed on the Clinical Away Registration Form.

4. Students must comply with all policies and procedures as outlined by the QU Procedures for Semester Long Clinical Away.

5. QU student’s clinical away payment includes, but is not limited to: a registration fee, QU’s full-time tuition and an obligatory individual professional liability insurance plan. If the QU approved clinical away program cost exceeds the sum of QU’s tuition, the difference will be paid to QU by the student. When participating in the QU affiliated clinical away program, the student is responsible to pay any refundable security deposits, program application fees, and/or program withdrawal fees directly to the clinical away program. Depending on the clinical away program, students may also be expected to cover the cost of additional expenses including, but not limited to: airfare, meals, academic materials, public transportation, personal travel, etc. Inclusions and exclusions vary by program.

6. Housing may or may not be provided by the clinical site
   a. Should QU facilitate housing for the student, the student will be responsible for the cost to live in the QU Commons Residence Hall, less the dining service fee. The student may choose to forgo QU facilitating housing at the clinical site. In that case, the student would not be responsible to pay QU housing, however would be fully responsible for his/her own housing while at QU and at the away site.
   b. Should the site not provide housing, the student is responsible to provide his/her own housing while at QU and at the away site

7. Students who receive financial assistance at QU may apply their financial aid for clinical away, including federal aid, state grants, college grants and scholarships.

8. Withdrawal from the program initiated by the student, QU, the Program Affiliate, and/or the Host Institution will result in a loss of fees and tuition in accordance with QU’s refund policy. Regarding forced withdrawal, the student may be subject to action based on QU’s Student Judicial System.

9. For QU students in clinical away, the credits and grades for approved courses taken away become part of the students’ academic transcript, and all grades will be included in the calculation of the students’ GPA. Grades are the exclusive prerogative of the faculty members teaching the courses. If students have questions about grading in any particular course, they must be sure to take them up with the faculty member teaching that course. Questions involving grades issued for clinical away courses undertaken through other institutions should be taken up with those institution’s policies. QU will not change grades issued by another institution.

10. Students, who have not completed the Clinical Away Course Registration Form, complied with policy and procedure as outlined by the QU Procedures for Clinical Away, will not receive transfer credit and will be ineligible for clinical away through Quinnipiac University.

I certify that I have read the criteria above and agree to the stated policies governing Semester Long Clinical Away at Quinnipiac University.

____________________________    ______________________  ______________
(Printed name of participant)    (Signature of participant)    (Month/day/year)
Semester Long Clinical Away Student Agreement Form

As a full-time student participating in the clinical away program for the fall semester, I (print name) _________________________ agree to, understand, and accept the following conditions.

**Individuals who fail to sign and return this form will not be allowed to participate in the Athletic Training and Sports Medicine Department Clinical Away program.**

1. I understand that I will be subject to the laws of the state in which my affiliated site resides. I agree to comply with those laws, as well as with the regulations of the Quinnipiac University (QU) Athletic Training and Sports Medicine Program (ATSM), and the Clinical Away Affiliate, including refraining from using, possessing or selling any illegal drugs. I understand that being charged with any crime, including possession of any illegal drugs is grounds for immediate expulsion from the program, without refund. In addition, I understand that should I have any legal problems while away, that I will be responsible for any legal costs incurred as a result. QU cannot provide legal counsel in such circumstances.

2. I understand that QU does not represent or act as an agent for, and cannot control the acts or omissions of any host institution, or transportation carrier, and that QU is not responsible for matters beyond their control. I hereby release QU, its trustees, officers, employees, and agents from any injury, loss, damage, accident, delay or expense arising out of any such matters.

3. I further agree to reimburse and hold harmless QU for any financial liability or obligation for injury or damage to the person or property of others caused by me, the undersigned; and I further acknowledge and agree that QU has full authority to terminate my participation in the Semester Long Clinical Away program for any failure of mine to comply with the rules, standards, and instructions of QU, with no refund of fees, and that in such event, I may be sent home at my own expense.

4. I understand that participation in the Semester Long Clinical Away program may involve risks not found in study at my home university home campus. These include risks involved in traveling to and within, and returning from, one or more states; local medical and weather conditions; and/or use of language other than English. I have made my own investigation and am willing to accept these risks.

5. I understand that Quinnipiac University (QU) ATSM requires purchase of Professional Liability Insurance. It is my responsibility to make arrangements to obtain professional liability insurance prior to the start of my semester long clinical away experience.

6. I understand that should the official representatives of the QU ATSM, the Clinical Affiliate and/or the Host Institution decide that I must be separated from the program because of violation of stated rules, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. Persons dismissed from the program will not be entitled to any refunds and will remain responsible for all costs incurred on their behalf.

9. I agree to complete all the academic work assigned by the due date. I also agree to remain on site as required by the program. I understand that the only exception to the foregoing may be earlier departure in the event of a medical emergency or personal reason as deemed by the QU ATSM.
10. I am responsible for securing travel arrangements to and from the clinical affiliate and am responsible for notifying the QU ATSM of my itinerary and transportation methods.

11. I understand that I will be traveling during the program by various modes of transportation including but not limited to: airplane, train, bus, and/or van, and I release QU and its trustees, officers, employees and agents from any responsibility for loss of property, injury, or death during such travel.

12. I understand that my participation in the program may subject me to greater risks (to myself and my property) than if I were to remain at QU. I agree that I am the one responsible for my safety and the safekeeping of my property. Accordingly, I agree to hold harmless and release QU and its trustees, officers, employees and agents from any liability whatsoever of any injury, illness, death or loss or damage to property which may occur in connection with my participation in this program, and I agree not to make claim (or to commence any litigation or other proceeding) against any of the foregoing.

14. I understand that if my participation in the program is terminated by the Chair of the Department of Athletic Training, I will be sent home with no refund of fees. If I am sent home before completion of the Program, or if I leave the Program voluntarily for any reason, I agree that I, along with my parent(s) or guardian(s), will be responsible for any and all costs and expenses associated with my return home.

15. I understand that QU reserves the right to make cancellations, changes, or substitutions in the program at any time because of emergency, changed conditions, or the Chair of the Department of Athletic Training makes a determination that such changes or substitutions are in the best interest of the program or its participants.

16. I understand that if I choose to travel independently during my free time in the program, such travel will be unsupervised by QU and that its trustees, officers, employees and/or agents shall have no responsibility or liability for any injury, damage or loss suffered by me during such periods of independent travel.

17. I acknowledge that participation in the semester long study away program involves risks that are beyond the control of QU. I acknowledge that I have fully considered travel & clinical away risks of participation to my satisfaction. I also acknowledge that participation in this program is optional and that participation would not have been permitted without this release and agreement.

Student behavior reflects upon both QU and the QU ATEP. It is expected that students will respect this and act accordingly. Students are expected to act as responsible adults and to cooperate with decisions made by official representatives of Quinnipiac University, QU ATSM, the clinical affiliated staff and/or the Host Institution in their regard. I acknowledge and understand the responsibilities and conditions listed above. I further acknowledge that QU, through pre-clinical abroad orientation programming, has attempted to inform me of the nature of the clinical abroad experience.

___________________________________               __________________________________
(Printed name of participant)                     (Signature of participant)                     (Date)

Emergency Contact:  _________________________________________________

Home____________________  Work____________________  Cell____________________
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 ). 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.

**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 (fingertips)
  - Slacks should be neat, clean, free of excessive wrinkles, and allow you to move freely as a clinician (i.e., not too tight, not too loose)
  - Jeans, sweats, and leggings 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.
  o 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>Quick Reference Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATR</strong></td>
</tr>
<tr>
<td><strong>Shirts</strong></td>
</tr>
<tr>
<td><strong>Pants</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Footwear</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Hats</strong></th>
<th>No</th>
<th>Outdoor, QU only, if necessary</th>
<th>Outdoor, QU only, if necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inclement Weather Gear</strong></td>
<td>NA</td>
<td>Outdoor, QU only, if necessary</td>
<td>Outdoor, QU only, if necessary</td>
</tr>
<tr>
<td><strong>Personal Grooming</strong></td>
<td>Clean, neat, able to perform AT duties as determined by the AT Staff/Faculty</td>
<td><strong>NO visible undergarments</strong></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.***
Quinnipiac University
Department of Athletic Training/Sports Medicine

Athletic Training Program

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 uphold 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.
HIPAA for Professionals (https://www.hhs.gov/hipaa/for-professionals/index.html)

To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, included Administrative Simplification provisions that required HHS to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for individually identifiable health information.

- HHS published a final Privacy Rule in December 2000, which was later modified in August 2002. This Rule set national standards for the protection of individually identifiable health information by three types of covered entities: health plans, health care clearinghouses, and health care providers who conduct the standard health care transactions electronically. Compliance with the Privacy Rule was required as of April 14, 2003 (April 14, 2004, for small health plans).


- The Enforcement Rule provides standards for the enforcement of all the Administrative Simplification Rules.

- HHS enacted a final Omnibus rule that implements a number of provisions of the HITECH Act to strengthen the privacy and security protections for health information established under HIPAA, finalizing the Breach Notification Rule.

- View the Combined Regulation Text - PDF (as of March 2013). This is an unofficial version that presents all the HIPAA regulatory standards in one document. The official version of all federal regulations is published in the Code of Federal Regulations (CFR). View the official versions at 45 C.F.R. Part 160, Part 162, and Part 164.

Other HIPAA Administrative Simplification Rules are administered and enforced by the Centers for Medicare & Medicaid Services, and include:

Transactions and Code Sets Standards
Employer Identifier Standard
National Provider Identifier Standard
HIPAA's 20th Anniversary (from NATA blog post)

September 28, 2016 by Todd Christman
(https://www.nata.org/blog/todd-christman/hipaas-20th-anniversary)

Did you know HIPAA (Health Insurance Portability and Accountability Act) recently celebrated its 20th anniversary? As you may recall, President Bill Clinton signed HIPAA into law on Aug. 21, 1996. After having noticed various media outlets reporting on HIPAA’s 20th anniversary, I was prompted to look more closely at the law whose acronym we all are at least somewhat familiar with.

Now, I think we all know that HIPAA protects patients’ health information. But what else does the law do? Who does it cover? HIPAA is much more than a medical privacy and security law. For example, HIPAA allows patients to ask for a copy of their electronic medical record in an electronic form; further, it reduces burden by streamlining individuals’ abilities to authorize the use of their health information for research purposes.

To fully appreciate HIPAA, it is important to understand the general evolution of HIPAA. Prior to the enactment of HIPAA, there were no generally accepted standards or requirements for protecting health information. However, as the digital revolution progressed, the health care industry began to transition away from using paper forms and non-electronic correspondence to more efficient forms of communication through electronic methods.

Overview of HIPAA

The initial intent of HIPAA was to set standards for transmitting electronic health data and allow people to transfer and continue health insurance after they change or lose a job. Title I of HIPAA protected health insurance coverage for employees and their families when they change or lose employment. Title II contained Administrative Simplification provisions, which required the Secretary of Health and Human Services (HHS) to adopt national standards for electronic transactions for health care providers, health care insurers, and employers, aka HIPAA-covered entities.

What are Covered Entities?

Covered entities are individuals and organizations, including health plans, health care clearinghouses, and health care providers who conduct electronic transactions. If you are curious who specifically qualifies as a covered entity, the Centers for Medicare and Medicaid Services (CMS) has developed a nifty, easy-to-use covered entity guidance tool.

Administrative Simplification

As mentioned above, HIPAA included Administrative Simplification provisions, which required HHS to establish national standards (or rules) for electronic transactions to improve the efficiency and effectiveness of the nation’s health care system. In its implementation of the Administrative Simplification Standards, HHS issued and adopted five rules: the Privacy Rule, Transactions and Code Sets Rule, Security Rule, Unique Identifiers Rule, and Enforcement Rule. The HIPAA Enforcement Rule provides standards for the enforcement of all the Administrative Simplification Rules. Also of significance is the National Provider Identifier (NPI) Standard. The NPI was adopted through regulations and as of May 2008, all HIPAA-covered entities are required to utilize the NPI in administrative transactions covered by HIPAA.
CMS administers and enforces several of the Administrative Simplification rules, including the Transactions and Code Set Standards, Employer Identifier Standard, and NPI Standard. Of all of these rules, people tend to be most familiar with the HIPAA Privacy and Security Rules, which are administered by the HHS Office of Civil Rights.

- **HIPAA Privacy Rule**: Published in December 2000 and modified in 2002, the rule establishes national standards for the protection of certain health information held or maintained by covered entities and describes how protected information can be utilized and disclosed.

- **HIPAA Security Rule**: Published in February 2003, the rule establishes national security standards for protecting certain health information that is held or transferred in electronic form by covered entities.

For more information on HIPAA, please click here. For the latest HIPAA news releases and bulletins, please click here.


[4] The Privacy Rule defines protected health information (PHI) as individually identifiable health information, held or maintained by a covered entity or its business associates acting for the covered entity that is transmitted or maintained in any form or medium. https://privacyruleandresearch.nih.gov/pr_07.asp

**Tags:**

hipaa

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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)

1449) Group(s): OSHA Bloodborne Pathogens

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 expirations, 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 chisupport@med.unc.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>
<tbody>
<tr>
<td><strong>MMR (Measles, Mumps, Rubella)†</strong></td>
<td>2 doses given on or after the first birthday and separated by 28 days or more</td>
</tr>
<tr>
<td>Dose 1:</td>
<td>Date(s) MMR Booster if negative titer:</td>
</tr>
<tr>
<td>Dose 2:</td>
<td>Dose 1:</td>
</tr>
<tr>
<td><strong>Tdap (Tetanus, Diphtheria, Pertussis)</strong></td>
<td>Tdap Booster within past 10 years</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td><strong>Varicella (Chicken Pox)†</strong></td>
<td>2 doses of varicella vaccine given at least 28 days apart</td>
</tr>
<tr>
<td>If history of varicella infection, must provide serologic proof of immunity</td>
<td>Date(s) Varicella Repeat Series if negative titer:</td>
</tr>
<tr>
<td>Dose 1:</td>
<td>Dose 1:</td>
</tr>
<tr>
<td>Dose 2:</td>
<td>Dose 2:</td>
</tr>
<tr>
<td><strong>Polio</strong></td>
<td>4 doses of OPV/IPV given with last dose on or after the fourth birthday</td>
</tr>
<tr>
<td>Dose 1:</td>
<td>Date(s) Hepatitis B Repeat Series if negative titer:</td>
</tr>
<tr>
<td>Dose 2:</td>
<td>Dose 1:</td>
</tr>
<tr>
<td>Dose 3:</td>
<td>Dose 2:</td>
</tr>
<tr>
<td>Dose 4:</td>
<td>Dose 3:</td>
</tr>
<tr>
<td><strong>Hepatitis B†</strong></td>
<td>3 doses of hepatitis B vaccine at 0, 1, and 6-month intervals</td>
</tr>
<tr>
<td>Dose 1:</td>
<td></td>
</tr>
<tr>
<td>Dose 2:</td>
<td></td>
</tr>
<tr>
<td>Dose 3:</td>
<td></td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
<td>Current within past year*</td>
</tr>
<tr>
<td>Students choosing not to receive annual vaccine, must complete declination form**</td>
<td>Date:</td>
</tr>
<tr>
<td></td>
<td>*Must be repeated annually to meet medical requirements</td>
</tr>
<tr>
<td></td>
<td><strong>Certain clinical sites may require influenza vaccination. Students unable to confirm influenza vaccination cannot be guaranteed clinical placement.</strong></td>
</tr>
</tbody>
</table>
**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**

<table>
<thead>
<tr>
<th>Date PPD Placed:</th>
<th>Date PPD Read:</th>
<th>Result (mm):</th>
</tr>
</thead>
</table>

*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>DATE OF BLOOD TITER</th>
<th>RESULT</th>
</tr>
</thead>
</table>

**DATE OF BLOOD TITER**

<table>
<thead>
<tr>
<th>Measles Immunity</th>
<th>Date:</th>
<th>Result:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Measles Antibody IgG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mumps Immunity</th>
<th>Date:</th>
<th>Result:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Mumps Antibody IgG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rubella Immunity</th>
<th>Date:</th>
<th>Result:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Rubella Antibody IgG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Varicella Immunity (Chicken Pox)</th>
<th>Date:</th>
<th>Result:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Varicella Antibody IgG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis B Immunity (Anti-HBs)</th>
<th>Date:</th>
<th>Result:</th>
</tr>
</thead>
<tbody>
<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:**

<table>
<thead>
<tr>
<th>Credentials:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medical Provider Name, Address, Phone (please print):</th>
<th>Date:</th>
</tr>
</thead>
</table>
Quinnipiac University Student Exposure Control Plan For Bloodborne and Airborne Pathogens (04/12/2017)

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 persons 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.

a. 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, such as an emergency department, 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)

(Open 8 AM to 7 PM seven days a week.)

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  
61 Pomeroy Ave, Meriden, CT  
(203-694-5444)

(Note: the Infectious Disease office 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, employee health 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:

MidState Medical Center Infectious Disease office  
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.\(^1\,\text{ii}\) 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 guidelines\textsuperscript{i, 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:

- **Midstate Medical Center MediQuick Urgent Care,**
  61 Pomeroy Ave, Meriden, CT
  (203-694-5350)

  or

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

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.

**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. **Attend and listen** carefully at all OSHA training sessions.

2. **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. **Pay careful attention** to instructors and learn/practice good technique for phlebotomy, handling and disposal of needles and sharp instruments, surgical procedures, etc.

4. **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. **Use personal protective equipment** (e.g. gloves, gowns, face mask) as required to protect yourself.

6. **Wash hands frequently** with antimicrobial soap under hot running water.

7. **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
- July 10, 2015 (Dennis Brown, MPH, PA-C, PA Program Director)
- April 12, 2016 (Dennis Brown, MPH, PA-C, PA Program Director)
- April 12, 2017 (Dennis Brown, MPH, PA-C, PA Program Director)

**Attachments:**
1. Midstate Medical Center Protocol for Chemoprophylaxis following Bloodborne Pathogen Exposure.
2. Midstate Medical Center/ MediQuick Pre-registration form
3. 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).
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
  - 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:
     - Completed registration form
     - Registration form and Release of Information form are available on the Quinnipiac University Student Health Services website
     - Signed release of information form for MidState Medical Center
     - Copy of incident report
     - 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 **Mid State Infectious Disease Group 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 MidState Medical Center Department of Infectious Disease (fax # 203-694-5373).

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

- The Infectious Disease physician 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.
Gallagher Accidental Insurance Program for Students at Quinnipiac University

FAQ

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

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

<table>
<thead>
<tr>
<th>Name (Last, Middle, First)</th>
<th>Maiden Name</th>
<th>Social Security Number</th>
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<tbody>
<tr>
<td>Telephone number</td>
<td>Cell:</td>
<td>Work:</td>
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<tr>
<td>Address, City, State, Zip Code</td>
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<td>Primary Language</td>
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<td>Date of Birth</td>
<td>Age</td>
<td>Marital Status</td>
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<td>Religious Preference</td>
<td>Name of Church or Synagogue</td>
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<td>Employer</td>
<td>Telephone Number</td>
<td>Occupation</td>
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<td>Employer Address</td>
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## HIPAA

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

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<thead>
<tr>
<th>Name</th>
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<td>Address (if different than above)</td>
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## Father's Info

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## Mother's Info

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## Emergency Contact

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<td>Home:</td>
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<td>Work:</td>
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## Insurance Information

Please check one of the following: **Commercial insurance** **Champus** **Medicaid**

<table>
<thead>
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<th>Name of Insurance Company</th>
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<td>Subscriber Employer Name</td>
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## Secondary Insurance Information

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<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>
QUINNIPIAC UNIVERSITY STUDENT INCIDENT REPORT FORM
(For Blood/Body Fluid Exposure)

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!)*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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. (03/20/13)
SECTION 3

ADDITIONAL FORMS

“If it were easy, everyone would do it”
- Donald Stilwell
Quinnipiac University Schools of Health Sciences, Medicine & Nursing

Policy and Procedures on Criminal Background Checks (CBC) and Drug Screening (DS) for Health Professions Programs (HPP) in the Quinnipiac University School of Health Sciences (SHS), School of Medicine (SOM) and School of Nursing (SON).

Title
Criminal Background Check (CBC) and Drug Screen (DS) Policy

Purpose
The purpose of this policy is to implement guidelines for health professions programs (HPP) at Quinnipiac University that require students to complete criminal background checks and drug screenings.

Persons Affected
This policy applies to incoming students and students already enrolled in an educational program in SHS, SOM & SON. These students may now, or at a future date be assigned to an affiliated healthcare, human service agency, facility or educational institution and must comply with all applicable state and federal regulations as required by the state in which their placements are located.

Timing of Criminal Background Checks
The timing of criminal background checks will be determined by the individual health professions programs in the SHS, SOM & SON. Criminal background checks will be performed on incoming students prior to the beginning of their program of study. Students already enrolled in the university will have to complete a criminal background check as part of the requirements for acceptance into the professional component of their education.

Rationale
Health care providers are entrusted with the health, safety and welfare of patients. They have access to controlled substances and confidential information and operate in settings that require they exercise good judgment and ethical behavior. Thus, an assessment of a student’s suitability to function in such a setting is imperative to promote the highest level of integrity in health care services.

Clinical facilities are increasingly required by accreditation agencies, such as the Joint Commission of Healthcare Organization (JCAHO), to conduct criminal background checks for security purposes on individuals who provide services within the facility and especially those who supervise care and render treatment. To meet these requirements, educational institutions have agreed to conduct these criminal background checks for students and faculty.

Clinical rotations are an essential element in certain curriculum programs. Students who cannot participate in clinical rotations due to criminal or other adverse activities that are revealed in a criminal background check are unable to fulfill the requirements of the program. Additionally, many health care licensing agencies require individuals to pass a criminal background check or
drug screening as a condition of licensure or employment. Therefore, it is in everyone’s interest to resolve these issues prior to a commitment of resources by Quinnipiac University, the current student or an incoming student.

Criminal background checks (CBCs) and Drug Screens (DS) allow the health professions programs in SHS, SOM and SON to evaluate whether students possess the character and fitness to participate in clinical education activities. These clinical programs do not guarantee that students will be accepted for clinical rotations or that state licensure boards will ultimately issue a license to an individual with or without a criminal record.

**Implementation and Enforcement**

Each program requiring a criminal background check and/or drug screen will develop internal guidelines for managing the student criminal background checks for affected health professions programs within SHS, SOM & SON. The university will designate approved vendor(s) to conduct criminal background checks. All issues will be reported from the vendor(s) directly to the designee for the Offices of the Deans of the School of Health Sciences, School of Medicine and School of Nursing. Results from vendors other than those designated by the university to conduct criminal background checks will not be accepted. Incoming and current students must contact the designated vendor(s) and comply with instructions in authorizing and obtaining criminal background checks.

Incoming and current students are responsible for payment of any fees charged by the vendor(s) designated to provide the criminal background checks and drug screenings. The university insists that its vendor(s) conduct all criminal background checks and drug screenings in compliance with the *Fair Credit Reporting Act Standards* and other applicable laws. **Attached: Appendix 1**

Incoming and current students have the right to review the information contained in any criminal background check and/or drug screen required by the university for accuracy and completeness. Students may request verification of the accuracy of these reports from the designated vendor(s). The designated vendor(s) will advise them of their rights and assist the incoming or current students in verifying the accuracy of a report. It is the responsibility of the incoming or current students to ensure that any misinformation in the initial criminal background check report and/or drug screening report is corrected, and to ensure that a written statement with supporting documentation indicating the correction is submitted to the Office of the Dean of the School of Health Sciences, Dean of the School of Medicine and Dean of the School of Nursing. The designated vendor(s) will not be involved in any decision made by the university.

Criminal background check reports, drug screening reports and other submitted information are confidential and may only be reviewed by university officials and affiliated clinical facilities with a legitimate educational interest in the material in accordance with the *Family Educational Records and Privacy Act (FERPA).*

Criminal background check reports, drug screening reports and other submitted information of incoming and current students will be maintained in the designated office in accordance with the university’s record retention schedule for student records. Criminal background check reports,
drug screening reports and other submitted information of applicants denied admission into the program will be maintained in accordance with the university’s record retention policy. A criminal background check will be honored for the duration of enrollment if the student is continuously enrolled, unless a clinical site requires an updated report. A student who has a break in enrollment is required to complete a new criminal background check, and may be required to submit a new drug screen.

A drug screen will be performed as a condition of clinical practica if requested by that facility. Timelines for completion of this screening are solely at the discretion of each contracted facility and are subject to change without notice. It is the responsibility of the student to verify each facility’s policy and comply as required. A student may be required to have multiple drug screens during the course of his/her enrollment in clinical practica. Costs associated with these screenings are the responsibility of the student. A student who is not cleared (criminal background check and/or drug screen) through the designee for the Offices of the Deans of the SHS, SOM and SON may be unable to secure placement in the clinical facilities. This may make it impossible for that student to complete requirements for graduation.

Falsification of information, including omission of relevant information, may result in denial of admission or dismissal from the SHS, SOM and SON professional programs.

Failure to disclose all previous convictions, other than minor traffic convictions, will be considered falsification of records, and will be grounds for disciplinary action up to and including possible withdrawal of conditional acceptance into QU SHS, SOM and SON programs. If discovery of the falsification occurs post-admission to the professional component of the program, such discovery may result in termination of enrollment for the student. Please note that individuals are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes, or similar laws in other states.

Criminal activity that occurs while a student is in attendance at the university must be reported by the student to the Office of the appropriate Dean within 7 days of its occurrence and may result in disciplinary action, including dismissal. Criminal activity and breach of university policy will be addressed through the university’s academic or disciplinary policies as determined by the Office of the appropriate Dean and the Background Check Review Committee process outlined in this document.

Incoming and current students will be advised that final program acceptance is dependent on successful background investigation and clearance. Incoming and current students will be required to sign the Fair Credit Reporting Act Disclosure and Authorization Form for Criminal Background Check(s) as part of the process for acceptance into the professional component of all SHS, SOM and SON professional programs Appendix 2 All students must also read this policy and sign the Review of Policy Form as a condition of the acceptance process into the professional component of these clinical programs as required. Appendix 3
**Criminal Background Check Procedure**
The standard criminal background check for Quinnipiac University includes the following:
- Social Security Number Validation/Verification
- Criminal Record Searches (Statewide, County & Federal Searches)
- National Criminal Database Search
- Sex Offender Registry Search
- OIG/SIG
- Sanctions Based Search

The following additional options are available if needed:
- Fingerprinting
- Child Abuse Registry Search
- Elder Abuse Registry Search

See Appendices 4 & 6

Students are required to confirm with their clinical facilities prior to starting whether there are drug testing requirements, additional checks or other information required. The vendor will inform students regarding the procedure to include additional information to their reports, as needed. Failure to successfully pass any of the clinical facility’s requirements will preclude the student from participating in the clinical practicum as they may not be accepted by the “clinic”.

**Drug Screening Procedure**
The standard drug screening for Quinnipiac University is the following:
- Ten Panel Drug Screen
- Amphetamines
- Cocaine Metabolites
- Marijuana Metabolites
- Opiates
- Phencyclidine
- Benzodiazepines
- Methadone
- Barbituates
- MDMA/Ecstasy
- Propoxyphene

The following additional options are available if needed:
- Tramadol
- Soma
- Fentanyl

Laboratory testing includes collection of the sample, transport to the laboratory, EMIT analysis, GC/MS confirmation by a SAM HSA-certified laboratory and a test review by a Medical Review Officer, if required.
Students will use the same outside vendor for this screening, specific to their program.

**Drug Screening Clearance**
The names and test results of all students who are required to have a drug test by their clinical placements will be forwarded to the reviewer designee in the offices of the appropriate Dean by each participating program on a basis as determined by the reviewer. This information will be added to the students’ criminal background check report by the outside vendor. Drug screening clearance will be reported to the appropriate program with the date of the test. No further action is required.

**Drug Screening Non-Clearance**
Any student who does not receive drug screen clearance will receive a certified letter from the Office of the appropriate Dean within 7 business days of receiving that report notifying the student that they have not been cleared and informing them of the appeals process.

**Criminal Background Check Report Scoring**
The university will maintain a current contract with the outside vendor(s), and will provide the vendor(s) with Quinnipiac scoring criteria. Non Clearance may contain findings that are not acceptable and/or may preclude continuation in the clinical program.

**Criminal Background Check Clearance**
The names of all incoming and current students with a criminal background check clearance (“green”) will be forwarded to the designee in the appropriate health professions program with the date of the criminal background check. No further action is required.

**Criminal Background Check Non-Clearance**
Any incoming or current student who does not receive a criminal background check clearance will receive a certified letter within 7 business days of receipt of that report from the Office of the Dean of the SHS, SOM and SON notifying the student that she/he has not been accepted into the health professions program because the student did not receive criminal background check clearance and making him/her aware of the appeals process (see below).

**States Added to Criminal Background Check Reports**
Some current students may need to add other states to their criminal background check report if required for clinical placements. In the event the updated report is returned with findings, the student will receive a letter from the Office of the Dean of the SHS, SOM or SON notifying the student that she/he has not been cleared for clinical placement. The student may appeal utilizing the appeals process described on page 6.

**Consideration of Criminal Background Activities**
The existence of a conviction does not automatically disqualify an incoming or current student from entering a university health professions program. Any incoming or current student who does not receive a criminal background check clearance may go through an appeals process. Relevant considerations in the appeal may include, but are not limited to: the date, nature, and number of convictions; the relationship the conviction bears to the duties and responsibilities of
the position; and successful efforts toward rehabilitation. Any decision to allow an applicant to enter a university health professions program with a conviction is solely at the discretion of the Background Check Review Committee. If students are not dismissed and elect to continue on in their respective programs, they do so at their own risk. Because state licensure requirements are subject to change without notice, Quinnipiac University and the SHS, SOM and SON cannot guarantee that any student will be eligible to sit for any state examination, should there be any findings in his/her background check or drug screening reports. All students deciding to continue on in their respective programs despite non cleared findings in their reports must sign a form verifying their decision. See Appendix 5

Appeals Process
If the incoming student or current student is denied admission to or continuance in his/her health professions program, the student may appeal that decision to the Background Check Review Committee. All requests for appeals must be made in writing by the student within 7 business days of the student’s notification by the office of the Dean. It is the student’s responsibility to initiate the appeal process by sending a written request to the Office of the appropriate Dean. The Office of the Dean will schedule a meeting of the Background Check Review Committee within 14 days of receipt of the appeal request and will notify the student of the meeting date. All appeals are subject to the university’s existing policies and procedures.

Once a final decision is made regarding the student’s appeal, the Background Check Review Committee will immediately notify the student by certified letter. The Dean’s office will copy all related correspondence to the chair, program directors& clinical coordinator(s) of the respective programs.

The decision of the Background Check Review Committee regarding the ability of an incoming student or current student to enter into a professional program in the School of Health Sciences, School of Medicine and School of Nursing is final and cannot be appealed. The Office of Admissions and appropriate programs will be notified of the decision.

Background Check Review Committee
A Background Check (and Drug Screen) Review Committee will be developed with the assistance of the appropriate Dean. This Background Check Review Committee will stand separately from other professional programs in that school. Members of the Background Check Review Committee should include representation from (but is not limited to): Office of the Dean of the School in which that program is housed
- Office of Admissions
- Office of Student Affairs
- Office of Academic Affairs
- Office of the Senior Vice President for Finance & Administration

Based on institutional policies and procedures, a careful review of the self-reported information in the incoming student/current student’s file will occur. This review will include:
- criminal convictions
- pending adjudications
- information in the criminal background check report
• relevant supplementary materials obtained from the applicant and from other sources including court documents

Factors considered in reviewing an individual case may include, but are not limited to:
• the nature, circumstances, and frequency of any reported offense(s)
• the length of time since the offense(s)
• available information that addresses efforts at rehabilitation
• the accuracy of the information provided by the student in his/her application materials
• the relationship between the duties to be performed as part of the educational program and the offense committed

Any incoming or current student whose acceptance is referred to the Background Check Review Committee has the right to appear before that committee to contest or explain the findings from the criminal background check and/or drug screen.

Maintenance of Records and Confidentiality
Information obtained for the purpose of and during the criminal background check (and drug screen if appropriate), will be retained by the Offices of the Deans of the SHS, SOM and SON separate from other student educational and academic records. Confidentiality will be maintained consistent with FERPA guidelines. Under no circumstances will the Deans’ Offices of the SHS, SOM & SON release copies of any reports to anyone. Program Clinical Coordinators are only provided with the student name and the date the report was cleared. In the event a clinical site requires a copy of any report, students must either email a copy of their report themselves to the requesting facility or sign a release form for the vendor(s) who will submit the report to the email address of the person authorized to receive it.

Review of Policy
This policy shall be reviewed every two years or sooner if necessary by the following:
• The Schools of Health Sciences, Medicine and Nursing Clinical Compliance Committee (consists of a member of the faculty from each participating professional program in the SHS, SOM and SON)
• Schools of Health Sciences, Medicine and Nursing Program Chairs
• Office of the Deans’ Designated Reviewer

Any recommendations for change need to follow university policy. Any changes implemented must be communicated to:
• Executive Vice President/Provost
• Office of the Senior Vice President for Finance & Administration
• Office of Admissions
• Office of Student Affairs
Written 4/15/07
Rosemary Wood, PT, DPT, MS
Cynthia Booth Lord, MHS, PA-C

Approved by the Clinical Compliance Task Force 5/20/07
Reviewed by the SHS Clinical Compliance Committee
2/26/08, 12/3/09, 11/20/10
Reviewed by SHS, SOM & SON Compliance Committee 12/11/2012
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to: www.ftc.gov/credit  Or write to:

Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580

• You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  • a person has taken adverse action against you because of information in your credit report;
  • you are the victim of identity theft and place a fraud alert in your file;
  • your file contains inaccurate information as a result of fraud;
  • you are on public assistance;
  • you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, academic institution or affiliated educational sites without your written consent. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).
APPENDIX 2
Fair Credit Reporting Act Disclosure and Authorization Form for Criminal Background Checks

QUINNIPIAC UNIVERSITY

I understand that, as a condition of admission to Quinnipiac University ("QU")'s Clinical Health Programs, I will be required to obtain a criminal background check(s) through QU's nationwide application service. Accordingly, I hereby authorize QU or its agent(s) to conduct a criminal background check(s). I understand that this authorization shall be valid for subsequent criminal background check(s) during my participation in a QU Clinical Health Program. Further, I also authorize clinical training facilities to conduct criminal background check(s), and the reporting agency to provide the results to QU and/or clinical facilities. In all cases, all expenses associated with the criminal background check(s) are my responsibility, as applicable per my clinical program.

If I am offered conditional admission, the offer will not be considered final, and I will not be permitted to enroll until completion of my criminal background check(s), with results deemed acceptable by QU. If the results of the criminal background check(s) are not deemed acceptable by QU, or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way I am unable to meet the requirements for completion of the program, the conditional admission may be denied or rescinded, and/or I may be disciplined or dismissed.

I am _________________________(e-form menu..either currently enrolled or applicant student)

The Program to which this applies is ________________________

Specify

__________________________________________

Student Electronic Signature

By printing your name in the above box, you agree to the terms and conditions contained in this form. You may also print the form and sign the hard-copy.
This document will be kept on file throughout the above student's duration of enrollment.
APPENDIX 3

QUINNIPIAC UNIVERSITY

Student Review of the Background Check and Drug Screening Policy

I acknowledge that I have received and read the School of Health Sciences (“SHS”), School of Medicine (“SOM”), and School of Nursing (“SON”) policy regarding Criminal Background Checks and Drug Screenings for the Health Professions Programs at Quinnipiac University. I also acknowledge that I am aware that it is my responsibility to comply with all requirements of this policy.

__________________________________________  ____________________________  __________
Student Electronic Signature  Program  Date

By printing your name in the above box, you agree to the terms and conditions contained in this form. You may also print the form and sign the hard-copy.

This document was received by the ___________________________ Program in the

____________

on ____________________ by ____________________________

Date  Program Representative

This document will be kept on file throughout the above student’s duration of enrollment.
APPENDIX 4
Quinnipiac University Disqualifying Crimes for the Schools of Health Sciences, Medicine and Nursing Students:

CRIMINAL BACKGROUND CHECK REPORTING CRITERIA
Some criminal offenses preclude students from participating in patient care (i.e., Red Flags). In addition, some professional licensure boards include specific offenses which constitute those crimes for which licensure are prohibited. Several issues arising from the background check involve what constitutes a failing report and to what extent clinical sites would refuse a student based on the failed status. All felony cases listed below will be posted as a “FAIL”. In addition, each clinical facility may require more or less stringent criteria for placement.

Major Offenses (Red Flags are those that indicate clear potential threat or harm to the community - constitutes an automatic failure of the Criminal Background Check (CBC) and dismissal from the program) Examples include but are not limited to:

- Abduction
- Arson (first through third degree); attempted arson
- Assault (first through fourth degree) including domestic assault (spousal abuse); assault by a caregiver against a vulnerable adult and related offenses when resulting in a felony
- Battery and related offenses when resulting in a felony
- Burglary; Breaking and Entering resulting in a felony
- Child abuse, neglect of a child, endangering the welfare of a child; malicious punishment of a child o Contributing to the delinquency or dependency of a child
- Exploitation of a child; solicitation of children to engage in sexual conduct o Termination of parental rights resulting in a felony
- Coercion or attempt to coerce
- Controlled substances and illicit drugs-sale, distribution (including great bodily harm caused by distribution of drugs), delivery or possession of controlled substances and/or illicit drugs and related offenses when resulting in a felony
- Credit Card Crimes; credit card fraud, credit card theft, illegal use of a credit card
- Criminal abuse; neglect; financial exploitation of a vulnerable adult
- Embezzlement
- Forgery including check forgery and related offenses
- Fraud
- Harassment; stalking
- Hate Crimes and related offenses
- Incest
- Kidnapping, false imprisonment
- Killing, murder, manslaughter, injury, death, assault of an unborn child by injury to the mother
• Lewd and lascivious behavior; indecent exposure when resulting in a felony
• Mistreatment of confined persons or residents or patients
• Murder, maiming, manslaughter, attempted murder, attempted maiming, attempted manslaughter
• Distribution of or possession of Obscene literature and materials in any form, including pornography when resulting in a felony
• Obtaining signature by false pretense
• Prohibited acts of persons in familial or custodial authority
• Prostitution, sexual solicitation and related offenses
• Robbery and related offenses resulting in a felony
• Sexual Abuse, sexual assault, sexual battery, rape, incest and other sexual offenses
• Sexual misconduct; criminal sexual conduct (first through fourth degree); indecent exposure; use of minors in sexual performance; possession of pictorial representations of minors resulting in felony convictions
• Shooting at or in a public transit vehicle or facility; drive-by shootings
• Tampering with a witness resulting in a felony
• Terrorist threats or actions
• Theft and related offenses resulting in a felony
• Vehicular homicide, vehicular assault, hit and run
• Weapon crimes (i.e., dangerous weapons, machine guns, short-barreled shotguns etc) and related offenses
• Wounding-malicious wounding, unlawful wounding

**Minor Offenses** (will still appear as Red, but may not constitute an automatic failure of CBC). These will be reviewed independently by a university appointed “review committee” and a decision will be made on the nature of the crime and the nature of the position:
Examples include but are not limited to:
• 10-year old charge of possession of marijuana
• DUI
• Positive drug screen
• Riot resulting in a misdemeanor
• Shoplifting
• Disorderly conduct
• Failure to report maltreatment of a vulnerable adult
APPENDIX 5
Student Waiver Regarding Findings in Their Health Professions Background Check and Drug Screening

I ___________________ (PRINT) acknowledge that I have received and reviewed the results of my Criminal Background Checks and/or Drug Screenings for the Health Professions Programs at Quinnipiac University (the “Results”). I acknowledge that the Results are accurate to the best of my knowledge. I also acknowledge that I have been advised that because of these Results I may not be eligible for participation in clinical affiliations and may not be eligible to sit for the certification examination and/or individual state licensure in the profession of

__________________________________.

After careful consideration, I hereby voluntarily elect to continue on with as much of the curriculum for which I am cleared to participate regardless of the Results. I am aware that I do so at my own risk, and I agree that Quinnipiac University will not be liable in any way if I am unable to participate in clinical affiliations, sit for any certification examination and/or individual state licensure examination or receive any benefit for which I would otherwise be eligible but for the Results.

____________________________     __________________________

Student Signature                                           Program Date

____________________________

Chair Program Date

____________________________

Dean School Date

This document was received by the ______________________Program on ______________ Specify Date

By ____________________________________

Program Representative

This document will be kept on file in The Dean’s Office of the School to which the above student’s Program is affiliated for the duration of the student’s enrollment at Quinnipiac University and for a period of ten years thereafter.
APPENDIX 6
Criminal Background Check Contents

Criminal Background Check, Initial Search - $60.00 *
- Includes all names, all addresses and all fees (with the exception of New York access fee).

Analyzed Social Security Number Search
(credit bureau data analyzed for names, SSN's & addresses)

CT Statewide Criminal Records Repository
(For CT residents only)
County Criminal Records Search
(searches conducted in all counties of residence outside of CT)

National Criminal File Search
(national database search covering more than 194 million criminal, sex offender and violation records, includes verification of hits)

National Sexual Offender Database Search
(database search covering sex offender records collected nationwide)

OIG / GSA EPLS Search
(search covers the federally-mandated HHS Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the General Service Administration (GSA)- Excluded Parties List (EPLS))

SanctionsBase®
(proprietary search covering sanctions, disciplinary and administrative actions taken by hundreds of federal and state healthcare regulatory authorities, including FDA, NIH, GSA, OFAC, terrorist watch lists and more)

Criminal Background Check, Recheck – $20.00
- Primary name and address only

Analyzed Social Security Number Search
(credit bureau data analyzed for names, SSN's & addresses)

County Criminal Records Search (current county only)
(searches conducted on current county of residence)

National Criminal File Search
(national database search covering more than 194 million criminal, sex offender and violation records, includes verification of hits)
Additional Services Available

Pennsylvania Child Abuse Registry Searches – please select one of the following processes:

- No charge from Certiphi - Certiphi will provide the PA Child Abuse Clearance form to students. Students will be instructed to mail the completed document and a certified check or money order for $10.00 to the state for processing. Results will be returned to the student.

- $26.00 (includes the $10.00 PA fee) – Certiphi will facilitate and manage the entire process, which includes Certiphi providing the PA Child Abuse Clearance form to students. Students will be instructed to return to the form to Certiphi. Certiphi will mail the form and the $10.00 processing fee to the state. Results will be returned to Certiphi and attached to the report.

Elder Abuse Registry Searches
(search of state elder abuse registry; only available in DE, IA, KS, NE, NH, TN, VT, WA; price is per state)

Child Abuse Registry Searches
(not available in all states; *state fee and postage fees charged separately)

Pennsylvania Statewide Criminal Records Repository (PATCH)
(not available in all states; state fee charged separately – CURRENT PA STATE FEE IS $10.00; alias or A/K/A searches charged at $4.00 per name)

Statewide Criminal Records Repository
(searches conducted on a state-by-state basis; price is $6.50 per state searched; state access fee charged separately)

Our pricing includes all costs associated with the services proposed, with the exception of limited court, state or MVR access fees; fees associated with the retrieval or verification of criminal record documents; or fees from 900-number or pay verification services.

* Note an additional fee of $66.00 will be assessed for all students needing checks in the state of New York
Quinnipiac University  
Department of Athletic Training/ Sports Medicine  

Athletic Training Program  

ATR Policies & Procedures Handbook Acknowledgement Form  

Upon review of the Quinnipiac University Athletic Training Room Policies & Procedures Handbook, read and sign the following statement:  

I ____________________________________________ have had the time to review, ask questions and have had all of my questions answered about the policies and procedures outlined within the ATR Policies & Procedures Handbook. Moreover, I understand that failure to adhere to the policies and procedures set forth in the ATR Policies & Procedures Handbook may result in disciplinary action and sanction, including immediate suspension, dismissal, or expulsion from the Athletic Training Program. In signing this statement, I acknowledge receipt, review and understanding the ATR Policies & Procedures Handbook and agree to abide by the policies and procedures within.  

__________________________________________  ___________________  
Student signature                Date
Student Review of the Background Check and Drug Screening Policy

I acknowledge that I have received and read the School of Health Sciences (“SHS”), School of Medicine (“SOM”), and School of Nursing (“SON”) policy regarding Criminal Background Checks and Drug Screenings for the Health Professions Programs at Quinnipiac University. I also acknowledge that I am aware that it is my responsibility to comply with all requirements of this policy.

Student Electronic Signature  Athletic Training Program  Date

By printing your name in the above box, you agree to the terms and conditions contained in this form. You may also print the form and sign the hard-copy and scan the form as a PDF for uploading.

This document will be received by the Clinical Coordinator on the date signed, completed, and uploaded by the student to E*Value in Immunization and Certification tab within the Department of Athletic Training & Sports Medicine.

This document will be kept on file throughout the above student's duration of enrollment.
Athletic Training Program

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.

______________________________  ____________________
Student Signature                   Date

Student Signature Required       Student Signature Required
Quinnipiac University Athletic Training Program
Technical Standards for Admission

The Athletic Training Program at Quinnipiac University (the “Program”) is both rigorous and intense, and 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 render care to a wide spectrum of individuals engaged in physical activity. The Program has established technical standards that embody the essential functions students must be able to perform with or without reasonable accommodation in order 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]). Students will not be admitted to the Program or will be dismissed from the Program if they cannot meet these standards with or without reasonable accommodation.

Candidates for selection to the Program are required to certify that they understand and will be able to meet the Program’s technical standards with or without reasonable accommodation. Under the technical standards, students must be able to:

1. assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessments and therapeutic judgments and distinguish deviations from the norm;
2. perform appropriate physical examinations using accepted techniques, and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
3. communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds, including but not limited to the ability to establish rapport with patients and communicate judgments and treatment information effectively;
4. understand and speak English at a level consistent with competent professional practice;
5. record physical examination results and treatment plans clearly and accurately;
6. maintain composure and continue to function well during periods of high stress;
7. adjust to changing situations and uncertainty in clinical situations; and
8. demonstrate effective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

If a student states he/she can meet the technical standards but requires an accommodation, the University will review the request with the student and make a prompt determination of whether the accommodation is reasonable. The University’s Coordinator of Learning Services will review and evaluate the qualifications and the need for reasonable accommodations for each student requesting accommodation.

Compliance with the Program’s technical standards does not guarantee a student’s eligibility for the Board of Certification exam.
Statement for Students Not Requesting Accommodations: I hereby certify that I have read and understand the technical standards listed above, and that I believe to the best of my knowledge that I can meet each of these standards without accommodation. I understand that if I am unable to meet these standards, with or without reasonable accommodation, I will not be admitted into, or may be dismissed from, the program.

_________________________/_________________________  _________________
Print Name of Applicant      Signature of Applicant        Date

Alternative Statement for Students Requesting Accommodations: I hereby certify that I have read and understand the technical standards listed above, and that I believe to the best of my knowledge that I can meet each of these standards with reasonable accommodation. Prior to the first day of classes, I will contact the Coordinator of Learning Services (Arnold Bernhard Library, N129, Learning Commons, 203-582-5390) to determine what accommodations may be available to me. I understand that if I am unable to meet these standards, with or without reasonable accommodation, I will not be admitted into, or may be dismissed from, the Program.

_________________________/_________________________  _________________
Print Name of Applicant      Signature of Applicant        Date