

APPENDIX F

Forms

HEPATITIS B VACCINE RECORD

Please complete either part A or part B.

A. Hepatitis B Vaccination Dates

Please indicate the date and location for each phase of the vaccination. Following the dates and locations of each phase of the vaccination, please sign and date.

1. Phase I. Date: _____ Location: _____

2. Phase II. Date: _____ Location: _____

3. Phase III. Date: _____ Location: _____

Signature: _____

Date: _____

B. Hepatitis B Vaccination Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at my own expense. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of 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 Hepatitis B vaccine, I can receive the vaccine series at my own expense.

Signature: _____

Date: _____

Monthly Clinical Log – Fall

Student Name: _____ **Date** _____

Month: _____

Assignment Location: _____

How many hours did you average per week this month? _____

How many total hours did you work this month? _____

Break down into percentages how your time was spent during the month:

Patient Rehab/treatment _____

Evaluation of injury _____

Practice coverage _____

Cleaning _____

List what area, if any, (knee, ankle, shoulder, etc.) you treated /evaluated/ or rehabilitated:

-
-
-
-

List what nonorthopedic conditions, if any, (cold, flu, GI issue, etc.) you treated/evaluated:

-
-
-
-

Did you have one day off per week? _____

Any additional comments?

Preceptor Name: _____

Preceptor Signature: _____

This form is due:

September record due on **October 8th**

October record due on **November 7th**

November record due on **December 7th**

December record is due **December 17th – or when you leave after clinical is complete**

Please return completed form to Dr. Wells' office – 228E SFH – Thank you

Monthly Clinical Log – Winter

Student Name: _____ **Date** _____

Month: _____

Assignment Location: _____

How many hours did you average per week this month? _____

How many total hours did you work this month? _____

Break down into percentages how your time was spent during the month:

Patient Rehab/treatment _____

Evaluation of injury _____

Practice coverage _____

Cleaning _____

List what area, if any, (knee, ankle, shoulder, etc.) you treated/ evaluated/ or rehabilitated:

-
-
-
-

List what nonorthopedic conditions, if any, (cold, flu, GI issue, etc.) you treated/ evaluated:

-
-
-
-

Did you have one day off per week? _____

Any additional comments?

Preceptor Name: _____

Preceptor Signature: _____

This form is due:

January record due on **February 9th**

February record due on **March 10th**

March record due on **April 10th**

April record is due **April 25th – or when you leave after clinical is complete**

Please return completed form to Dr. Wells’ office – 228E SFH – Thank you

SUPERVISION POLICY

The purpose of this policy is to clearly define the roles and responsibilities of BYU athletic training students during unsupervised clinical experience.

Definitions:

- **Supervised Clinical Experience:** One in which a program-approved preceptor, or another approved health care professional such as a doctor or PT associated with the BYU athletic training program (ATP) is physically present and can intervene on behalf of the athlete or patient. This means that the preceptor has both auditory and visual contact with the student.
- **Unsupervised Clinical Experience:** One in which a program-approved preceptor or another approved health care professional such as a doctor or PT associated with the BYU athletic training program is NOT physically present to intervene on behalf of the athlete or patient. This would include practice situations where no preceptor is present, as well as unsupervised travel.

Students must be directly supervised by a preceptor during the delivery of AT services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student or the patient.

As the role of a first responder is not clearly defined, permissible unsupervised activities include:

1. Skills performed with previous prescription and parameters approved by the preceptor.
2. Use of first aid skills.
3. Use of CPR/AED.
4. Applying tape to prevent an injury or support an existing injury already prescribed.
5. Applying a brace already being used.
6. Applying splints for stabilization of an acute injury or for the protection of an existing injury provided that the splint has been previously applied to the athlete for the same injury.
7. Conducting a history as part of the evaluation.
8. Conducting a brief injury evaluation to determine the need for splinting, bracing, or crutch use for safe referral.
9. Applying ice or hot packs.
10. Aiding in stretching.
11. Writing progress notes to record actions taken.

Nonpermissible activities include:

1. Initiating, changing, or progressing a rehabilitation plan.
2. Using any modalities other than ice or hot packs.
3. Conducting a full, new evaluation of an injury.
4. Making a return-to-play decision in the absence of the preceptor becomes the responsibility of the coach.

I, _____, have read and fully understand the definitions and athletic training student responsibilities described in this policy and **voluntarily** agree to act as a first responder, thus accepting the liability for my actions, if the situation warrants.

Athletic Training Student signature

Date

Clinical Education Coordinator signature

Date

ATS COURSE COMPLETION LIST

Course	Enrolled	Completed
EXSC 362–Kinesiology and Biomechanics (3.0). The influence of physical laws on human movement. Physical laws that will be discussed include linear and angular motion, force and torque, center of mass, fluid mechanics, and tissue mechanics.		
EXSC 394–Athletic Training Clinical Education 1 (2.0). Classroom and field experience. Orientation to athletic training program and clinical expectations. Modules include emergency care, taping skills, and basic modalities.		
EXSC 395–Athletic Training Clinical Education 2 (2.0). Classroom and field experience. Modules include taping skills, assessment, and modalities.		
EXSC 414–Advanced Athletic Training Lab (1.0). Advanced athletic training skills, including taping, bracing and splinting, custom-fitted equipment, massage and stretching techniques, and emergency splinting and transport.		
EXSC 415–Therapeutic Modalities (3.0). Hydrotherapy, massage, traction, radiant energy, heat, cold, and electrotherapy.		
EXSC 416–Injury Evaluation: Lower Extremities (3.0). Basic principles of injury evaluation; evaluation techniques specific to lower-extremity injuries.		
EXSC 417–Injury Evaluation: Upper Extremities & Trunk (3.0). Injury evaluation techniques specific to the upper extremities and trunk.		
EXSC 418–Rehabilitation of Orthopedic Injuries (3.0). Basic principles, techniques, and progression of orthopedic/musculoskeletal rehabilitation.		
EXSC 419–Medical Issues in Athletic Training (1.0). Discussion of current medical issues in athletic training with guest lectures by medical specialists.		
EXSC 423–Administration of Athletic Training Programs (2.0). Management and administration of athletic training facilities and staff members.		
EXSC 440–Advanced Musculoskeletal Human Anatomy (includes lab) (4.0). Advanced examination of structure and function of skeletal, articular, muscular, and peripheral nervous systems with clinical applications; cadaver lab included.		
EXSC 460–Orthopaedic Impairments & Therapeutic Exercise (3.0). Fundamentals of body mechanics and therapeutic exercise, coupled with kinesiological principles for detection and correction of basic neuromusculoskeletal anomalies.		
EXSC 463–Exercise Physiology (3.0). The function of the physiological systems and their responses to acute and chronic exercise.		
EXSC 464–Exercise Physiology Lab (0.5). Introduction of laboratory and field methods; applying principles of exercise physiology to assessing physical fitness and physiological responses to exercise.		
EXSC 468–Problems in Exercise Prescription (2.0). Applying knowledge of human physiology in developing appropriate exercise programs for individuals with a variety of needs and fitness levels; using the powerful effects of exercise to improve health, enhance enjoyment of life, and achieve the winning edge.		
EXSC 494–Athletic Training Clinical Education 3 (2.0). Classroom and field experience. Modules include injury assessment and management, rehabilitation skills, and knowledge of general medical conditions.		
EXSC 495–Athletic Training Clinical Education 4 (2.0). Classroom and field experience. Modules include injury assessment and management, rehabilitation skills, nutrition, and dermatology.		
EXSC 498–Capstone Experience in Athletic Training (2.0). Synthesizing and integrating student classroom and clinical experiences in preparation for BOC examination resulting in certification of allied health professionals.		
EXSC 501–Sports Medicine Pathology and Pharmacology (3.0). Sports medicine pathologies and related pharmacology for a variety of sports medicine/allied health care professions.		



ATHLETIC TRAINING PROGRAM

GRIEVANCE FORM

Name of Complainant

Date Filed

Complaint

Brief description of grievance

Detail steps taken to resolve this grievance

Preceptor Signature

Date Received

ATP Director Signature

Date Received

ACTION TAKEN

Grievance Resolved – No Further Action

I agree that the grievance that was filed on _____ was resolved to my satisfaction. I consider this grievance claim to be resolved and will pursue no further action.

Complainant Signature

Date

Grievance Unresolved — Further Action Necessitated

The grievance that was filed on _____ was not resolved to my satisfaction on _____. I have chosen and will follow university and/or departmental policy grievance procedures until this grievance is resolved.

Complainant Signature

Date

BYU Athletic Training Program Competency and Clinical Proficiency Checklist		Name	
		Date Admitted	
#	Name	Initials	Date
101	Policies and Procedures		
102 A	Modality Review		
102 B	Electrical Stimulation		
103 AB	Superficial Heat		
104 AB	Cryotherapy, Cryokinectics, Cryostretch		
105	Care of Emergency Conditions		
106	Deep Heat Case		
107	Therapeutic Massage		
108 A	Foot, Ankle, Lower Leg Evaluation		
108 B	General Medical and Safety		
109	Knee and Thigh Evaluation		
110	Hip and Pelvis		
111	Lumbar Spine Evaluation		
201 A	Upper Extremity Anatomy and Special Test Review		
201 B	Rehabilitation Equipment Review		
201 C	Taping		
202	Alter G Machine and Water Treadmill		
203	Neuromuscular Control–Rehabilitation		
204	Thoracic Spine and Abdominal Evaluation		
205	Shoulder Tests / Evaluation		
206 A	Elbow Evaluation		
206 B	Wrist Evaluation		
207	Cervical and Head Module		
208	Head and Face Evaluation		
209	Hip and Thigh Evaluation		
301	Administrative Policies, Procedures and Forms		
303	Athletic Training Equipment and Supplies		
304	Emergency Action Plan Summary		
305	Care of Emergency Conditions		
306	General Medical Assessment		
300	General Medical Overview		
307	Management of Common Viral and Respiratory Tract Conditions and Disorders		
308	Management of Common Cardiovascular and GI Tract Conditions and Disorders		
309	Management of Common Genitourinary, Gynecological, and Sexual related Conditions, Disorders and Diseases		
400	Policies		
401	Pharmacy		
402	Nutrition and Eating Disorders		
403	Thoracic Spine and Abdominal Injury		
404	Shoulder Injury Management		
405	Upper Arm, Elbow, and Forearm Injury Management		
406	Wrist and Hand Injury Management		
407	Cervical Spine Injury Management		
408	Head and Face Injury Management		
409	Dermatological Conditions		
410	Management of Common Syndromes and Diseases		

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/CEC Signature***HEPATITIS B VACCINATION DECLINATION/VERIFICATION FORM***Date completed**PD/CEC Signature***REVIEW OF CLINICAL EDUCATION POLICY***Date completed**PD/CEC Signature***REVIEW OF COMMUNICABLE DISEASE POLICY***Date completed**PD/CEC Signature***ANNUAL FIRST AID, CPR, AND AED TRAINING** *(place copy of card in your folder in 270 SFH)**First Year – date completed**PD/CEC Signature**Second Year – date completed**PD/CEC Signature***ANNUAL EXPOSURE CONTROL PLAN, BLOOD BORNE PATHOGEN/OSHA TRAINING***First Year – date completed**PD/CEC Signature**Second Year – date completed**PD/CEC Signature***HIPPA & FERPA TRAINING***Date completed**PD/CEC Signature**Date completed**PD/CEC Signature***STATE, DISTRICT, OR NATIONAL MEETING ATTENDANCE***Dates of attendance**PD/CEC Signature**Meeting attended*

EVALUATIONS (*Google Forms*)

- Semester 1 Preceptor of Student Level 1
- Semester 2 Preceptor of Student Level 2
- Semester 3 Preceptor of Student Level 3
- Semester 4 Preceptor of Student Level 4

- Student of Preceptor / Student Self-Eval
- Student of Preceptor / Student Self-Eval
- Student of Preceptor / Student Self-Eval
- Student of Preceptor / Student Self-Eval

CLINICAL EXPERIENCES WITH DIFFERENT POPULATIONS

Gender—Male

Semester/Preceptor

Semester/Preceptor

PD/CEC Signature

Gender—Female

Semester/Preceptor

Semester/Preceptor

PD/CEC Signature

Protective Equipment

Semester/Preceptor

Semester/Preceptor

PD/CEC Signature

Individual Sport

Semester/Preceptor

Semester/Preceptor

PD/CEC Signature

Team Sport

Semester/Preceptor

Semester/Preceptor

PD/CEC Signature

Nonsport

Semester/Preceptor

Semester/Preceptor

PD/CEC Signature

Nonorthopedic Conditions (e.g., primary care, internal medicine, dermatology)

Semester/Preceptor

Semester/Preceptor

PD/CEC Signature

VERIFICATION OF COMPLETION OF COMPETENCIES AND CLINICAL PROFICIENCIES

Semester 1 – Date completed

PD/CEC Signature

Semester 2 – Date completed

PD/CEC Signature

Semester 3 – Date completed

PD/CEC Signature

Semester 4 – Date completed

PD/CEC Signature

Clinical Site Evaluation

Location		
Venue / Sport		
Date		
Preceptor		
Students Assigned		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are students being supervised?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are students adhering to the dress code established by preceptor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are modalities being used correctly?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are modality calibrations current and displayed?	
	Modality	Date Calibrated
	1.	
	2.	
	3.	
	4.	
	5.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are EAPs displayed or accessible?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does each venue have an EAP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do students know location of EAPs?	
	Are students familiar with site's policies on the following:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	OSHA?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	FERPA?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	HIPPA?	

What is the patient population or demographic with which the students are interacting?

Are there any immediate concerns evident?

No **Yes – if yes, please explain:**

How is student time being utilized?

Additional Comments



Athletic Training Program

**VERIFICATION FORM FOR COMPLETING
ATHLETIC TRAINING STUDENT HANDBOOK**

I, _____, have read and understand the BYU athletic training student handbook, including the document detailing the additional Costs to students, including clarification on clinical rotations, specifically Nonsport and Variety of Nonorthopedic Conditions.

Do you have any questions regarding the material presented in the ATS handbook?

- Yes No

If yes, were your questions answered to your satisfaction?

- Yes No

Athletic Training Student Signature

Date

BYU ATP Director Signature

Date