

ATS CHECKLIST FOR GRADUATION**SEMESTER OF PROGRAM ADMISSION****ADMISSION CRITERIA**

- ☐ Signed technical standards
- ☐ Physical examination
- ☐ Immunization records

VERIFICATION OF COMPLETED ATHLETIC TRAINING STUDENT HANDBOOK FORM*Date completed**PD/CCE Signature***HEPATITIS B VACCINATION DECLINATION/VERIFICATION FORM***Date completed**PD/CCE Signature***REVIEW OF CLINICAL EDUCATION POLICY***Date completed**PD/CCE Signature***REVIEW OF COMMUNICABLE DISEASE POLICY***Date completed**PD/CCE Signature***ANNUAL FIRST AID, CPR, AND AED TRAINING** *(place copy of card in your folder in 228 SFH)**First Year – date completed**PD/CCE Signature**Second Year – date completed**PD/CCE Signature***ANNUAL EXPOSURE CONTROL PLAN, BLOOD BORNE PATHOGEN/OSHA TRAINING***First Year – date completed**PD/CCE Signature**Second Year – date completed**PD/CCE Signature***HIPAA & FERPA TRAINING***Date completed**PD/CCE Signature**Date completed**PD/CCE Signature***STATE, DISTRICT, OR NATIONAL MEETING ATTENDANCE***Dates of attendance**PD/CCE Signature**Meeting attended*