



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.**

SUBMIT THEM IN PERSON or LEAVE THEM WITH THE DEPARTMENT SECRETARY. **DO NOT E-MAIL OR MAIL ANY OF THESE ITEMS TO THE PROGRAM DIRECTOR.**

Online application submitted electronically

Technical standards

Hepatitis B & tuberculosis Screen

History and physical exam

High school transcripts

Record of ATC-supervised collegiate observation hours

Two letters of recommendation requested and sent to:

Karen Hostetter, MS, ATC
ATEP Director
George Fox University
414 N. Meridian St. #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.

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

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 _____ (print name), verify that I began / completed (circle one) the Hepatitis B 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



Negative Tuberculosis Screen

I _____ (print name), 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

