University of Kansas

Athletic Training

Application for Admission

Please complete the required forms, and send all requested materials as one packet by the first business day in May to:

Athletic Training Program Director
University of Kansas
Dept. of HSES
1301 Sunnyside Ave.
Robinson 161
Lawrence, KS 66045
Dear prospective student:

Thank you for your interest in our CAAHEP accredited Athletic Training Education Program at the University of Kansas. Please understand that this program has a selective and limited admissions policy. This means that students are not guaranteed a spot in the program regardless of completion of the application process. The number of students admitted is based on the number of available seats in the program. Students that are not accepted to the Athletic Training Education Program may continue to study under another HSES program option. Students that are not accepted are encouraged to reapply the following Spring.

Enclosed is an application packet that should be completed for admission to the program. The packet consists of an application form, three recommendation forms, technical standards agreement form, physical exam form, and a checklist for additional requested items. All forms and requested materials should be returned as one package (THIS INCLUDES THE THREE COMPLETED REFERENCE FORMS). Letter of reference forms should be sealed in an envelope and signed by the individual completing the recommendation across the letter seal.

Information that pertains to the malpractice liability insurance is provided. Please use the provided health exam form for your physical examination. In addition, it is required that items 9-12 have been completed. A photocopy of these materials is acceptable. Lastly, please sign and date the last page of the Technical Standards for Admission policy.

All requested materials must be received no later than the first business day in May. Please feel free to contact me with any questions you might have. Letters of acceptance/denial will be sent the first week in June. Thank you again for your interest in the program.

Sincerely,

Phillip Vardiman, PhD, ATC
Athletic Training Program Director
University of Kansas
Athletic Training Education Program
Requirements for Admission
Selective / Limited Admissions Policies

Students seeking admission to the department of Health, Sport, and Exercise Sciences’ Athletic Training Education Program must meet published requirements for admission to the School of Education and to the HSES department. (Please see the Undergraduate Catalog for a complete list of courses). Students will be selected once a year in the Spring for Fall semester admission to the program. The University of Kansas department of Health, Sport, and Exercise Science offers a limited number of openings for admission to the Athletic Training program. The number of available openings for student admissions is dependent on the established ratio of students to clinical instructors (8:1) and will dictate the number of students accepted into the program. The number of students admitted may vary on a yearly basis depending on the current enrollment in the program. Our goal is to admit no more than 20 students per year.

In the event that the number of applicants exceeds the availability of openings for admission, the following criteria will be used as a selective admissions process. Applicants will be ranked, in part, based on the following:

- Cumulative GPA (2.75 minimum)
- Final grade in HSES 250 (or equivalent)
- ACI/CI Evaluations from HSES 251 (exception for transfers)
- Recommendations from three former supervisors/mentors/teachers
- Outcome of on-campus staff interview

Selection for admission will begin with the highest ranking until all of the available positions have been filled based on the enrollment capacity and the established student to clinical instructor ratio. Students who are not accepted to the Athletic Training program may remain as an HSES student in one of the other program options and will have the opportunity to reapply the following year.

Application packets for the Athletic Training program can be found online (as a .pdf document) or can be obtained in 161 Robinson. Applications are due no later than the first business day of May.

The Athletic Training education program is non-discriminatory with respect to race, religion, color, sex, national origin, sexual orientation, age, disability, creed, and veteran status.

Admission to the Athletic Training Education Program and completion of this degree program does not guarantee eligibility for the BOC exam as the BOC has separate eligibility requirements that must be satisfied to ensure certification eligibility.
This form will be completed by the Athletic Training faculty and is for information purposes only

Athletic Training Education Program
Selective Admissions
Scoring Form

STUDENT ___________________________ ID # _____________

EMAIL ADDRESS ________________________

**Academic**
Cumulative GPA x 10 _______/40
Final grade (%) in HSES 250 x 10 _______/100**

**Recommendation letters (Average Scores from both evaluators)**
#1 _____________________________ _______/10
#2 _____________________________ _______/10
#3 _____________________________ _______/10

**On-campus Interview (Average Scores from all evaluators in each category)**
Understanding of AT profession _______/10
Understanding of AT Education program _______/10
Communication skills _______/10
Professionalism and maturity _______/10

**Essay/Letter of Intent**
Evaluation by AT Program Director _______/10
Evaluation by AT Program Clinical Coordinator _______/10

**ACI/CI Clinical Evaluations (Average Scores from all evaluators in each category)**
Communication Skills _______/10**
Appearance _______/10**
Punctuality _______/10**
Eagerness to assist _______/10**

TOTAL _______/270**

** Exceptions made for Transfer Students _______/130

This form will be completed by the Athletic Training faculty and is for information purposes only
University of Kansas
Athletic Training Education Program
Application Checklist

In addition to the requirements for admission to the School of Education, prospective students for the Athletic Training Education Program must also complete the following as prerequisites for admission to the program:

1. Complete the following coursework prior to admission
   BIOL 100, 102, and 240, HSES 250, 251(exception for transfer students), 260, and 269, ENGL 101 and 102, MATH 101, 1 Soc/Art/Hum Elective
   (A grade no lower than B- (80%) in HSES 250 and HSES 251)

2. Completed an application to the School of Education (online form – include copy/screen shot of web page with application packet)

3. Completed an application form for the Athletic Training Education Program

4. Submit copies of transcripts from all colleges/universities attended
   (or KU ATRS form)

5. Letter of intent describing career goals and why the prospective student wishes to become a Certified Athletic Trainer (answer questions provided)

6. Submit completed recommendation forms from three (3) professional References. If transferring to KU, one must be from an ATC. (ie; past instructor, Athletic Trainer, Physical Therapist, Supervisor.)

7. Results of on-campus interview

8. Proof of physical examination by a licensed examiner (Note: Use form provided in the application packet; see Technical Standards for Admission and the Communicable Disease Policy located in the Athletic Training Student Handbook. Physical exam must establish qualification of meeting the technical standards for admission to the program.


10. Official proof of Tuberculosis Skin test (available at Watkins Student Health)

11. Completion of a Criminal Background Check and inclusion of the Disclosure and Release form with this application. (insert copy of receipt from Validity)

12. Adherence to Technical Standards for Admission; Complete agreement form. (Information on Technical Standards can also be found in the Athletic Training Student Handbook).

Applications are due by 5pm on the first business day of May each year.

Upon formal admission to the program and before being allowed to begin your first clinical rotation all students must provide proof of:

1) student membership in the NATA
2) student malpractice liability insurance
3) proof of current First Aid and CPR certification.
University of Kansas
Athletic Training Education Program
Application Form

(Please print clearly or type)

Full Name _______________________________________ KU ID#___________

School Address ___________________________________ Phone ____________

Permanent Address _______________________________________________________

________________________________________________ Phone ____________

Parent or Guardian Name(s) ________________________________________________

EDUCATION:

High School ____________________________________ Graduation Date __________

Colleges  ______________________________________ Dates of Attendance _______

High School Honors / Activities: _____________________________________________

College Honors / Activities : ________________________________________________

ATHLETIC TRAINING EXPERIENCE:

Years _______Please describe level of experience (sports, camps, duties, responsibilities)
Athletic Training Workshops, clinics, etc. attended during the last four (4) years.
__________________________________________________________

Other related Experiences: __________________________________________________
__________________________________________________________

What is / are your professional career aspirations? _______________________________
__________________________________________________________

Have you been accepted to the School of Education? ______ Yes ______ No

If “No” please list the anticipated semester of acceptance _______________

List three (3) professional references from which you have requested a letter of recommendation (ie. Athletic Trainer, physician, Physical Therapist, professor, etc)

1. Name: _____________________________ Position: ______________________
   Address: ___________________________________________ Phone: ____________

2. Name: _____________________________ Position: ______________________
   Address: ___________________________________________ Phone: ____________

3. Name: _____________________________ Position: ______________________
   Address: ___________________________________________ Phone: ____________

Please attach a letter, or essay, explaining your interest in the program. Your letter must address and discuss the specific questions listed on the attached page (please see “Applicant Questions” located in this packet).

Please attach official transcripts from each college you have attended. This transcript must reflect at least three (3) semesters of college credit, and include the courses of Human Anatomy, Anatomy lab, First Aid, and Care and Prevention of Athletic Injuries. Please also include all materials listed on the provided checklist for the application to be complete. Return all application materials by the first business day of May.

Athletic Training Program Director
University of Kansas
Dept. of Health, Sport, & Exercise Science
1301 Sunnyside Ave. ROB 161
Lawrence, KS 66045-7567
785-864-0799
Applicant Questions

Please answer the following questions. Your responses to these questions should be turned in with your athletic training application packet. Your responses will allow the review committee to assess your overall athletic training philosophy. *The responses should be one paragraph each, typed, and double-spaced.*

1. Referencing your personal and professional qualifications and experiences, justify your future position in the Athletic Training Education Program.

2. What are your professional career plans? Where do you see yourself in 5 years and 10 years from now? What career setting do you want to work at?

3. There are many misconceptions about the profession of athletic training. For example, some people might say that it is easy, that all athletic trainers do is tape and give water, that the profession is a “stepping stone” for other professions (medical school, physical therapy). How do you respond to these misconceptions?

4. In twenty words or less, describe the profession of athletic training.
Liability Insurance Information
(prices may not be current)

**Upon formal admission to the program all students must provide proof of student malpractice liability insurance before being allowed to begin your first clinical rotation**

- **Healthcare Providers Service Organization (HPSO)**
  - 800-982-9491
  - Coverage $1,000,000 per occurrence; $5,000,000 aggregate
  - Student Fee $35.00 per year

- **National Professional Group (NPG)**
  - 888-674-8728
  - npg_info@nnng.com
  - Coverage $1,000,000 per occurrence; $3,000,000 aggregate
  - Student Fee $12.00 per year

- **National Athletic Trainers’ Association**
  - (provided through Seabury & Smith)
  - www.seaburychicago.com
  - 800-503-9230
  - Coverage $1,000,000 per occurrence; $3,000,000 aggregate
  - Student Fee $41.00 per year

- **American College of Sports Medicine**
  - Membership fee to ACSM $90
  - Coverage $1,000,000 per occurrence; $3,000,000 aggregate
  - Student Fee $40.00 per year (Total $130)
University of Kansas Athletic Training
Admission Application Recommendation Form

___________________________ is applying for admission to the University of Kansas Athletic Training Education Program. Please provide the requested information and complete the scale regarding the applicant’s personal characteristics.

Name of Reference: ________________________________ Date: __________________

Position: _________________________________________ Phone: ________________

Institution: ______________________________________________________________

Address: ________________________________________________________________

Signature of Reference: ____________________________________________________

What is/was your relationship to the applicant? _________________________________

How long have you known the applicant? ______________________________________

RATING OF APPLICANT: Based upon your direct observation and knowledge of the applicant, please circle where you would rate him/her on this scale.

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Revised – April 2014
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Revised – April 2014
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Health Exam for Athletic Training Education

Name ________________________________  KU ID ____________  Date _________

Date of Birth ______________

Known Allergies _________________________________________________________

Current Medications _____________________________________________________

MEDICAL HISTORY (Please check any of the following that you have experienced)

___ Mental Disorder             ___ Pneumonia
___ Surgery     ___ Measles
___ Hernia     ___ Eating disorder
___ Hospitalized overnight     ___ Diabetes
___ Asthma     ___ Chicken pox
___ Heart murmur     ___ Kidney disease
___ Concussion / loss of consciousness     ___ Heat exhaustion/stroke
___ Problems with vision     ___ High / low blood sugar
___ Orthopedic injuries     ___ Rheumatic fever
___ Hepatitis     ___ Mononucleosis
___ Seizure/epilepsy     ___ Tuberculosis
___ Allergy

HEART HEALTH HISTORY (Please check if you answer “YES” to the following.)

___ Have you ever had any unexplained chest pain with exercise?
___ Have you ever felt like fainting or passed out with physical activity?
___ Have you ever been told that you have a heart murmur?
___ Have you had any unexplained shortness of breath or fatigue with physical activity?
___ Has your blood pressure ever been high?
___ Is there a history of heart disease or high blood pressure in your family?
___ Has anyone in your family died unexpectedly before the age of 50?
___ Are you taking any medications for your heart or for high blood pressure?

Please explain your responses in the space below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The provided information is complete and correct.

Signature of Patient __________________________________ Date _______________

(OVER. Must complete reverse side)
PHYSICAL EXAMINATION

BP ________ Pulse ________ Ht _____ Wt ______

Please check if abnormal, and explain at the bottom.

___ ears / nose / throat   ___ vision
___ lymph nodes    ___ hearing
___ heart    ___ skin
___ pulses    ___ lungs
___ abdomen    ___ genitalia/hernia

Explanation of any abnormalities:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
____________________________________________

MUSCULOSKELETAL EXAMINATION

Please check if abnormal, and explain at the bottom.

___ neck    ___ wrist
___ back    ___ hip/upper leg
___ shoulder/upper arm    ___ knee
___ elbow/forearm    ___ lower leg/ankle/foot

Explanation of any abnormalities:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
____________________________________________

The patient’s physical and mental health will permit them to meet the demands and Technical Standards of the Athletic Training Education Program.

___ Yes ___ No

Approval for participation in the program without limitation? ___ Yes ___ No

If “no”, specify limitations and specific accommodations needed for participation.
______________________________________________________________________________________
______________________________________________________________________________________

Signature of examiner ____________________________ Credential __________

Name of examiner (print) __________________________ Date _______
Immunization Verification

Please have your physician provide verification of the following immunizations. All applicants for the Athletic Training Education Program must show proof of current immunizations. Physicians may use the following form or their own office form for immunization verification. (All immunizations must be up-to-date and verified).

<table>
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<th>Immunization</th>
<th>Date of Immunization</th>
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<tr>
<td>Measles</td>
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<td>Mumps</td>
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<td>Rubella</td>
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<td>Hepatitis B</td>
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<td>Tetanus</td>
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<td>Diphtheria</td>
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<td>Tuberculosis Skin Test</td>
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Technical Standards for Admission to the Athletic Training Education Program

In compliance with the Standards and Guidelines for an Accredited Educational Program for the Athletic Trainer Section F2, the following guidelines embody the physical, cognitive, and attitudinal abilities an Entry-Level Athletic Trainer must be able to demonstrate in order to function in a broad variety of clinical situations; and to render a wide spectrum of care to athletes and individuals engaged in physical activity. The Technical Standards will serve to recognize abilities essential to the development of the entry-level abilities. Further, the Technical Standards reflect the necessary and required skills and abilities identified for the Entry-Level Athletic Trainer as detailed in the NATA Athletic Training Educational Competencies and the NATABOC, Inc. Role Delineation Study. The Technical Standards have been developed with the aid of the National Athletic Trainers’ Association Education Council and the Office of Equal Opportunity at the University of Kansas.

The Athletic Training Education Program at the University of Kansas 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 Education Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an Entry-Level Athletic Trainer. The following abilities and expectations must be met by all admitted to the Athletic Training Education Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program. Likewise, the Technical Standards serve as a guide in which students must comply with for completion of the education program.

Compliance with the program’s Technical Standards does not guarantee a student’s eligibility for the NATABOC certification exam.

Candidates for selection to the Athletic Training Education Program must demonstrate:

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. sufficient ability to perform appropriate accepted techniques of psychomotor skills and clinical proficiencies used in Athletic Training.
3. sufficient ability to accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.
4. the ability to communicate effectively and sensitively with patients and colleagues including individuals from different cultural and social backgrounds.
5. the capacity to maintain composure and continue to function well during periods of high stress.

6. the perseverance, diligence, and commitment to complete the Athletic Training Education Program as outlined and sequenced.

7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.

8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

9. the ability to record the physical examination results and a treatment plan clearly and accurately.

10. that his/her physical and mental health will permit them to meet the established Technical Standards of the program (to be determined per physical examination).

Candidates for selection to the Athletic Training Education Program will be required to verify if they understand and meet these Technical Standards or that they believe that, with certain accommodations, they can meet the standards.

The Office of Equal Opportunity at the University of Kansas 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 of 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 field experiences 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: ___________

Alternative statement for students requesting accommodations.

I certify that I have read and understand the Technical Standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Office of Equal Opportunity to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Signature of Applicant: ___________________________ Date: ___________
University of Kansas  
Athletic Training Education Program  

Consent for Possession of Medical Records  

I, _________________________________, understand that my personal file contains information pertaining to my medical history, condition, and record of immunizations. I hereby authorize the Athletic Training Program Director to review this information for purposes of program admission, and retain these records in my personal file, or in a secure location. I also grant the Athletic Training Program Director permission to release this information to the Committee on Accreditation of Athletic Training Education (CAATE) for purposes of program review.  

I have read and understand the above statement of medical release.  

_______________________________   _____________________  
Signature of Athletic Training Student   Date  

_______________________________  
Witness
University of Kansas
Athletic Training Education Program

Criminal Background Check Policy

Starting with the applicant class of May 1st, 2009, in addition to submitting their application to the School of Education and Athletic Training Education Program, all prospective Athletic Training students are required to have a report of their criminal background check submitted by a reporting agency directly to the Program.

The University of Kansas Athletic Training Education Program enters into affiliation agreements with clinical education sites around the greater Lawrence area. These agreements provide Athletic Training Students authorized access to facilities resources and patients. This policy is intended to safeguard patients/student-athletes at the clinical sites. To fulfill the terms of these agreements the University of Kansas Athletic Training Education Program requires all applicants to have a criminal background check.

A conviction or pending charges of certain charges and offenses may preclude regular contact with clinical site patients. These offenses include violent crimes, sexual offenses, theft, drug offenses, and existence on the terrorist watch list.

All reports will be made available to the Director of Athletic Training Education from the agency providing the background check and will be kept confidential. Some information may be released beyond the administration of the Athletic Training Education Program to clinical sites as deemed necessary. Prospective students will be notified if any information in the report may preclude them from being placed in the clinical sites associated with the education program. Students that are not able to complete the clinical aspect of the program will not be able to satisfy the requirements of the degree. Any student with such information in a report will have the opportunity to submit a written explanation that will be reviewed by the administration of the Athletic Training Education Program.

Prospective students must independently request a criminal background check from the specified agency and the results will be made available to the Director of the Athletic Training Education. Receipt of the background check must be made by 5:00pm, May 1st, for your application to be complete and for the application to be considered.
(To be submitted with the application to the Athletic Training Education Program)

Criminal Background Check
Disclosure and Release

Name: ______________________________________________
      (Print Full Legal Name)

Address: ______________________________________________
         ______________________________________________

Permanent/Legal Address: ______________________________________
             ______________________________________

SSN: _______________________

Date of Birth: ___/___/_______

Driver’s License #: _______________  State:__________

I verify that the information above is correct to the best of my knowledge and I authorize the
release of the report of the criminal background information performed by the specified agency
at my request directly to the University of Kansas Athletic Training Education Program. I also
authorize the Program to provide information from the report to clinical affiliate sites when
necessary for participation at such sites.

Signature:_____________________________________ Date:___________

Revised – April 2014
CRIMINAL BACKGROUND CHECK INSTRUCTIONS

In order for you to be placed in a clinical site you must complete a background check with Validity Screening Solutions.

Here is what you need to do:
1. Go to the secure link below:
   https://www.validityacademics.com
2. Enter the Username and Password below:
   Username: ku6813
   Password: backgrounds
3. Follow the detailed instructions on the screens
   1. Read the “Summary of Rights Under the Fair Credit Reporting Act” and click continue to the background check
   2. Click on “Proceed to Background Check”
   3. Fill out all form fields on the disclosure and click “Continue Application”
   4. Authorize the background check
   5. Click “Continue Application”
   6. Choose a payment option:
      - **Credit Card** $35.50 plus $1.00 surcharge
        When your Credit Card payment has been accepted your background check will be immediately entered into progress
      - **PayPal** $35.50 plus $2.00 surcharge
        When your payment has been accepted your background check will be immediately entered into progress
      - **Money Order/Cashier’s Check** $35.50
        Your background check will not be entered into progress until Validity Screening Solutions receives the Money Order/Cashier’s Check
        - Be advised the Money Order/Cashier’s Check may take up to five days to receive and process
        - If you choose the Money Order/Cashier’s Check option you will be routed to a page that will have detailed directions on how and where to submit your payment

Results will be forwarded to the University of Kansas Athletic Training Education Program.

If you have any questions please feel free to contact Phillip Vardiman, PhD, ATC at 785-864-0709 or pvardim@ku.edu. You may also contact Validity Screening Solutions with questions at 913.322.5995; toll-free at 866.920.5995 or via e-mail at healthcare@validityscreening.com