Athletic Training
Education Program Application

2019-2020
It is the policy of the Carthage College ATEP to provide equal opportunity without regard to race, color, religion, age, sex, national origin, or sexual orientation. As a part of this policy, the ATEP strongly disapproves of any or all forms of sexual harassment in the athletic training room, athletic venues, or classroom. This policy applies to all phases of the operation of the ATEP.

Further, ATEP will not discriminate against any applicant for admission because of physical or mental disability in regard to any position or activity for which the individual meets the Technical Standards of the program.
ATHLETIC TRAINING EDUCATION PROGRAM
APPLICATION PROCEDURE

The following information outlines the policy and procedure for application, entry, and retention in the Carthage College Athletic Training Education Program. Read thoroughly and submit any questions in writing to the Program Director.

Prerequisites

This application is for undergraduates who wish to be considered for admission into the Carthage College Athletic Training Program. The following criterion must be met prior to application submission.

1. Completion of ATH 1020 Introduction to Athletic Training and ATH 308 Structural Kinesiology.
2. Completion of 3 Observation Activities.
3. Minimum Carthage College GPA of 3.0/4.0.

Application Process

The application process follows the outline listed below:

1. Fill above prerequisites.
2. Obtain application from Program Director.
3. Complete ATEP application; sign Application Consent Form and Technical Standards Certification.
4. Return completed forms to Program Director by April 1st.

Criterion for Admission

There is limited space available in this program. Applying to the program does not guarantee acceptance. The pool of applicants will be compared based on the following criterion:

1. Formal admission and acceptance by Carthage College Admissions office.
2. Grades earned in Carthage College's courses: ATH 102 Introduction to Athletic Training and ATH 308 Structural Kinesiology.
3. Personal interview with Program Admissions Committee.
4. High school grade point average, ACT scores, and class rank (include official high school transcripts).
Retention Policy

Once admitted into the program, athletic training students must maintain the following academic and clinical standards:

1. Maintain a minimum cumulative GPA of 3.0/4.0 in all course work.
2. Receive no grade lower than a “C-” in any Carthage athletic training course.
3. Successful completion of all required competencies and clinical proficiencies along with evidence of progression through the program.

Additional Fees

- Caregiver Background Check ~$50
- 10 Panel Drug Test Varies
- Physical Exam Varies
- ATS Polo $35
- Flu Vaccine ~$35 annually
- TB test ~$20 annually

APPLICANT INFORMED CONSENT

The undersigned hereby acknowledges that there are a limited number of spaces in the Carthage College Athletic Training Education Program. The undersigned also understands that after fulfillment of the admission requirements, as stated within this application, only then will he/she be eligible to compete with other applicants for any available spaces in the Program.

The undersigned further understands and agrees to the conditions states herein, if he/she is accepted, will be asked to begin the clinical responsibilities at the beginning of the next semester of which transportation to the off-site locations is the responsibility of the athletic training student. If not accepted, the undersigned understands that he/she may be allowed to resubmit their application, but only after consultation with the Program Director and academic advisor.

The undersigned voluntarily submits him/herself to the requirements and provisions stated herein.

__________________________________________
Applicant’s Signature

__________________________________________
Date

__________________________________________
Laurie Jensen, MEd, LAT
Program Director, Athletic Training Education Program

__________________________________________
Date
ATHLETIC TRAINING EDUCATION PROGRAM APPLICATION

Complete the following application and informed consent form. Return to Laurie Jensen, Athletic Training Program Director, Carthage College, Dept of EXSS, Kenosha, WI 53140. This application must be returned by April 1st.

TYPE OR PRINT

I. Personal Information

Applicant Name: ___________________________ Student ID# ___________________________

Date of Birth: ___________________________

Address: ________________________________________________________________

Telephone: ___________________________ E-mail Address: ___________________________

Parents’ Names: ___________________________

Address: ________________________________________________________________

Parents’ Home Telephone: ___________________________ Work Telephone: ___________________________

II. Education

High School: ___________________________ City: ___________________________

GPA: ___________________________ ACT: ___________________________ Class Rank: ___________________________

(Attach official transcripts)

Have you attended any other colleges previously? Yes______ No______

If yes, list all colleges attended.

College: ___________________________

Years attended: ___________________________ Reason for leaving: ___________________________

College: ___________________________

Years attended: ___________________________ Reason for leaving: ___________________________

III. Certification

Are you currently certified in First Aid & CPR? Yes______ No______
ATHLETIC TRAINING EDUCATIONAL PROGRAM
TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Educational Program at Carthage College is a rigorous and intense program, both physically and mentally. 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 Educational 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, 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 Athletic Training Educational Program must meet the abilities and expectations listed below. 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.

Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC certification examination.

Candidates for selection to the Athletic Training Educational 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. A sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
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. The flexibility and the ability to adjust situations and uncertainty in clinical situations.
8. Effective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the Athletic Training Education 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.

Students with disabilities (defined by the federal government pursuant to SS504 of the Rehabilitation Act of 1973) who request accommodations to meet the program standards must provide the Program Director with
documentation and determine whether the stated condition qualifies as a disability. The Disability Services personnel together with the Program Director will determine what appropriate accommodations will be provided to a student so that he/she could meet the program’s technical standards. Though the program may modify certain course requirements in order to provide a disabled person with an equal opportunity to achieve results equal to those of a non-disabled person, there are no substitutions for the above nine essential technical standards.

Student Certification of Standards

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. I understand that if I am unable to meet these standards I will not be admitted into the program.

_________________________  ______________________
Signature of Applicant       Date

OR

Student Request for 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 appropriate accommodations. 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
CARTHAGE COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM
PHYSICAL EVALUATION

Name: ___________________________ Date: ___________________________

Sex: M F DOB: ___________________________

Drug Testing
10 screen drug panel—results attached

Immunizations
Attach copy of records (+ current PPD test)

Body Composition
Weight ________ Height ________

Vision & Balance Screening
Vision: R 20/___ L 20/___ Corrected: Y N

PEARL: Y N
Color blind: Y N Peripheral Vision—WNL: Y N
Rhomberg—WNL: Y N

Comments: ___________________________

Blood Pressure & Pulse
Blood pressure ________/_______ Pulse ________ bpm

Comments: ___________________________

Physical Exam
1. ENT □ Normal □ Abnormal
2. Neurological □ Normal □ Abnormal
3. Cardiopulmonary □ Normal □ Abnormal
4. Abdomen □ Normal □ Abnormal
5. Orthopedic □ Normal □ Abnormal
6. Skin □ Normal □ Abnormal

Comments: ___________________________
Technical Standards

Candidates for selection for the Athletic Training Educational 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. A sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.

3. The ability to communicate effectively and sensitively with patients and colleagues, including the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.

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

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. The flexibility and 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.

M.D. Clearance:

I have examined the above student and that such examination revealed (☐ conditions ☐ no conditions) that would prevent this student from participating in the Carthage College Athletic Training Education Programs.

Physician Signature: _______________________________ Date: _______________

Name (printed): ________________________________

Address:

___________________________________________

Phone #: ___________________________________
AUTHORIZATION FOR RELEASE OF IMMUNIZATION RECORD

Printed Name (as it appears on your medical records) ____________________________ Date of Birth ____________________________

I, the undersigned, do hereby authorize the release of my immunization record from Carthage College Health and Counseling Center to Laurie Jensen, Carthage College Athletic Training Education Program Program Director. I fully understand the nature of this request and freely give my consent.

Signature ____________________________ Date ____________________________

This authorization is valid for 90 days and may be revoked at any time in writing prior to the expiration date.
BACKGROUND INFORMATION DISCLOSURE (BID)

For Instructions, see F-82064A.

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT OR TYPE YOUR ANSWERS.

Check the box that applies to you.

☐ Employee / Contractor (including new applicant)    ☐ Household member / lives on premises – but not a client
☐ Applicant for a license or certification or registration (including continuation or renewal)    ☐ Other – Specify:

NOTE: If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)   Name – (Last)   Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)

Any Other Names By Which You Have Been Known (Including Maiden Name):

<table>
<thead>
<tr>
<th>Race</th>
<th>Birth Date</th>
<th>Gender (M / F)</th>
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</thead>
<tbody>
<tr>
<td>☐ American Indian or Alaskan Native</td>
<td>☐ Black</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>☐ Asian or Pacific Islander</td>
<td>☐ White</td>
<td>Social Security Number(s)</td>
</tr>
</tbody>
</table>

Home Address

City

State

Zip Code

Business Name and Address – Employer or Care Provider (Entity)

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

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<tr>
<th>YES</th>
<th>NO</th>
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1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
   - If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

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2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.)
   - If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.

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3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?
   - A response is required if the box below is checked:
     - ☐ (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.)
   - If Yes, explain, including when and where it happened.

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4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?
   - If Yes, explain, including when and where it happened.

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5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?
   - If Yes, explain, including when and where it happened.

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### SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

<table>
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| 6. | Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**?  
   ➢ If Yes, explain, including when and where it happened. | ☐ | ☐ |
| 7. | Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?  
   ➢ If Yes, explain, including credential name, limitations or restrictions, and time period. | ☐ | ☐ |

### SECTION B – OTHER REQUIRED INFORMATION

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| 1. | Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?  
   ➢ If Yes, explain, including when and where it happened. | ☐ | ☐ |
| 2. | Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?  
   ➢ If Yes, explain, including when and where it happened and the reason. | ☐ | ☐ |
| 3. | Have you been discharged from a branch of the US Armed Forces, including any reserve component?  
   ➢ If yes, indicate the year of discharge: _______  
   ➢ Attach a copy of your DD214 if you were discharged within the last 3 years. | ☐ | ☐ |
| 4. | Have you resided outside of Wisconsin in the last 3 years?  
   ➢ If Yes, list each state and the dates you lived there. | ☐ | ☐ |
| 5. | Have you had a caregiver background check done within the last 4 years?  
   ➢ If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check. | ☐ | ☐ |
| 6. | Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe?  
   ➢ If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision. | ☐ | ☐ |

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to $1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

**SIGNATURE**

**Date Signed**