

Wichita State University
Athletic Training Program
Professional Phase Admission Instructions

Below are application instructions for admittance into the Professional Phase of the Athletic Training Program (ATP). Please follow these guidelines carefully for submission of all materials, excluding course grades, personal interview, and observation hours, by November 15th during the Pre-Professional Phase. All materials are to be provided to Rich Bomgardner. Letters are sent to students regarding formal admittance into the Professional Phase after the personal interview and final grades are issued by approximately December 15th.

1. All athletic training students are required to provide verification of a completed health examination which was performed by a licensed physician (MD or DO), physician assistant (PA), or nurse practitioner (NP). Only the Verification Form on the last page of the health examination needs to be returned.
2. A copy of the technical standards **MUST** be signed and returned. The purpose of the technical standards broadly delineates cognitive, affective, and psychomotor skills deemed essential for completion of this program and performance as a competent athletic trainer.
3. Students **MUST** take a current copy of up-to-date immunizations to the health examination and have their immunization record reviewed by the attending licensed MD, DO, PA, or NP. The following list of immunizations are required:
 1. Proof of 2 MMRs
 2. Proof of completed Tuberculosis (TB) tests within last 12 months
 3. Hepatitis B Vaccination or Signed Declination
 4. Influenza Vaccination or Signed Declination
 5. Proof of immunity to Pertussis as evidenced by receipt of a single dose of Tdap (ADACEL™). Those aged less than 64 who do not have documentation of Tdap immunization should receive a single dose of Tdap if it has been at least 2 years since receipt of a tetanus toxoid-containing vaccine.
 6. Proof of immunity to varicella as evidenced by any of the following: 1) History of chickenpox infection or herpes zoster, 2) Documentation of 2 varicella vaccines or 3) Positive varicella titer.
4. A copy of current adult, child, and infant CPR, First Aid, and AED certification must be submitted. This can be earned through HPS 317 - First Aid and Community CPR. Certification is available through the local chapters of the American Red Cross or American Heart Association.
5. A completed record of a minimum of 100 observation hours per semester is earned during the Pre-Professional Phase. It is the student's responsibility to record the hours. The observation hours log must be signed by the supervising approved clinical instructor. Observation hours must be completed by the beginning of finals week.

6. Students are required to have their own personal liability insurance which covers a minimum of \$1,000,000/\$3,000,000 aggregate. Student liability insurance can be purchased online through Healthcare Providers Service Organization at www.hpsso.com for approximately \$30 per year.
7. Students MUST demonstrate proof health insurance. This can be either through your parents/guardians or a student can purchase health insurance through Student Health Services.
8. Students are required to have a personal background security check. Please contact Rich Bomgardner for access codes to this website. Personal background security checks can be done online through Validity Screening at www.validityacademics.com for approximately \$50.
9. Completion of these core courses during the Pre-Professional Phase. Grades will not be following courses with a “B” average:
 1. HPS 114 - Introduction to Athletic Training
 2. HPS 317 – CPR/AED for the Professional Rescuer
 3. HPS 130 - Taping and Bandaging in Athletic Training
 4. Health Professions (HP) 203 - Medical Terminology
10. A personal interview is required before formal admittance into the Professional Phase. The interview is considered formal and professional by the ATP and appropriate dress is required. Typically, these interviews are conducted on an assigned day at the end of the semester.
11. A check list is provided below to assist with the admission process:

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| <i>A. Health Examination (Return verification form ONLY)</i> | _____ |
| <i>B. Signed Technical Standards</i> | _____ |
| <i>C. Immunization Record Check by MD, DO, PA, or NP</i> | _____ |
| 1. Proof of 2 MMRs | _____ |
| 2. Proof of completed TB tests w/in last 12 months | _____ |
| 3. Hepatitis B Vaccination or Signed Declination | _____ |
| 4. Influenza Vaccination or Signed Declination | _____ |
| 5. Proof of immunity to <u>Pertussis</u> as evidenced by receipt of a single dose of Tdap (ADACEL™). Those aged less than 64 who do not have documentation of Tdap immunization should receive a single dose of Tdap if it has been at least 2 years since receipt of a tetanus toxoid-containing vaccine. | _____ |
| 6. Proof of immunity to <u>varicella</u> as evidenced by any of the following: 1) History of chickenpox infection or herpes zoster, 2) Documentation of 2 varicella vaccines or 3) Positive varicella titer. | _____ |
| <i>D. CPR Certification</i> | _____ |
| <i>E. Fall Observation Hours Log</i> | _____ |
| <i>F. Proof of Student Liability Insurance</i> | _____ |
| <i>G. Proof of Health Insurance</i> | _____ |
| <i>H. Personal Security Background Clearance</i> | _____ |