



Sacred Heart University
Athletic Training Education Program
Application for Undergraduate Study

Thank you for your interest in the Athletic Training Education Program at Sacred Heart University. This application is **ONLY** for current SHU students in their second semester of their freshman year. Applications will be processed once ALL requirements are completed. Should you have any questions about the application process, please contact Dr. Theresa Miyashita at miyashitat@sacredheart.edu

Application Process

Applications and listed supporting materials are to be sent directly to the AT Admissions Committee:

Sacred Heart University
Athletic Training Program
AT Admissions Committee
Department of Physical Therapy and
Human Movement Science
Cambridge Building
7 Cambridge Drive
Trumbull, CT 06825

Students are responsible for submission of ALL application materials. An incomplete file will not be considered for admission. This application process is a 2-step process:

Step 1: Submit listed materials directly to the SHU AT Admissions Committee by April 30th at 3:00pm.

Step 2: Students are required to submit information to Certified Background™ (see additional information on page 2) by August 17th. Students will NOT be allowed to begin the Athletic Training Education Program if all material is not received by the above date. It is highly recommended and encouraged that students begin this process immediately, as there is a waiting period for immunization testing.

APPLICATION PROCEDURE:

Step 1: Completion of the Applicant File

All required materials are listed below:

1. *Application Data Form*

2. *Technical Standards:* Signed technical standards form
3. *Letters of Recommendation:* 2 letters of recommendation on behalf of the applicant must be submitted using the supplied forms. **One must be an academic reference (college).**
4. *Personal Statement:* Students must write a short statement, no more than 500 words. The statement must address the following question: ***What qualities do you have to bring to the AT program?*** All work must be typed.
5. *Transcripts:* Each applicant must submit an unofficial transcript from SHU. If a required course was taken at another institution, an official transcript from the college/university must be included.
6. *GPA:* A minimum GPA of a 2.5 is required.
7. *Science Pre-requisites:* Applicant must have completed **2 science pre-requisite courses with labs by the end of freshman year.** No grade below a "C" will be accepted. Science pre-requisites courses may include: BI 111/113, BI 112/114, BI 206/208, BI 207/209, PY 100, CH 117/119.
8. *AT 100:* Principles of Athletic Training must be completed with a grade of "C" or better.
9. *Observation Sheet:* Complete a minimum of 5 hours of observation under the direct supervision of a Certified Athletic Trainer in a traditional setting (high school, college)
10. *Information Session:* All students must attend an information session prior to submission of the application.

Step 2: Certified Background™

Students will complete the following via www.certifiedbackground.com. Students should complete this step after receiving their conditional acceptance into the program (middle of May). Students are required to successfully complete all requirements via Certified Background™, including background check and proof of immunization. Failure to complete these requirements by August 17th will jeopardize student acceptance into the Athletic Training Program.

The following will be completed through Certified Background™:

1. Background Check
2. *Physical*: completed by a MD, DO, APRN, PA in the 12 months. Our forms (included in the application) must be completed, signed, and uploaded into Certified Background.
3. *CPR*: Front and back of signed CPR cards/certificates through **American Red Cross or American Heart**. Certification must be for the Health Care Professional.
4. *Vaccines*: Vaccine and titer information must be provided via lab reports. It is **HIGHLY** recommended students have titers drawn during the Spring semester they are applying to the program, because if they are no longer immune a booster shot will be given, and a new titer will be drawn 30-90 days later. Proof of immunization is necessary for: Varicella, Measles, Mumps, Rubeola, PPD, and Tetanus.
5. *Hepatitis B*: Students can demonstrate current immunization to Hepatitis B via current titer information. If Hepatitis B does not show immunity then immunization is required. Individuals who do not wish to be immunized must sign a declination form.



Sacred Heart University
Athletic Training Education Program
Application Check List

Step 1: Materials to be turned into the AT Admission Committee by April 30th:

- Application for admission form
- Signed Technical Standards form
- 2 Letters of Recommendation (can be sent directly from the reference)
- Signed Observation form
- Personal Statement
- Transcripts (can be unofficial)
- Hepatitis B form
- Attend Information Session

Step 2: To be completed via Certified Background. Items which should be started during the Spring semester to ensure all items will be satisfactorily met:

- Physical: using our forms (2 forms), within the past 12 months
- CPR Certification
- Vaccines: titers will need to be drawn to determine if you are still immune. Booster shots may be necessary if you are no longer immune, and titers re-drawn to determine immunity.



Sacred Heart University
Athletic Training Education Program

PAPERWORK FOR STEP 1



**Sacred Heart University
Athletic Training Education Program**

Application Data Form

I. Personal Information

Mr. Ms. Last Name First Name

Permanent Address

Street City

State Zip Code

Cell Phone Number SHU ID # :

SHU E-mail address

*Have you been admitted or do you intend to apply to the SHU physical therapy program?

**Note: The Athletic Training Education Program is a 4-year undergraduate program. Therefore, students interested in pursuing physical therapy must begin the program after completion of the athletic training education program.*

Ethnic Origin (optional)

- American Indian/Native American
- Asian, Asian American, or Pacific Islander
- Black or African American
- Hispanic or Latino Background
- White
- Other

II. Academic Background

Please mark the Science courses completed:

BI 111/113: Concepts in Biology I, with Lab _____

BI 112/114: Concepts in Biology II, with Lab _____

BI 206/208: Human Anatomy & Physiology I _____

BI 207/209: Human Anatomy & Physiology II _____

CH 117/119: Biochemistry with Lab _____

PY 100: Elements of Physics _____

III. Athletic Training Experience

List any athletic training work-related experience. Include location and date(s).

IV. Activities/Awards

List any accomplishments, awards, and/or activities that may enhance your application.

V. Technical Standards

Athletic training students are required to meet physical and behavioral technical standards to successfully complete all program requirements. Complete written information on required technical standards can be found on the attached sheet. If you have any questions regarding the program requirements please contact the Athletic Training Program Director.

VI. Medical Forms

The Athletic Training program requires the completion of a Certificate of Health form following a physical examination by a physician. All students must show proof of vaccination, immunization, and hepatitis B vaccine series or signed waiver, prior to beginning the program. All students admitted into the athletic training program are responsible for an annual physical and yearly review of the technical standard requirements by an licensed healthcare professional as outlined. This information will be collected via Certified Background™ at a cost incurred by the student. If you have any questions regarding the program requirements, please contact the Athletic Training Education Program.

VII. Signature

Falsification of any information on this application and supporting credentials may make the applicant ineligible for admission or subject to later separation if enrollment is affected. The information provided within this application shall not be disclosed to any party including the applicant, unless approved by the Athletic Training Education Program Admission Committee.

Signature of the Applicant

Date

Sacred Heart University is committed to the concept of equal educational opportunity for all. Individuals are considered for admission to student status, and services facilities, programs, and activities are administered in a non-discriminatory manner without regard to race, color, sex, national or ethnic origin, age, or handicap.



Observation Sheet

I attest that I have shadowed an Athletic Trainer in a traditional athletic training setting (professional/high school/college). By signing this document I agree that the below information is true.

Name: _____

Athletic Trainers Name: _____

Athletic Trainers BOC #: _____

Athletic Trainers License #: _____ (write n/a if no license is needed)

of Hours Completed by Student: _____

Students Signature: _____ Date: _____

Athletic Trainers Signature: _____ Date: _____

TECHNICAL STANDARDS **SACRED HEART UNIVERSITY'S ATHLETIC TRAINING PROGRAM**

Athletic Training students are required to meet physical and behavioral technical standards to successfully complete all program requirements.

Introduction

Athletic training is an intellectually, physically, and psychologically demanding profession. In addition to those described below, the abilities that an athletic trainer must have to practice safely are those described in the Commission on Accreditation of Athletic Training Education's educational competencies and in the Board of Certification role delineation study (on file in the Program Director's office). Candidates for the degree must be able to meet these minimum standards for successful completion of degree requirements.

Standards

Observation: Observation requires the functional use of vision, hearing and somatic sensations. A student must be able to attend lectures and laboratory demonstrations. The student must be able to observe a patient accurately to determine variations from normal and observe output readings to determine a patient's condition and the status of a treatment. Examples in which these observational skills are required include: palpation of anatomical structures and visual and tactile assessment for the presence and degree of edema.

Communication: Communication includes speech, language, reading, writing and computer literacy. Students must be able to communicate effectively and sensitively with patients to elicit information regarding mood, activities and health complaints, as well as perceive non-verbal communications. Students must be able to communicate effectively and efficiently with other members of the health care and athletic community to convey information essential for safe and effective care.

Sensory and Motor Function: Students must have sufficient motor function to elicit information from the patient examination, using palpation, muscle strength assessment, joint range of motion measurement and other evaluative maneuvers. Additionally, the student must have sufficient motor function to be the first responder in a potentially catastrophic injury (e.g., in-line stabilization of cervical spine, rescue breathing, obstructed airway management, and cardiopulmonary resuscitation). Students must also be able to execute movements required to provide therapeutic care, such as performing mobilization and wound care techniques. These skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision.

Intellectual abilities: To effectively solve problems, students must be able to measure, calculate, reason, analyze, integrate and synthesize information in a timely fashion. For example, the student must be able to synthesize knowledge and integrate the relevant aspects of a patient's history and examination findings to develop an effective treatment program. In addition, students must be able to comprehend three-dimensional relationships and to understand spatial relationships of structures.

Behavioral and Social Attributes: Students must possess the psychological ability required for the full use of their intellectual abilities, for the exercise of good judgment, for the prompt completion of all responsibilities inherent to assessment and care of patients, and for the development of mature, sensitive, and effective relationships with patients. Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing environment, and function in the face of uncertainties inherent in the clinical problems of patients. Students must demonstrate ethical behavior, both in the classroom and during their clinical experience.

Students who wish to identify themselves as having a disability that requires special accommodations to complete program requirements must notify the Director of the Athletic Training Program. The need for and appropriateness of any accommodations will be determined

on an individual basis in concert with and using the procedures established by the staff of the Jandrisevits Learning Center.

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

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

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

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

Signature of Applicant: _____ Date: _____



Sacred Heart University
Athletic Training Education Program
Letter of Recommendation Form

Applicant's Name: _____

Reference's Name: _____

Title/Position: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please rate the applicant in the following areas. You may add comments in the space provide below or attach additional page(s) regarding the qualities listed below or any additional traits/qualities which you believe will add to the applicant's ability to function as an athletic training student.

	Outstanding: Top 5-10%	Excellent: Top 25%	Good Top 40%	Unable to Judge
Ability to Communicate: Verbal				
Ability to Communicate: Written				
Initiative and Work Ethic				
Dependability/Reliability				
Accepts Responsibility				
Honest				
Judgement/Common Sense				
Accepts Constructive Criticism				
Leadership				
Ability to Think Creatively				
Time and Resource Management				
Problem Solving Ability				
Stress Management				

Additional Comments:

Signature

Date



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Athletic Training Education Program
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Additional Comments:

Signature

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Athletic Training Education Program Application

HEPATITIS B VACCINE

STUDENT NAME: _____ **STUDENT ID:** _____

Address: _____

Phone: _____ **Email:** _____

DOCUMENTATION OF VACCINATION

_____ I initiated the vaccination series and attached is the documentation.

_____ I received the vaccination and attached is the documentation.

_____ I decline – Read and sign the Hepatitis B Vaccine Declaration below:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine, however, I decline the Hepatitis Vaccine at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination at that time.

Student Signature

Date

Print Name of Applicant



Sacred Heart University
Athletic Training Education Program

PAPERWORK FOR STEP 2



**Sacred Heart University
Athletic Training Education Program
Proof of Physical Documentation**

To be completed by the patient:

Name _____ Date of Birth _____

Home Address: _____

Cell phone number: _____

I understand that the clinical facilities to which I am assigned may require more health data than listed below. I understand that it is my responsibility to meet all health requirements of the clinical facilities.

Signature _____ Date _____

To be completed by the healthcare provider (MD, DO, PA, APRN)

A thorough examination was performed on the above named individual. The following assessments were included:

- A. Complete history
- B. Physical examination
- C. Review of the Technical Standards

I find him/her to be in good health. He/she is free from a health impairment which may pose potential risk to patients or personnel, or which may interfere with the performance of athletic training responsibilities. Habituation to alcohol or other drugs that may alter the individual's behavior has been considered in this evaluation. **This form should not be signed unless the individual is able to fully participate in the athletic training program.**

Signature of Examining Healthcare Provider

Date

Printed Name of Examining Healthcare Provider

Address

Telephone Number

Bring this form with you to your physical. Your healthcare provider must sign off having reviewed these with you, and that you can meet the Technical Standards of our program.

TECHNICAL STANDARDS FOR SACRED HEART UNIVERSITY'S ATHLETIC TRAINING PROGRAM

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Sacred Heart University
Athletic Training Education Program
Verification of Health Status

Student's Name: _____ Date: _____

I have reviewed the above student's completed Sacred Heart University Health Forms and I have completed an examination and discussed the contents of the this report as well as the Technical Standards of the Sacred Heart University Athletic Training Education Program with the student. Based on this, the above student:

- Is capable of meeting the attached technical guidelines and may participate in clinical education.
- May need accommodations to meet the attached technical standards and should seek input from the Learning Center. He/she may not participate in clinical education until the need for such accommodations is determined and any accommodations are agreed upon and implemented.

Healthcare Practitioner Printed Name
(MD, DO, APRN, PA)

Healthcare Practitioner Address

Healthcare Practitioner Signature

To the student: Please read and sign below.

I acknowledge that it is my responsibility to inform the program director, in writing, if at any time during my clinical education experience, my health status changes in a way that may compromise my ability to meet the attached technical standards. I understand that any such change will be discussed with a healthcare practitioner, and that I may not be able to continue in the clinical education portion of the Athletic Training Education Program.

Student Printed Name

Student Signature

Date