

George Fox University Athletic Training Program Application

PACKET CHECK-OFF

Use this form to confirm that you have downloaded and completed all required application materials.

Submit the documents to the George Fox University Athletic Training Program Director **ON or BEFORE April 1st.**

- I. On-line application submitted electronically(found on the GFU ATP website)
- II. A typed essay no more than 200 words in length on your perceptions of the role of the athletic trainer.
- III. A typed essay no more than 200 words in length on why you feel you should be accepted as an athletic training student.
- IV. Two letters of recommendation: Sent to the Program Director
- V. Signed Technical Standards
- VI. Immunization records with proof of Hepatitis B vaccination
- VII. Physical Exam
- VIII. High School Transcripts
- IX. Record of 25 hours of observation under the supervision of a Certified Athletic Trainer.

Send Material to:

Dana Bates, PhD, ATC
AT Program Director
George Fox University
414 N. Meridian St. Box 6188
Newberg, OR 97132

GEORGE FOX UNIVERSITY
ATHLETIC TRAINING PROGRAM

TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training 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 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 Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training 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 BOC exam.

Candidates for selection to the Athletic Training 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 judgments 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 of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with or without accommodations. If I have a disability that affects my ability to meet these technical standards, I will contact the Disability Services Office 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

**George Fox University
Athletic Training Program**

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 Program until the Vaccination series is begun.

Signature

Date

Note: Medical documentation must accompany this form



**George Fox University
Athletic Training Program**

Negative Tuberculosis Screen

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 Program until the Screen is complete.

Signature

Date

Note: Medical Documentation must accompany this form

GEORGE FOX UNIVERSITY ATHLETIC TRAINING PROGRAM

PRE-PARTICIPATION HISTORY AND PHYSICAL

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 Program. To qualify for accommodation students must contact Disability Services in Enrollment Services. If you need this form in an alternate format, please call Dana Bates 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			
Has a physician ever disqualified you from physical activity			
Please list any other health or physical problems that might affect your duties as an athletic training student			

Date of Hepatitis B series commencement: _____

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

Height: _____	Weight: _____	BP: _____ / _____	Pulse: _____
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.

Signature of Athletic Training Student _____
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 Program 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 AT Program. 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 AT Program and is not meant to take the place of routine medical health evaluations.

Signature of Athletic Training Student _____
Date