

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