

APPLICATION PROCESS

The Athletic Training Program (ATP) is a rigorous and time intensive major with a strong academic emphasis. It is necessary for students to have a strong understanding of anatomy and physiology and how each relates to exercise and injury prior to beginning the clinical portion of the major.

There is a 3 phase application process to the ATP. Application packets are available in the Program Director's office (Sheil Hall 052) and students are encouraged to pick up an application packet as soon as possible. The packet includes an explanation of application procedures, application form, technical standards information, and criteria for Program acceptance.

The application process is the same for ALL students i.e.: 1st year students, transfer students, and student athletes. Transfer students are advised that the clinical program is a minimum of 7 semesters.

PHASE 1.

Students must submit documentation of the following requirements by November 15th for enrollment in Physical Assessment of the Lower Extremity Lab during the Spring Semester or April 15th for enrollment in Physical Assessment of the Upper Extremity Lab during the Fall Semester.

1. Copy of current First Aid Card
2. Copy of current CPR Card
3. Passing score (>500) on the TOEFL Written Exam. (International Students Only)
4. Current enrollment in, completion of, or eligibility for College Writing I
5. Current copy of immunization records demonstrating compliance with Illinois State Law (obtain from health services)
6. Complete, legible Athletic Training Program Application (form provided)
7. Signed Technical Standards statement
8. Resume
9. Complete 40 hours of observation with a currently accepted Lewis University Athletic Training student.
10. One page, single-spaced essay answering the following question:
Based on your observation experience, what personality characteristics and attributes do you believe are necessary to be a successful athletic trainer?

Students who do not meet the following requirements may not continue with Phase 2 of the application process.

PHASE 2

Students who successfully demonstrate each requirement of Phase 1 will be further evaluated using the criteria listed below. The interview will take place during the first week of December for enrollment in Physical Assessment of the Lower Extremity Lab during the Spring Semester or the last week of April for enrollment in Physical Assessment of the Upper Extremity Lab during the Fall Semester.

Successfully (80%) demonstrate the ability to engage in professional communication during an interview. The following criteria will be used to evaluate students during the interview process:

- Understand and speak the English language at a level consistent with professional practice
- Maintain composure during a stressful situation
- Display appropriate demeanor and rapport that relate to professional education and quality patient care
- Demonstrate a sincere interest in athletic training as a health care field.

PHASE 3

It will be verified that students who have successfully completed Phase I and Phase II have also:

1. Passed (>70%) the Introduction to Athletic Training Final Exam
2. Passed (>70%) the Athletic Taping Lab Written Final Exam
3. Passed (>70%) the Athletic Taping Lab Practical Final Exam
4. A cumulative grade point average of 2.5 or above
5. Successfully (C- or better) completed:
 - Introduction to Athletic Training
 - Athletic Taping Lab
 - Anatomy and Physiology 1 & Lab
 - Anatomy and Physiology 2 & Lab

The Program accepts up to 10 students per semester. When the number of students qualifying for admittance into the program exceeds the number of openings, acceptance will be based on the student's GPA in the core courses (Introduction to Athletic Training, Athletic Taping Lab, Anatomy & Physiology I, and Anatomy & Physiology 2), and their cumulative GPA

Notification of acceptance or rejection into the clinical program will be approximately 1 week after grades are posted. Students who do not meet the criteria may reapply for the clinical program.

ATHLETIC TRAINING PROGRAM APPLICATION

Applicant Information

Name _____ Student ID# _____

Home Address _____

Lewis University Email address _____@lewisu.edu

Telephone Number (_____) _____ - _____

Applicant Affidavit

To ensure eligibility for clinical placement in a variety of settings and to allow for appropriate advising and career planning, the Program adheres to the [Board of Certification \(BOC\) Candidate Standards](#) and [Illinois State Licensing Requirements](#)

Please answer the following questions:

1. Have you ever been convicted of, pled guilty or nolo contendere or are you currently under indictment for a felony or misdemeanor? For the purposes of this question, include convictions that have since been removed from your record, such as through expungement or through a pre-trial diversion program or similar process.	YES	NO
2. Have you been found by any court, administrative or disciplinary proceeding to have committed negligence, malpractice, recklessness or willful or intentional misconduct, or are you currently under investigation for such?	YES	NO
3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.	YES	NO
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.	YES	NO

If you have answered "YES" to any of the questions above, please provide a brief description and any relevant dates. Based on the information provided, your application will need additional review.

Please initial each of the following, indicating you have read and agree with the statement.

_____ If accepted, students must immediately report events that may change the answers to any of the above questions. This information will be used to appropriately advise students on potential for BOC exam eligibility and state licensure. Failure to do so, could compromise enrollment in clinical courses.

_____ I am aware of certain health risks associated with being a student in the Lewis University Athletic Training Education Program, specifically blood borne pathogens including Hepatitis B and the HIV virus which leads to AIDS.

_____ I understand that applicants to the Lewis University Athletic Training Program are strongly encouraged to receive the 3 shot Hepatitis B immunization series that can prevent Hepatitis B in individuals exposed to blood or other body fluids. (please select one of the following)

_____ I have received the 3 shot Hepatitis B immunization.
(Attach documentation demonstrating proof of the full immunization series)

_____ I am in the process of receiving the 3 Hepatitis B immunization shots.
(Attach documentation demonstrating partial completion of the immunization series)

_____ I have declined the Hepatitis B immunization.

_____ If accepted into the Athletic Training Program at Lewis University, I understand that I will be expected to complete clinical experiences both on and off campus. I also understand that these experiences will include evenings and weekends. By signing this application I agree to participate fully in clinical experiences to the best of my ability and to represent Lewis University and the Department of Sport and Exercise Science in a professional manner. Violations of this standard will affect my status in the Program.

I attest that the information provided is accurate to the best of my knowledge. I understand that false statements on this application could result in rejection of my application.

Applicant Signature _____ Date _____

To be completed by Athletic Training Program Director.

_____ Introduction to Athletic Training

_____ Athletic Taping Lab

_____ Anatomy & Physiology 1

_____ Anatomy & Physiology 2

_____ Anatomy & Physiology 1 Lab

_____ Anatomy & Physiology 2 Lab

_____ Overall GPA

Declared Major: _____

_____ Accepted

_____ Denied

Program Director Signature _____

Date _____

TECHNICAL STANDARDS

Candidates applying for selection to the Lewis University Athletic Training Program must demonstrate all of the following technical standards:

1. the **mental capacity** to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and be able to distinguish deviations from the norm;
2. **sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examination** 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 judgements 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 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.

I certify that I have read and understand the technical standards for selection listed above. I understand that I must demonstrate an initial and continuing ability to demonstrate all technical standards. If I am unable to meet these standards I will not be admitted or allowed to progress through the program.

_____ I MEET ALL OF THE TECHNICAL STANDARDS WITHOUT ACCOMMODATIONS.

_____ I MEET THE TECHNICAL STANDARDS WITH ACCOMMODATIONS.

(explain)_____

_____ I CANNOT MEET THE TECHNICAL STANDARDS WITH ACCOMMODATIONS.

Applicant (Please print) _____

Applicant's Signature _____ **Date** _____

