

GEORGE FOX UNIVERSITY  
ATHLETIC TRAINING EDUCATION PROGRAM

**APPLICATION CHECKLIST**

Use this list to confirm that you have downloaded and completed all required application materials. Submit the documents to the George Fox University Athletic Training Education Program Director **ON or BEFORE MARCH 15.**

- On-line application submitted electronically
- Technical Standards
- Documentation of Hepatitis B
- Negative Tuberculosis Screen within one year of application
- Immunization Records
- History & Physical Exam
- High School Transcripts
- Record of supervised observation hours verified by a Certified Athletic Trainer
- Two Letters of Recommendation requested and sent to:

Bethany Goldman, MS, ATC  
ATEP Director  
George Fox University  
414 N. Meridian St. Box 6188  
Newberg, OR 97132

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**TECHNICAL STANDARDS FOR ADMISSION**

The Athletic Training Educational Program at George Fox University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. Objectives of this program include preparing students to enter a variety of employment settings upon graduation and rendering 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, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Allied Training Education [CAATE]). The following abilities and expectations must be met by all students 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.

Compliance with the program's technical standards does not guarantee a student's eligibility for the NATABOC 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 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 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 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.
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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

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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 Enrollment Services Department 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

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**HEPATITIS B VACCINATION VERIFICATION FORM**

I \_\_\_\_\_, verify that I began / completed (circle one) the Hepatitis B  
Print Name

Vaccination series on \_\_\_\_\_.  
Date

I understand that I will not be able to work as a student athletic trainer in the Athletic  
Training Education Program until the Vaccination series is begun.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: Medical documentation must accompany this form**



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**NEGATIVE TUBERCULOSIS SCREENING**

I \_\_\_\_\_, verify that I began / completed (circle one) the

Tuberculosis Screen on \_\_\_\_\_.  
Date

I understand that I will not be able to work as a student athletic trainer in the Athletic  
Training Education Program until the Screen is complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: Medical Documentation must accompany this form.**

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**HISTORY AND PHYSICAL EXAMINATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

George Fox University complies with state and federal disability laws. To ensure opportunity for all qualified persons, George Fox University will make reasonable accommodation for its students with qualified disabilities that might affect the application process or participation in the George Fox University Athletic Training Education Program. To qualify for accommodation students must contact Disability Services in Enrollment Services. If you need this form in an alternate format, please call Bethany Goldman at 503-554-2922.

**Please complete the following Health History**

Drug Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

List any prescription medications that you take:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Problems and chronic illnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any of the following in the past 6 months?	Yes	No	Please Explain "yes" responses:
1. Weakness of the arms, hands, legs or feet			
2. Difficulty fully moving arms and legs			
3. Pain or stiffness when you lean forward or backwards at the waist			
4. Difficulty fully moving head up or down			
5. Difficulty fully moving head side to side			
6. Difficulty squatting to the ground			
7. Difficulty climbing a flight of stairs			
8. Difficulty carrying more than 25lbs			
9. Have you had surgery, an illness or injury in the past 2 months			
10. Have you ever had any difficulty with vision or loss of an eye			
11. Has a physician ever disqualified you from physical activity			
12. Please list any other health or physical problems that might affect your duties as an athletic training student			

**Check all of the following problems that you have ever had:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Lost consciousness | <input type="checkbox"/> Asthma                            | <input type="checkbox"/> Chest Pain or discomfort |
| <input type="checkbox"/> Concussion         | <input type="checkbox"/> Lung Problems                     | <input type="checkbox"/> Heart Murmur             |
| <input type="checkbox"/> A seizure          | <input type="checkbox"/> Tuberculosis                      | <input type="checkbox"/> High Blood Pressure      |
| <input type="checkbox"/> Fainting Spell     | <input type="checkbox"/> Exposure to Tuberculosis          | <input type="checkbox"/> Irregular Heart Beat     |
| <input type="checkbox"/> Hernia             | <input type="checkbox"/> Shortness of breath with exercise | <input type="checkbox"/> Rheumatic Fever          |
| <input type="checkbox"/> Eating Disorder    | <input type="checkbox"/> Fatigue with exercise             | <input type="checkbox"/> Heart Problems           |

Please explain any items you have checked above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Physical Examination**

<b>Height:</b> _____	<b>Weight:</b> _____	<b>BP:</b> _____ / _____
<b>Pulse:</b> _____		
Visual Acuity: Right: 20/ _____ Left: 20/ _____ with/out correction.	Pupils L > = < R	
Flexibility: _____	CBC Drawn? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Grip Strength: _____		
Heart: Auscultation (standing and supine) _____		
Femoral Pulses: Left: _____ Right: _____	Marfanoid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lungs: _____		
Abdomen: _____		
Musculoskeletal: General Posture/Deformities: _____		
Neck/Back/Cervical Spine: _____		
Shoulder/Arm/Elbow/Wrist/Hand/Fingers: _____		
Hip/Thigh/Knee/Shin/Calf/Ankle/Feet/Toes _____		
Additional Findings (skin, ENT, etc.): _____		
Assessment: _____		
Disposition:		
<input type="checkbox"/> Medical Clearance DENIED due to: _____		
<input type="checkbox"/> Medical Clearance with these concerns: _____		
<input type="checkbox"/> Full Medical Clearance		
_____ Signature of physician (MD, DO, NP, PA – NOT DC)	_____ Date	

**Please read and sign both statements below.**

I hereby state that I have fully and completely disclosed and described every part of my medical history of which I have knowledge. I have disclosed any medical conditions which would potentially cause me to be unable to perform as an athletic training student with or without reasonable accommodation. As to anything, which I have not disclosed, I hereby waive all my rights to any claims against George Fox University, the Health and Human Performance Department and their employees, and the Team/University Physicians for medical expenses and any or all other claims.

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Signature of Athletic Training Student

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Date

I authorize George Fox University and its designated medical facility to perform an evaluation as deemed necessary or requested by George Fox University to determine my ability to safely participate in the George Fox University Athletic Training Education Program (ATEP) with or without reasonable accommodation. I authorize the full release to George Fox University the results of this evaluation to enable George Fox University to evaluate my ability to safely participate in the ATEP. I understand that misstatement or omission of information could endanger my health and others by promoting a misinformed medical determination to George Fox University. I further understand that this evaluation is specific for my participation in the ATEP and is not meant to take the place of routine medical health evaluations.

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Signature of Athletic Training Student

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Date