

TECHNICAL STANDARDS

ATHLETIC TRAINING PROGRAM

The Athletic Training Program at Eastern Michigan University is a rigorous and intense program that places specific requirements and demands on students enrolled in the program. The objective of this program is to prepare graduates to enter a variety of settings and to render care to a wide spectrum of individuals engaged in physical activity.

The Technical Standards set forth by the Athletic Training Program establishes the essential qualities considered necessary for enrolled students to acquire the knowledge, skills, and competencies of entry level Certified Athletic Trainer. They are also required to meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education (CAATE)).

All students must meet the following Technical Standards after acceptance into the major in order to enroll in the Athletic Training Education Program. In the event a student is unable to, or becomes unable to fulfill these technical standards with or without reasonable accommodation, the student cannot remain enrolled in the program.

Athletic Training students must demonstrate:

1. The ability to perform appropriate, effective and complete physical examinations and treatments including the safe and efficient use of equipment and materials; this includes, but is not limited to the ability to convey and set up equipment for clinical or on field use, to reach in a timely fashion injured patients who are down on athletic fields, to assess the condition where they lie, to perform appropriate emergency procedures, to fully participate in patient extrication and transport, to perform appropriate therapeutic and prophylactic procedures, and to demonstrate rehabilitative exercises;
2. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds and in stressful and emergency situations; 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 English language at a level consistent with competent professional practice;
3. The ability to record physical examination results, treatment plans, patient notes and outcomes clearly and accurately;
4. The ability to assimilate, analyze, synthesize, integrate concepts and problem solving that form the basis for making diagnoses, therapeutic judgments, and distinguishing deviations from the norm;
5. The ability to maintain composure and continue to function well during emergency situations and periods of high stress;
6. The ability to adjust to changing situations and uncertainty in clinical situations;
7. The ability to develop professional values, ethics, appropriate demeanor and rapport that are essential for professional education and quality patient care.

Following admission into the Athletic Training Education Program, students are required to verify they understand and meet these technical standards with or without reasonable accommodations. For students that anticipate needing reasonable accommodations, they should contact the EMU Disability Resource Center (DRC) to make such requests. The DRC is located at 246 Student Center. Students can call: 734-487-2470 to schedule an appointment. The DRC will work with the student and program to determine if reasonable accommodations can be made.

TECHNICAL STANDARDS CERTIFICATION

STATEMENT

Eastern Michigan University
Athletic Training Program

Student Name: _____

This form is a companion to the *Technical Standards for Athletic Training Students* document. After being accepted for admission to the Athletic Training Program (ATP) students must complete and submit this certification form to the Athletic Training Program Coordinator or Clinical Education Coordinator prior to the beginning of the Fall Semester. Submit a photo or scan of the signed and completed form.

Enrollment of accepted students in the Athletic Training Program is contingent upon all of the following:

1. Submission of this completed *Technical Standards Certification Statement* to the ATP
2. The ability to meet the *Technical Standards for Athletic Training Students* either with or without accommodation;
3. The verification of the physical aspects of this ability as determined through a routine physical examination by a healthcare provider licensed and qualified to perform such routine physical examinations (typically a physician, physician assistant or advanced nurse practitioner).
 - a. Provide a copy of the *Technical Standards for Athletic Training Students* document to the healthcare provider.
 - b. The signature of the healthcare provider completing the physical examination must appear on this form (see below).

STUDENT STATEMENT:

After you have been accepted into the program, **check only one** of the boxes below and sign where indicated:

- I certify that I have read and understand the *Technical Standards for Athletic Training Students* document, and I believe to the best of my knowledge that **I meet each of these standards without accommodation**. I also understand that if I am unable or become unable to meet these standards with or without accommodation, I cannot enroll or remain enrolled in the Athletic Training Program.
- I certify that I have read and understand the *Technical Standards for Athletic Training Students* document, and I believe to the best of my knowledge **that I can meet each of these standards with accommodations**. I will contact the EMU Disability Resource Center (DRC) to have my need for accommodation validated. The DRC is located at 246 Student Center. Students can call: 734-487-2470 to schedule an appointment.. I will work with both the DRC and the Athletic Training Program to examine accommodation options. I understand that in some cases accommodation might not be possible. I also understand that if I am unable or become unable to meet these technical standards with or without accommodation, I cannot enroll or remain enrolled in the Athletic Training Program.

Signature of Student

Date

VERIFICATION BY HEALTHCARE PROVIDER

Check only one of the boxes below and sign where indicated:

- I certify that I have examined the above named student and that **I found no obvious conditions** that would prevent him/her from meeting the physical portion (Standards 1 – 4) of the *Technical Standards for Athletic Training Students* outlined on the document accompanying this form.
- I certify that I have examined the above named student and that **I found a condition(s)** that might prevent him/her from meeting the physical portion (Standards 1 – 4) of the *Technical Standards for Athletic Training Students* outlined on the document accompanying this form. I recommend that the student contact the University's Disability Resource Center to discuss accommodation options.

List condition(s) (use back of form if additional space is required):

Signature of Healthcare Provider
(Physician, PA, or Advanced Nurse Practitioner)

Date