METROPOLITAN STATE UNIVERSITY OF DENVER
ATHLETIC TRAINING PROGRAM (ATP)
Policies & Procedures Manual

Department of Human Performance & Sport

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PURPOSE OF THE ATHLETIC TRAINING CLINICAL EXPERIENCE (ATCE) COURSES

The central purpose of these sequential practical courses is to provide intense clinical experience for Athletic Training students. As such, the ATCE courses are intended to provide students with an ongoing opportunity to apply theoretical information from the classroom in working athletic training rooms or other clinical environments and to provide continuity in the development of athletic training clinical skills.

It is the desire of Metropolitan State University of Denver and the Department of Human Performance and Sport is to prepare students to fill positions in traditional athletic training rooms at the high school, college, and professional levels as well as in non-traditional settings, such as physical therapy clinics, physician offices, industrial and business areas. With this in mind, the ATCE courses are an important tool that will be used to measure the adequacy of academic preparation in relation to job related needs. Consistent assessment of this measure should result in a better alignment between the university academic program and job requirements. As a result, the professional development of the MSU Denver student should better meet the requirements of the athletic training profession.

ATCE STUDENT PLACEMENT

Student placement is critical to the success of the clinical experience. Sites for student placement will be selected in consultation with faculty members and site supervisors from departmentally approved locations.

Appropriate sites for Athletic Training Clinical Experiences should:

1. Provide meaningful experiences toward the student’s professional development in the athletic training field.
2. Follow accepted professional health and fitness practices with regard to maintenance of the facility, treatment of clientele and responsible assignment of employees (including athletic training students).
3. Provide student with assignments, which allow for the assimilation of principles, facts, evaluative procedures and methods that have contemporary and future application in the profession.
4. Allow for student assessment, which is consistent with professional ethics and practices.
5. Be willing to instruct and assess student progress, and assume a responsible attitude toward student assignments and evaluation of student performance as required by the university.
6. Be willing to cooperate with the university supervisor.
In addition:

1. The agency's Preceptor(s) should be a Certified Athletic Trainer (ATC) and have adequate academic and job experience in athletic training to provide appropriate direction, supervision and counseling to the athletic training student. The athletic training student should understand that he/she is assigned to the Preceptor and not to the agency or a particular sport.

2. The agency must be equipped to meet the minimum standards for a clinical education setting as established by the National Athletic Trainers' Association and The Commission on Accreditation of Athletic Training Education (CAATE).

If the Preceptor/Clinical Instructor has specific needs towards which the student can make a worthwhile contribution, he or she is encouraged to do so. This assignment of responsibility may fit into an existing program or be an extension into new activities to be offered by the agency. **AT NO TIME SHALL THE MSUD ATHLETIC TRAINING STUDENT BE UNSUPERVISED OR USED TO REPLACE PROFESSIONAL STAFF!!!**

If the athletic training student voluntarily performs service work for the agency, he or she will be considered a ‘First Responder.’ In this capacity the athletic training student is under the auspices of the agency and not the academic clinical experience course.

**NOTE:**

Please refer to the next two pages for definitions of supervised vs. unsupervised experiences. The student must then read and sign the First Responder Contract before beginning his/her Clinical Experience.
An athletic training student in the Athletic Training Program will essentially be in two situations throughout their clinical experience. The duties that may be performed in these situations are as follows:

**Supervised Clinical Experience**

Supervised clinical experience requires that the athletic training student be under **Direct Supervision** of the certified athletic trainer (or Preceptor).

Direct supervision is defined as: the constant visual and auditory interaction between athletic training student and certified athletic trainer (Preceptor). Therefore, the Preceptor is physically present and available to intervene on behalf of the athlete.

When in a supervised clinical experience, the athletic training student may perform any and all skills that have been previously mastered.

Hours accumulated under Supervised Clinical Experience will count towards the Athletic Training Clinical Experience course requirements.

**Unsupervised Clinical Experience**

An unsupervised clinical experience is one in which a certified athletic trainer (or Preceptor) is NOT physically present to intervene on behalf of the athlete. This would include practice situations where no clinical instructor is present, as well as unsupervised travel.

When in this situation, a student is restricted to the role of a *first responder*. This means that the student can only perform the following functions:

1. Apply ice, compression and elevation to an injured body part.
2. Splint an injured body part (once splinting skills have been mastered).
3. Activate the emergency medical system.
4. Perform emergency procedures they are qualified to perform (e.g.: CPR).
5. Conduct a history evaluation to determine to need for referral.
6. Apply taping or wrapping to prevent an injury (once the skills have been mastered).
7. Apply a brace already being used.
8. Control bleeding, and clean and dress a wound.
10. Aid in stretching, but not establish a new plan.
11. Apply ice, per protocols.
12. Apply hot packs, per protocols.
When unsupervised, a student **CANNOT:**
1. Apply modalities other than ice and hot packs (e.g.: ultrasound, electrical stimulation, etc.).
2. Perform an evaluation, other than for emergency referral.
3. Initiate, change, or progress a rehabilitation plan.
4. Make return-to-play decisions.

Without supervision, performance expectations and restrictions of the student can be compared to those of a coach traveling with the team unaccompanied by an ATC. It is the responsibility of the institution that places the student in a First Responder position to understand and accept the litigious risk involved. In these instances the institution must provide an appropriate position description with required qualifications for the first responder.

When in an unsupervised situation, and an injury occurs:
1. Treat the injury with first responder skills only.
2. Refer the athlete at the first available opportunity to a certified athletic trainer (or Preceptor).
3. If traveling, the COACH has the ultimate authority for whether an athlete can play or not.

**NOTE:** Hours accumulated under Unsupervised Clinical Experience will **NOT** count towards the Athletic Training Clinical Experience course requirements.
UNSUPERVISED STUDENT POLICY:
Please read the policy regarding “unsupervised student” on page 5, fill out this portion, cut it out and return to the ATP Director or Clinical Education Coordinator. This portion will be kept in your ATP clinical file.

I have read and fully understand the definitions and athletic training student responsibilities as stated on pages 4 AND 5 of this Policies and Procedures Manual.

_________________________________________________________________________

I, _________________________________________________, understand and will abide by the “unsupervised student” policy set forth by the MSUD ATP.

__________________________________________________  __________________
ATP Student Signature       Date
EVALUATION OF THE CLINICAL EXPERIENCE

The Athletic Training Clinical Experiences are academic courses and it is required by the university for the athletic training student to receive an academic evaluation. This determination is made based upon the following criteria:

1. Successful completion of the athletic training student’s clinical skills proficiency assessment, signed off by the agency Preceptor(s) and/or the MSU Denver Clinical Education Coordinator.

2. Successful completion of the required minimum contact hours specified per clinical course syllabi: HPS 2221, 2861, 3831, 3851, 4751, and 4771. These hours will be completed under the supervision of the Preceptor and/or MSU Denver ATP faculty. These hours should be tabulated daily and signed by the Preceptor weekly on the clinical hour log.

   **Per CAATE Standard #57:**
   - The minimum clinical hour requirement for each student for the entirety of the MSU Denver Athletic Training Program is: 840 hours.
   - The maximum number of clinical hours an Athletic Training Student can accumulate during the entirety of the MSU Denver Athletic Training Program is: 1500 hours.

3. Evaluation of the athletic training student in the Athletic Training Student Clinical Experience will be based upon the Preceptor’s evaluation of the athletic training student’s overall performance in regard to criteria specified by the MSU Denver mid-term and final clinical evaluation forms, successful completion of the required proficiency assessments, completion of the minimum hour requirement and adherence to all expectations and requirements documented in the individual course syllabus.

4. Successful completion of ALL course requirements per individual course syllabi.

RESPONSIBILITIES FOR CLINICAL INSTRUCTOR(s)

For each semester that the student is officially enrolled in the clinical sequence of the ATP, they will be assigned and report to one preceptor.

The role and function of the site Preceptor is as follows:

1. Provide educational experiences through responsibilities that broaden the athletic training student’s knowledge, skills or expertise.

2. Involve the athletic training student in his/her own appraisal and goals for improvement.
3. Provide supervisory conferences and evaluation sessions on a regularly scheduled basis and as needed.

4. If appropriate, orient student to community (geographic area) in which the field training is being provided.

5. If appropriate, involve student in in-service education programs relating to other units of the department or agency.

6. Supervise student in the writing and development of paper transmittals, i.e., progress notes, weekly evaluation forms, activity evaluation and assessments, resource utilization, records and reports.

7. Provide the student with 1) site requirements (immunizations, workman’s compensation, etc.); 2) participant procedures; 3) emergency procedures; 4) workshops and orientation sessions as required for the internship.

8. Encourage student involvement pertaining to professional organizations.

RESPONSIBILITIES INVOLVED IN ATHLETIC TRAINING CLINICAL EXPERIENCE AND/OR ATHLETIC TRAINING FACULTY

**Athletic Training Faculty:**

1. Provide for preliminary screening and assessments of student’s eligibility for clinical experience placement.

**Preceptor(s):**

1. Must be certified by and in good standing of the BOC and registered by the State Of Colorado Department of Regulatory Agencies (DORA).

2. Finalize the clinical experience placement between the athletic training student, Clinical Instructor and Metropolitan State College of Denver.

4. Provide athletic training students supervision.

5. Facilitate communication between the preceptor and the athletic training student in order maintain a good learning environment.

6. Provide HPS Athletic Training Faculty with any suggestions to improve the Clinical Experience as it relates to the Athletic Training emphasis area.
Athletic Training Student:

1. Maintain a current notebook with all required hourly logs and proficiency assessments.

2. Maintain the required clinical hour log sheets every semester, fill them out correctly, and turn them in on or before the due date EACH clinical semester.

3. Attend ALL required MSUD ATP meetings and in-services.

4. Advise site supervisor and ATP faculty of any potential conflicts regarding scheduling s

Clinical Grading Note: Effective Fall 2012

ALL ATHLETIC TRAINING STUDENTS AT ALL LEVELS MUST RECEIVE A MINIMUM
GRADE OF A “C” IN EACH CLINICAL EXPERIENCE IN ORDER TO PASS CLINICAL
COURSES AND PROGRESS IN THE ATHLETIC TRAINING EDUCATION PROGRAM. IF AN
ATHLETIC TRAINING STUDENT RECEIVES A GRADE LOWER THAN A “C”, THEY WILL
BE REQUIRED TO REPEAT THESE CLINICAL COURSES AND NOT BE ALLOWED TO
CONTINUE IN THE ATEP CLINICAL SEQUENCE.

ATHLETIC TRAINING STUDENTS MUST PASS THE FINAL PRACTICAL EXAM WITH A
70% OR HIGHER IN ORDER TO EARN A “C” OR BETTER IN THE COURSE, REGARDLESS
OF CLINICAL POINT %.
GENERAL CLINICAL PROFICIENCY DUE DATES

**SOPHOMORES**
Last day of classes Fall Semester by noon:
- 1 Preceptor assessment/signature for HPS 2221/ATCE I, at a 3

Last day of classes Spring Semester by noon:
- 1 Preceptor assessment/signature for HPS 2861/ATCE II, at a 3

**JUNIORS**
Last day of classes Fall semester by noon:
- **ATCE I AND ATCE II** are due, with ALL proficiencies assessed at least two times with the last assessment at a minimum of a 4.
  AND:
- 1 Preceptor assessment/signature for **ATCE III**, at a 3.

Last day of classes Spring semester by noon:
- 1 Preceptor assessment/signature for **ATCE IV**, at a 3.

**SENIORS**
Last day of classes Fall semester by noon:
- **CLINICAL ATCE III AND ATCE IV** are due, with ALL proficiencies assessed at least two times with the last assessment at a minimum of a 4.
  AND:
- 1 Preceptor assessment/signature for **CLINICAL V**, at a 3.

Last day of Spring Semester by noon:
- **CLINICAL V** due, with ALL proficiencies assessed at least two times with the last assessment at a minimum of a 4.

**EACH SKILL IS TO BE ASSESSED A MINIMUM OF 2 TIMES BY A PRECEPTOR: THE FIRST AT A MINIMUM OF A 3, THE SECOND AT A MINIMUM OF A 4**

A **MINIMUM OF 4 MONTHS MUST PASS BEFORE YOU ARE ALLOWED TO BE REASSESSED ON A SKILL FOR YOUR SECOND ASSESSMENT: 4 MONTHS BETWEEN THE 3 AND THE 4**

IF YOU EARN A SCORE LOWER THAN WHAT YOU NEED (0-2), **2 WEEKS MUST PASS BEFORE YOU ARE ALLOWED TO BE REASSESSED**

**CLINICAL V: A MINIMUM OF 2 WEEKS MUST PASS BEFORE YOU ARE ALLOWED TO BE REASSESSED**
To have clinical skills assessed, the student is required to set up scheduled appointments with their Preceptor, ATP director or clinical education coordinator. The student is responsible to check with their Preceptor to determine the method in which to complete their clinical proficiencies. Students must have at least 50% of clinical skills assessed by their preceptor each clinical semester.

If a Preceptor allows their students to have their clinical proficiencies assessed during practices, the student still has a responsibility to watch the athletes during practice and understand that the Preceptor has a responsibility to the athletes.

While at their clinical sites, students are required to professionally ask their Preceptor to assess their clinical proficiencies.

A majority of clinical proficiencies for the assigned semester are to be completed by the student’s assigned Preceptor.

Students are required to have their Clinical Proficiency Manual with them at all times, and if the student does not have their Clinical Proficiency Manual with them, they will not have assessments conducted.

A Preceptor has the right to take a student's Clinical Proficiency Manual and select which proficiencies will be assessed.

During the last week of class, clinical proficiency appointments are not guaranteed by the MSU Denver ATP faculty!
**CLINICAL HOURS**

Clinical Hours are for working with athletes, not necessarily clinical proficiency assessments.

Practicing proficiencies during “down” time at clinical sites is encouraged, however while athletes are present students are expected to be working/observing the athlete.

Because Athletic Training Students should be doing hours consistently throughout the course of the semester, during the last two weeks of classes each semester, additional clinical hours falling within the range below must be approved by your Preceptor.

- Sophomores: 7-10 hours/week
- Juniors: 12-20 hours/week
- Seniors: 16-25 hours/week

**Spring/Fall breaks:**
1) If your clinical site’s break is different from MSU Denver’s break, you are still required to complete the minimum hours (i.e.: you only get 1 break, not 2 from clinical).

2) Over these breaks, there may be an hour limitation imposed by Preceptors, check with yours.

*There is an hour limitation imposed for the MSU Denver clinical site unless the student receives prior approval from Preceptor AND Clinical Education Coordinator:

- All clinical hours must be approved by Preceptor prior to the break.
- Preceptors are not required to supervise athletic training student hours over school breaks
- There will be a maximum hour limitation of:
  - Sophomores: 5 hours
  - Juniors: 10 hours
  - Seniors: 15 hours

If a student completes their clinical hours prior to the end of the semester, the student cannot stop attending their clinical site. The student may be allowed to decrease the amount of hours they are present at their clinical site, but they are still expected to attend. In these cases the student will be required to set up a schedule with their Preceptor to discuss the limited hour load at the end of the semester.

**Attendance Policy for Athletic Training Clinical Experience Hours:**
1) Attendance is mandatory.

2) If a student misses an assigned clinical time, they are required to provide documentation of the excused absence.
3) If a student does miss an assigned clinical time, they are required to schedule a talk with their Preceptor to make-up the missed clinical hours.

4) If a student misses 2 assigned clinical times, a meeting will be held between the student, Preceptor, and Clinical Coordinator and/or Program Director.

5) The student will be required to review their clinical sites’ attendance policy in addition to this policy.

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**CLINICAL EXAM POLICY AND PROCEDURE**

**Effective Jan. 13, 2010**

The following policies and procedures will be in place for all MSU Denver Athletic Training Clinical Courses (ATCE): HPS 2221, 2861, 3831, 3851, 4751, and 4771. All clinical course grades will be calculated according to individual course syllabi per semester, with the below policy remaining consistent throughout all clinical courses:

A passing/satisfactory grade is equivalent to a minimum of 70% on all final clinical practical examinations.

If a student fails a final practical examination:
- They will earn an F in the clinical course
- The student will be required to sit out an academic semester from the program, and re-take the entire clinical course when offered by the school.

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**CLINICAL PRACTICAL EXAMS AND ACADEMIC MISCONDUCT**

**Effective August 2012**

It is considered academic dishonesty (cheating) to discuss ANY content of ANY clinical practical exam with any other Athletic Training student. It is also unethical for an athletic training student to ask another student what was on any practical exam; if this occurs, a professional disposition form will be filed by the ATEP Director and/or Clinical Education Coordinator and be placed in the student's permanent academic file. Any student giving any information regarding the contents of any practical exam will receive a score of ZERO on their exam.
**Lecture/Clinical Course Re-take Policy**

If you are re-taking a lecture/clinical course (HPS 2220, HPS 2221, HPS 2860, HPS 2861, HPS 3830, HPS 3831, HPS 3850, HPS 3851, HPS 4750, HPS 4751, HPS 4850, HPS 4771), you will be required to perform all of the course requirements/clinical proficiencies again at the appropriate grade to pass that course. When re-taking a clinical course, assessments will not count as your second/final Preceptor signature, but rather think of it as your first. You will also be required to complete all of the necessary clinical hours in order to pass that clinical course. This is an all-or-none policy. If you fail a clinical course, and are re-taking it, you will be required to complete all of the requirements to pass the course.

For example: if you fail clinical II, you will be required to re-do all of Clinical II’s proficiencies at a minimum of a 3 and complete a minimum of 70 clinical hours for the semester.

In addition to the above requirements, students will be required to schedule a meeting with both Chris and Jenn during the first 2 weeks of classes to discuss and ensure understanding of their specific situation and any additional required work.

**Field Experience Policy**

If you are doing a field experience, you will **NOT** be allowed to complete clinical proficiencies or peer teaching assessments during that semester. This policy will be enforced even if your field experience supervisor is a MSUD Preceptor.

**Inclement Weather/School Closure Policy**

1. If Metropolitan State University Campus is OFFICIALLY closed due to inclement weather or any other incident, ATP students will **NOT** be required to complete clinical hours that were originally SCHEDULED for the day of the closure. The MSU Denver closure phone number is: 303-556-2401.

2. If an ATP student’s clinical site if officially closed the ATP student will not be required to complete clinical hours that were originally SCHEDULED for the day of the closure. In the event of a closure due to weather or other unforeseen circumstances, the ATP student must supply written documentation from the Preceptor stating the date and reason for the closure as well as the number of hours the student was SCHEDULED to complete. Please note the ATP student will only be eligible to receive one week’s worth of Spring Break if the ATP’s student’s clinical site’s spring break is different than MSU Denver’s Spring Break.

3. There will be a maximum number of hours per semester that a student may obtain due to inclement weather. See below for course maximums.
   - Senior: 15 hours/semester max
   - Junior: 10 hours/semester max
   - Sophomore: 5 hours/semester max
Students must maintain a cumulative GPA of 2.5 or higher, and a major GPA of 2.75 or higher. If either GPA falls below the minimum, one of the following will occur:

- The student will be placed on probation and have one academic year to bring the GPA(s) up to the acceptable level, while remaining in the course sequence.

- If the student fails to bring the GPA(s) up to the acceptable after one academic year, the student will be suspended from the major until the GPA minimums are achieved. The student will then resume coursework in the appropriate sequential semester.

**E-mail Etiquette:** E-mail is the OFFICIAL form of communication for MSUD. All MSUD ATEP students are required to check their official MSUD e-mail accounts daily for important information and program updates.

MSU Denver ATP students will be required to follow proper, professional e-mail etiquette when contacting all professors and Preceptors.

1. All e-mails must begin with a proper salutation: Dr. Smith, Professor Smith, or first name WHEN appropriate and approved by the professor FIRST.

2. The body of the e-mail should be in proper grammatical form without gross misspellings.

3. The e-mail should conclude with your full name and contact information.

4. E-mail responses should NOT be expected less than 48 hours after your e-mail has been sent.

**SOCIAL NETWORKING:** Facebook, Twitter etc.
Social networking is public and therefore ANYTHING you choose to post will be accessible to professors, Preceptors and potential employers. Furthermore, graduate schools and future employers have the RIGHT to ask for full access to all of your sites. If you choose not to grant them access they also have the RIGHT to dismiss you from the potential candidate pool. MSU Denver Athletic Training students will NOT communicate over any social networking avenue with minors associated with any/all MSU Denver clinical sites.

**Cell Phones and Text Messaging**
Cell phones should NOT be used during athletic training clinical hours.

Please be cognizant of your ring tones that are heard by the caller: if your ring tone is simply a song or some other type of message that does not identify who you are, please be prepared NOT to be left a message that could be very important. Many professionals (including the MSU Denver ATP faculty) will not waste time wondering if they are leaving a
message for the right person and furthermore if a song is blaring, many will not even wait until the end of the song to see if you identify yourself or not.

Text messaging is **NOT** an official form of communication to MSU Denver ATP faculty if you are late for class or ill.
Changing Major/Leaving MSU Denver ATP

If you choose to leave the Metropolitan State University of Denver Athletic Training Program for any reason, your clinical file will be DESTROYED after one calendar year.

If you are required to leave the MSUD ATP due to academic probation, your clinical file will remain intact and active as long as you are an Athletic Training Major AND maintain regular academic advising appointments with Athletic Training faculty.

Name: __________________________________________________

Please tear along the line, print and sign your name with the date. Please keep this upper portion in your MSU Denver ATP policies and procedures manual.

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By signing this form, I am acknowledging:

If you choose to leave the Metropolitan State College of Denver Athletic Training Program for any reason, your clinical file will be DESTROYED after one calendar year.

If you are required to leave the MSU Denver ATP due to academic probation, your clinical file will remain intact and active as long as you are an Athletic Training Major AND maintain regular academic advising appointments with Athletic Training faculty.

_____________________________________________________________
Name – Printed

_____________________________________________________________
Signature

____________________________
Date
DRESS CODE

RATIONALE: Appropriate professional appearance reinforces the Athletic Training Students’ identity as an emerging professional. Appropriate professional appearance strengthens the attitude of the school community and the community-at-large toward the Athletic Training Student and the Metropolitan State University of Denver’s Athletic Training Program. Just as we characterize and identify members of the cast of a film or play by their appearance, so must we be able to identify the role of Athletic Training Students by their appearance. Therefore, Athletic Training Students must exercise good judgment in their choices regarding professional appearance for clinical experiences. Professional appearance should invoke a positive impression from the school community and the community-at-large, as well as, promote a working and learning environment that is free from unnecessary disruption.

If the clinical site where an Athletic Training Student is doing a rotation has a dress and appearance code which is more restrictive than MSU Denver’s code, the Athletic Training Student is required to follow the more restrictive code.

In addition, MSU Denver Athletic Training Students may be issued name tags, if the clinical site supervisor/preceptor requires the student wear it, the name tag MUST be worn at all times during clinical rotation.

Clothing that is not acceptable at any Clinical Experience sites include:

1. “cut-off” shorts or any shorts or other similar articles of clothing that are shorter than mid-thigh
2. open-toed shoes
3. skirts and dresses
4. underwear as outwear
5. inappropriately sheer, tight or short clothing
6. garments (i.e. “midriffs”, halter tops, backless clothing, tube tops, garments made from fishnet, mesh or similar material, tank tops, “muscle” tops, etc.) that inappropriately bare or expose traditionally private parts of the body
7. any clothing, accessories, body adornments etc. that contain advertisements, symbols, words, slogans or pictures that are sexually suggestive; that portray violence, that are drug, alcohol or tobacco related or that are obscene, profane or plainly offensive
8. any clothing, grooming, jewelry, accessories, tattoos or body adornments such as pierced eyebrows, tongues or lips, that are in any way disruptive to the learning environment or that pose a threat or potential threat to the Athletic Training Student or any other person
9. facial hair that is not neatly trimmed
10. any other similarly inappropriate clothing, accessory, body adornment, etc., or inappropriate grooming or hygiene

COLLEGE FACULTY MEMBERS AND Preceptors MAY EXCLUDE FROM CLINICAL EXPERIENCE SITES THOSE STUDENTS WHOSE APPEARANCE DOES NOT COMPLY WITH THIS POLICY.
PROFESSIONALISM: POLICIES AND PROCEDURES

The following policies and procedures will be implemented for all Clinical Experience rotations, including those off the MSU Denver campus.

Athletic Training Students must keep in mind that professionalism is extremely important during all Clinical Experience rotations. Each student, whether on or off campus, is a representative of the MSU Denver Athletic Training Program. Therefore, it is imperative that all students adhere to the following policies in order to maintain the reputation of professionalism for themselves and their institution.

1. An Athletic Training Student may be immediately removed from participation in a clinical setting when it is evident that he or she presents a danger or threat to the well-being of a student athlete or school personnel. This would include the appearance or suspicion of the Athletic Training Student being under the influence of alcohol or illicit drugs. If such an incident should occur, the student will immediately be sent home. The student will then be required to meet with the ATP Director. A first time offense will place the student on probation for one year. A second offense will result in immediate removal of the student from the Athletic Training Education Program.

2. While at MSU Denver it is STRONGLY ADVISED that Athletic Training Students do not fraternize with athletes. Relationships outside of the Athletic Training room may put Athletic Training Students in a compromising position and thus interfere with their objectivity and professionalism.

3. While at a high school clinical rotation, at NO TIME shall an Athletic Training Student fraternize with any high school athletes or students. High school students are considered minors and it is not appropriate to develop relationships with these individuals outside of the Athletic Training room. If this incident should occur, the MSU Denver student will immediately be removed from the clinical site. The student will then be required to meet with the ATP Director. A first time offense will place the student on probation for one year. A second offense will result in immediate removal of the student from the Athletic Training Program.

4. Athletic Training Students must be aware that there are many legal ramifications that result by improper dispensation of medication. Therefore, all Athletic Training Students MUST adhere to the following:
   - If at a high school setting, the Athletic Training Student WILL NOT dispense or administer any medication to high school athletes or students. Dispensation or administration of any medication will result in a one year probation for a first offense, and removal from the Athletic Training Program for a second offense.
   - If at a collegiate setting, the Athletic Training Student may only administer a single dose of non-prescription medication upon the direction of the Preceptor. It is imperative that proper procedures and documentation be followed in each case. Dispensation without Preceptor direction or approval will result in a one year probation for a first offense, and removal from the Athletic Training Program for a second offense.
5. As stated in the dress code, appropriate attire is extremely important. If Athletic Training Students have any body art (piercing’s, tattos, etc.), that student must use discretion in their display to assure that the art is in no way disruptive to the learning environment or poses a threat or potential threat to the Athletic Training Student or any other person.

6. Candidates who are pregnant may not be denied an opportunity to participate in Athletic Training Clinical Experiences. The Athletic Training Program or the “host” clinical site may require that a medical clearance be filed by the attending physician.

7. Athletic Training Students who have specific handicaps or physical limitations cannot be denied the opportunity to participate in a clinical experience unless it is clear that the handicap or limitation would limit the student’s effectiveness or pose a threat to the well being and safety of student athletes or other Athletic Training Students.

8. Athletic Training Students may be subject to fingerprint and background checks. If this is required, the student will be responsible for payment of such services.

9. Athletic Training Students who have records of criminal arrest or have been convicted of felonies or other offenses may not be admissible to Athletic Training Clinical Experiences.

10. If you wish to participate in social networking sites, please be aware that this information is public knowledge. Graduate programs and potential employers have the right to require that you grant them access to your site.
Child Abuse Issues

Child Abuse - Identification and Reporting

1. Child abuse includes any of the following:
   (a) physical abuse,
   (b) sexual abuse,
   (c) emotional maltreatment, or
   (d) neglect including abandonment, unattended medical needs, consistent hunger, inappropriate dress.

   Students should be aware that indicators of abuse range from the obvious physical effects (bruises, burns, fractures, etc.) to the more subtle behavioral effects (aggression, depression, withdrawal, eating disorders, running away, etc.). It is important to remember that the effects of abuse can be manifested in a wide range of physical and behavioral indicators.

2. The state of Colorado requires all school officials and employees to report suspected cases of child abuse. (Colorado Children’s Code, Article 10). If MSU Denver Athletic Training clinical experience students suspect any pupil is being abused by any adult in any way, they should immediately report this information to the Preceptor and the college supervisor. It is not the student’s responsibility to prove the abuse or to make any type of judgment regarding the situation. School employees who report suspected child abuse in good faith are immune from liability (Colorado Children’s Code, Section 19-10-110).

3. If an Athletic Training Student witness or suspect a student athlete is being abused by an Preceptor or faculty member, they should report this to their college supervisor immediately. The supervisor will make the report to the department chair who will contact the appropriate officials.

4. If a student athlete discloses abuse to the MSU Denver Athletic Training Student, the MSU Denver student should immediately include the Preceptor in the conversation. The student athlete should be reassured that he/she has done the right thing and that it must be reported to the Preceptor so that help can be provided. The student should not attempt to elicit full disclosure without the presence of the Preceptor, nor should confidentiality be promised.

5. Athletic Training Students are also required to report any sexual harassment (unwelcome sexual advances, request for sexual favors, verbal or physical conduct of a sexual nature by teachers, supervisors, employers or students) that they observe, suspect, or experience personally, to their MSU Denver ATP clinical coordinator who will report it to the ATP Director and HPS Department Chair who will then report it to the appropriate authorities.
Child Abuse - Interaction Guidelines

1. Athletic Training Students should not be alone with student athletes in an isolated situation (e.g., rest room, cafeteria, or in an area of the school not readily visible to passers-by, etc.)
2. Be careful not to be alone with a student athlete or in a compromising situation on a field trip or over-night.
3. Preceptor's will be informed that MSU Denver students are, by policy, not allowed to work with individual student athletes in isolated settings.
4. Physical contact with student athletes should only occur during the course of administering first aid, performing injury evaluations, or assisting with therapeutic exercise.
5. Students should be cautious about showing favoritism toward any one student athlete or group of athletes; preferential treatment creates hard feelings among individuals and has the potential to be misinterpreted.
6. Although Athletic Training Students should be friendly with the student athletes they are working with, it is advisable to maintain a professional demeanor at all times. For example, it is not acceptable for students to share highly personal information, such as problems with boyfriends/girlfriends or spouses.
7. Athletic Training Students should be extremely careful about sharing humorous incidents or telling jokes to the student athletes they are caring for. They should be mindful of the fact that there are many different interpretations (as well as misconceptions) regarding what constitutes suggestive humor.
8. Avoid taking student athletes in your cars, having them come to your homes or taking them to non-school sponsored out-of-school activities.
9. Be sensitive to emotionally needy student athletes who might make a transferal to you of incidents, which happened with other persons.
Professional Report Process

This document is designed to alert the Athletic Training Student and education faculty of any issues or concerns regarding a student’s progress in the Clinical Experience. If problems arise with the student’s performance during the course of the clinical experience rotation, the Preceptor will be asked to fill out the following form.

Prior to submitting the report, it is highly encouraged that the information contained in the report be discussed with the student and that the student be asked to sign the form. Upon receipt of professional reports that signify a number of concerns, the Preceptor’s will submit the professional report to the ATEP Director. The ATEP Director will notify the ATEP Clinical Education Coordinator and a mandatory advising session must be scheduled following the format outlined below.

However, please be aware that if a situation develops in which immediate removal of the Athletic Training Student from the clinical site becomes necessary, the Preceptor has the authority to do so. The Preceptor, as well as the student, must then contact the ATEP Director and Clinical Education Coordinator IMMEDIATELY. When a significant concern has been raised about a student’s actions/dispositions in a clinical experience site, the ATEP Director will have the option of permanently withdrawing the student from the site.

Steps in Processing the Professional Report:

Step 1: First form filed with problematic disposition(s) identified
   a) student meets with Preceptor
   b) discuss concern
   c) discuss strategies and steps to remedy problem
   d) inform regarding College sources of assistance
   e) inform of policy regarding advising out of Program [Steps 2 and 3 below]
   f) advising notes recorded

Step 2: Second form filed with problematic disposition(s) identified
   a) student meets with ATP Director and Clinical Education Coordinator, and HPS Department Chair
   b) discuss concern
   c) discuss strategies and steps to remedy problem
   d) inform regarding College sources of assistance
   e) inform of policy regarding advising out of Program [Step 3 below]
   f) student asked to begin to consider other careers
   g) advising notes recorded

Step 3: Third form filed with problematic disposition(s) identified
   a) student meets with ATP Director and Clinical Education Coordinator, and HPS Department Chair
   b) computer generated registration hold on Athletic Training courses
   c) drop Athletic Training courses until record of corrected behavior is presented
   d) inform regarding College sources of assistance
   e) consider other careers
f) written appeal may be made to Associate Dean of Professional Studies whose
decision is final

g) advising notes recorded

All information provided through this form will be handled in the Athletic Training
Program with the highest standards of professional confidentiality and individual
protection.
Professional Report Form

Student’s Name:______________________________________________________________

Student ID Number:___________________________________________________________

Clinical Experience Course and Site:____________________________________________

Semester:_______________________________________________________________________

Preceptor:___________________________________________________________________

Please complete all questions that apply.
Check all answers that apply.

1) Attendance
   a) __ Perfect attendance record
   b) __ Rarely absent
   c) __ Frequently absent (number of times ___)

2) Punctuality
   a) __ Always on time
   b) __ Generally punctual
   c) __ Frequently late (number of times ___)

3) Reliability/Dependability
   a) __ Self-Starter: Identifies needs and attends to them immediately
   b) __ Responsible: Attends to assigned tasks or duties on schedule without prompting
   c) __ Sometimes needs to be reminded to attend to assigned tasks or duties
   d) __ Sometimes fails to complete assigned tasks and duties
   e) __ Usually fails to complete assigned tasks and duties

4) Tact/Judgment (with peers and/or instructor)
   a) __ Diplomatic: Highly sensitive to other’s feelings and opinions
   b) __ Perceives what to do or say in order to maintain good relations with others and responds accordingly
   c) __ Limited sensitivity and diplomacy
   d) __ Appears thoughtless: Insensitive to other’s feelings and opinions.

5) Interaction with Students/Peers
   a) __ Outgoing: Actively seeks opportunities to work with student athletes/peers
   b) __ Relates easily and positively with student athletes/peers
   c) __ Shy: Hesitant to work with student athletes/peers
   d) __ Is sometimes antagonistic towards student athletes/peers

6) Desire to Improve Own Skill Performance
   a) __ Continually seeks new and better ways of performing skills
   b) __ Makes some effort to improve own skill performance
   c) __ Makes no effort to improve own skill performance
7) Commitment to the profession
a) ___ Appears deeply committed to the Athletic Training profession
b) ___ Expresses a sincere interest and enthusiasm for Athletic Training
c) ___ Genuine interest but enthusiasm lacking
d) ___ Unsure of Athletic Training as a profession

8) Professional Ethics and Demeanor
   Yes No Unable to judge
   a) ___ ___ __ Maintains high ethical and professional standards (e.g. does not share confidential information)
b) ___ ___ __ Is aware of program policies and professional practices and responds to these guidelines in appropriate ways
c) ___ ___ __ Maintains a professional appearance

9) Barriers to this student’s progress in the Athletic Training Program:
   Please identify any other skills, behaviors, and/or knowledge that interfere with this student’s success in the MSUD ATP.

10) Identify any actions/recommendations which you have already taken/made with regard to this Athletic Training Student (include conference dates):

11) What action (if any) would you recommend to the ATP Director with regard to this candidate?

12) Are there additional comments you wish to make about this candidate?

Signatures
Signature acknowledges only that the candidate has an opportunity to read this report; it does not imply concurrence with the information reported.

Student:__________________________________________________________

Date: ____________________________________________________________

Preceptor or Person Filing Form:____________________________________
HEALTH/SAFETY PROCEDURES AND VACCINATIONS

The MSU Denver ATP requires athletic training students to provide proof of the following immunizations in order to protect the athletic training student as well as the athletes and patients that the athletic training student will be in contact with.

1) Updated Tetanus Shot in compliance with current recommendations (Tdap)
2) Updated MMR (hard measles/rubella for those born after 1956)
3) Hepatitis B Vaccination (see statement in internship packet)
4) Proof of negative Tuberculosis Test (ppd)
According to Taber’s Cyclopedic Medical Dictionary edition 21, an infectious disease is “Any disease caused by growth of a pathogenic microorganism in the body.” (p. 1186). This includes but is NOT limited to the following: AIDS, HIV, Botulism, Campylobacter, Chlamydia trachomatis, Gonorrhea, Haemophilus influenza, Measles, Pertussis (whooping cough), Rubella, Tetanus, Hepatitis A, Hepatitis B, Hepatitis C, Shingles (Herpes Zoster), Varicella (Chicken Pox), Tuberculosis.

Communicable diseases can be passed from one individual to another. The mode of transmission between individuals is most commonly via direct contact. However, some diseases may be transferred via contact with infected materials such as soiled laundry, soiled medical supplies or unsanitary work surfaces.

**Communicable/Infectious Diseases in the Athletic Training Clinical Setting:**

The purpose of this policy is to ensure that all MSUD Athletic Training Students are aware of how to prevent the spread of communicable/infectious diseases. Since it is impossible to prevent all exposure to communicable/infectious diseases the following procedures should be followed in order to prevent and/or control the spread of communicable/infectious diseases:

1) All MSU Denver ATP faculty, staff, and students should practice universal precautions at all times. All bodily fluids and soiled medical supplies should be treated as if they are infected. Gloves should be worn at all times when working in situations where contact with bodily fluids may occur.

2) ALL MSU Denver ATP faculty, staff and students should practice frequent hand washing. Hands should be washed using soap and warm water.

3) All material that comes into contact with or is suspected to have come in contact with any body fluids should be treated as if infected and put into marked biohazard containers.

4) ALL MSU Denver ATP faculty, staff and students should make concerted efforts to maintain a clean working environment. Appropriate cleaning supplies will be available at all times in order to disinfect all work surfaces: counters, treatment tables, coolers, whirlpools and all other surfaces that are used.

5) ALL MSU Denver ATP faculty, staff and students should practice good personal hygiene.

Although this policy will help prevent the spread of communicable diseases, it is possible that an athletic training student may become ill with an infectious disease. If this does occur the athletic training student should speak to his/her clinical instructor and classroom instructors to determine the best course of action. The actions taken will be in the best interest of all parties involved including, but not limited to: the athletic training student and their classmates, members of the ATP faculty and staff, student athletes, coaches and all support personnel.

An athletic training student may have an increased risk for acquiring an infectious disease if the athletic training student has any of the following conditions:
1) Open sores or skin lesions that provide a portal of entry for microorganisms. Skin lesions should be properly covered at all times.

2) If an athletic training student is ill and has: fever, vomiting and/or diarrhea they will considered contagious and able to spread disease. The clinical instructor may ask the athletic training student to be evaluated by a physician, physician assistant or nurse practitioner in order to ensure that all precautions are taken to prevent the spread of disease.

3) If an athletic training student has been diagnosed with a chronic blood borne pathogen he/she may participate fully in the MSUD ATP, however the student must practice universal precautions at all times.

If an ATP faculty member, staff or clinical instructor feels that an athletic training student is displaying signs and symptoms consistent with an infectious disease the ATP faculty, staff or clinical instructor may deem that an athletic training student must be referred to a physician, physician assistant or nurse practitioner for further evaluation in order to prevent the spread of an infectious disease. The physician, physician assistant or nurse practitioner will determine when the athletic training student may safely return to the clinical setting.

Students, faculty and staff with any immune-suppressed condition are encouraged to share any concerns about their own health and safety to ensure appropriate planning and placement for clinical experiences. The ATP director and Department Chair will help to determine appropriate resolution for any concerns, facility imposed barriers or necessary reduction of exposure during pregnancy. Any information generated will be held in strictest confidence in keeping with all applicable State and Federal laws.
The following information is provided for you to make a decision whether or not you wish to begin Hepatitis B vaccinations. Some agencies require that you are immunized. Others recommend the immunization but do not require it. Check with your selected agency regarding its regulations. Regardless of the agency’s guidelines, however, the Hepatitis B vaccination should be a serious consideration if you feel that during your clinical experience you will run the risk of exposure to this infectious disease. Once you have read the following material, if you choose NOT to have the vaccination, please sign the Hepatitis B Declination Statement and return it to your college supervisor. If you choose to have the vaccination, notify your college supervisor so he/she can make the necessary arrangements with the Student Health Center.

**WHAT IS HEPATITIS B?**

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). In the United States about 300,000 persons, mostly young adults, are infected with hepatitis B each year. About one-fourth will develop jaundice, and more that 10,000 will need to be hospitalized. About 250 people die each year from severe acute hepatitis B. Between 6 and 10 of every 100 young adults who catch hepatitis B become chronic carriers (have HBV in their blood for 6 or more months) and may be able to spread the infection to others for a long period of time. About one-fourth of these carriers go on to develop chronic active hepatitis. Chronic active hepatitis often causes cirrhosis of the liver (liver destruction) and death due to liver failure. In addition, HBV carriers are much more likely than others to get cancer of the liver. An estimated 4,000 persons die from hepatitis B-related cirrhosis each year in the United States.

Initial symptoms of hepatitis include a loss of appetite, an vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice. Skin rashes and joint pain can also occur.

Hepatitis B is classified as a sexually transmitted disease but can be transmitted through various forms of contact which include but are not exclusive to the following: sexual contact, blood exchange, needle sharing, ear piercing, tattooing and medical procedures.

The risk of catching hepatitis B is higher in certain groups of people because of their occupation, lifestyle, or environment. Because of the risks of serious problems associated with hepatitis B infection, a vaccination to help prevent infections is recommended for these groups.

**WHO IS AT A HIGH RISK FOR EXPOSURE TO HEPATITIS B?**

1. **Persons who handle blood, blood products or body fluids.** In particular, HEALTH CARE and public safety workers who are exposed to blood or blood products or who may get accidental needle sticks.

2. **Clients and staff of institutions for the developmentally disabled.** The special behavioral and medical problems of these persons make this a high-risk setting. Risk in institutions is related to contact with blood and also with bites and contact
with skin lesions and other body fluids that contain HBV. This includes clients and staff of group and foster homes where a carrier is known to be present.

3. **Other settings where deinstitutionalized developmentally disabled individuals may behave aggressively or have special medical problems that may expose workers to their blood or body secretions.** Teachers and aides have been shown to be at significant risk in these settings.

4. **Those working with special populations from areas with high rates of Hepatitis B.** These include Alaskan natives, native Pacific islanders, immigrants and refugees from eastern Asia and sub-Saharan Africa, and their U.S. born children.

Other population groups that tend to run a higher risk of the disease are: homosexually active men, hemodialysis patients, users of unlawful injectable drugs, recipients of blood products such as blood clotting agents, adoptees from countries with high rates of HBV, inmates of long-term correctional facilities, and heterosexuals who have histories of sexual activity with multiple sexual partners in the past six months.

**FACTS ABOUT THE HEPATITIS B VACCINE**

The vaccination process for hepatitis B requires three injections. After the first shot is given, a second follows in one month with a third injection, five months after the second. After the three doses, the hepatitis B vaccine is 85-95% effective in preventing hepatitis B. This protection lasts approximately 7 years.

The most common side effect from the vaccination is soreness at the site of the injections. As with any drug or vaccine, there is a rare possibility that allergic or more serious reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine. Giving hepatitis B vaccine to persons who are already immune or to carriers will not increase risk of side effects.

No information is available about the safety of the vaccine for unborn babies; however, because the vaccine contains only particles that do not cause hepatitis B infections, there should not be a risk. In contrast, if a pregnant woman gets a hepatitis B infection, this may cause severe disease in the mother and chronic infection in the newborn baby.

**HOW DO I OBTAIN THE HEPATITIS B VACCINE?**

The Hepatitis B vaccine is available upon request at the Student Health Center on campus. Because the vaccine is not stocked on a regular basis, there is a two-week wait to obtain the serum. Cost of the three injection series is relatively high and averages $150. You should check with your insurance company to determine if any of this cost will be paid for by your medical insurance policy.
HEPATITIS B VACCINE DECLINATION

Student Name____________________________________________________________

Clinical Experience Placement_______________________________________________________________

I understand that due to my clinical experience placement, I may be exposed to blood or other potentially infectious materials that increase my risk of acquiring hepatitis B. I have read the HPS Department’s informational statement on hepatitis B and understand the seriousness of the disease and how it is transmitted. I have also been given the information as to how I can obtain the series of three injections required for immunization against this disease. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B.

Student Signature________________________________________ Date___________

HPS Faculty Supervisor__________________________________ Date___________
WORK RELATED INJURY OR ILLNESS PROCEDURES

The following are the procedures you must follow for a work related injury or illness.

** This policy is also in effect for any type of post-blood borne pathogen exposure: Ex: needle stick, body fluid exposure etc.

It is mandatory that all MSU Denver Athletic Training Students practice Universal Precautions at all times.

Failure to follow these procedures may cause a financial burden on you. Your medical insurance will not cover work related injuries during your clinical experience. After reading the following information, please sign the last page and return it to your college clinical coordinator. This needs to be done BEFORE you begin your clinical experience.

In addition, if your clinical experience is completed at an agency outside of Colorado, you may not be covered by Worker’s Compensation through the state of Colorado. Coverage should be reviewed with the MSUD Benefits Office (303-556-5029). Also, if the clinical / field experience is a paid position, Worker’s Compensation should be supplied by the agency.

WORKER’S COMPENSATION PROCEDURES
(Work Related Injury or Illness)

I. General Guidelines
   A. These guidelines may be used to treat most emergencies.
   B. Immediate attention is to be given to the immediate medical needs of an injured person.
   C. In the case of major trauma or "life or limb threatening" accidents, an ambulance is to be called for transportation to the nearest emergency room.
   D. If there is any doubt about safety, it is strongly advised that a non-medical person refrain from moving an injured person.

II. General Procedures
   A. Except in the case of a serious or life-threatening emergency, an injured athletic training student will be treated by one of the two MSUD designated providers:
      1. Concentra Medical Center, (the location nearest to Auraria Campus is 1860 Larimer, Suite 100, 303-296-2273. See page 14 for more locations.)
      2. HealthONE (the location nearest to Auraria Campus is 1730 Blake St., Suite 200, 303-292-6989. See pages 14 & 15 for more locations.)

Failure to comply may cause you to risk liability for all medical expenses.

**Once a selection has been made, do not change providers.** It is recommended that the student clinical instructor or designee call the facility chosen to authorize treatment before sending the patient. The hours of operation of the above facilities are generally 8:00 a.m. - 5:00 p.m., Monday through Friday. Medical evaluation, testing or consultation will be conducted. It is possible that the designated provider will refer the patient for additional medical services. Parking is available at each facility.

B. Athletic Training students will immediately report all work related
injuries or illnesses to their clinical instructors, clinical coordinator, and to the MSUD Benefits Office (303-556-8514 or 303-556-3120) within 48 hours. Prompt reporting will expedite claims processing and prevent future penalties. The supervisor of the injured student is required by State regulations to obtain and submit the "Employers First Report of Injury." In addition, the "MSUD Injured Employee Statement Form" will be completed. Both of these forms will be submitted to the Benefits Office, Campus Box 47, or Fax # 303-556-5151, within five calendar days after the injury. It is recommended that all supervisors assign a designee to complete and sign this injury form in their absence.

C. Following examination by the physician, the patient will be given copies of the Worker's Compensation "Physician's Initial Report," or attending physician's report. The original should be kept in the clinical coordinator's files. The student will retain a copy for medical instructions and return appointments as applicable. The Benefits Office will receive a copy from the physician's office.

D. The attending physician's report will indicate when the student is able to return to work. The student must show this form to the clinical coordinator and clinical instructor, and will return to work when the physician indicates so on this form.

E. Clinical Instructor(s) and the clinical coordinator should be notified immediately if the student continues to experience problems or concerns as a result of the injury. All concerns are significant and should be referred to the clinical instructor, clinical coordinator, the designated medical provider, and to the Benefits Office.

F. MSUD's Worker's Compensation insurance company (CCIA) is responsible for payment of medical expenses if an injury or illness is determined to be work related and the proper procedures have been followed. If a student's claim is denied, the student must seek reimbursement from his or her own insurance carrier and face responsibility of payment if the claim is denied at that point.

III. After Hours Procedures

A. The student is responsible for informing the supervisor and the nearest Benefits Office when treatment was received after hours.
**Clinics open Monday through Friday (Note: hours of operation vary):**

### CONCENTRA

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<th>Address</th>
<th>Hours</th>
<th>Phone</th>
<th>Fax</th>
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<tbody>
<tr>
<td>500 E. 84th Avenue, Suite B-14</td>
<td>7:30 – 6:00, Mon – Fri</td>
<td>303-287-7070</td>
<td>303-287-7373</td>
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<tr>
<td>Thornton, CO 80229</td>
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<tr>
<td>1380 S. Santa Fe Drive, Suite B-14</td>
<td>7:00 – 6:00, Mon – Fri</td>
<td>303-777-2777</td>
<td>303-871-0218</td>
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<tr>
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<tr>
<td>420 E. 58th Street, Suite 111</td>
<td>7:00 – 6:00, Mon – Fri</td>
<td>303-292-2273</td>
<td>303-296-4138</td>
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<tr>
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<td>770 Simms Street, Suite 100</td>
<td>8:00 – 5:00, Mon - Fri</td>
<td>303-239-6060</td>
<td>303-239-6046</td>
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<td>7:00 – 10:00, Mon – Fri</td>
<td>303-355-2389</td>
<td>303-321-6268</td>
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<tr>
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<tr>
<td>10355 East Iliff Avenue</td>
<td>7:30 – 5:30, Mon - Fri</td>
<td>303-755-4955</td>
<td>303-755-4956</td>
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<tr>
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<td>7:00 – 6:00, Mon – Fri</td>
<td>303-340-3053</td>
<td>303-340-3862</td>
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<tr>
<td>Aurora, CO 80010</td>
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<tr>
<td>3434 – 47th Street, Suite 100</td>
<td>8:00 – 5:00, Mon - Fri</td>
<td>303-541-9090</td>
<td>303-541-9393</td>
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### HEALTHONE

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<td>120 Bryant Street</td>
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<td>Phone: 303-584-5000</td>
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<td>Fax: 303-343-8135</td>
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<td>Phone: 303-936-9700</td>
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</table>
Clinics open Monday through Friday (Note: hours of operation vary)/continued:

**HEALTHONE/cont.**

4704 Harlan Street, #100  
Denver, CO 80212  
Phone: 303-477-7875  
Fax: 303-477-7917  
125 East Hampden Avenue  
Englewood, CO 80110  
Phone: 303-788-9292  
Fax: 303-788-9260

5700 Lincoln Way  
Denver, CO 80216  
Phone: 303-292-0034  
Fax: 303-292-0097  
198 Union Blvd., #104  
Lakewood, CO 80228  
Phone: 303-985-1811  
Fax: 303-985-3917

5855 Stapleton Drive North, #A-130  
Denver, CO 80216  
Phone: 303-377-0545  
Fax: 303-316-8478  
5044 W. 92nd Avenue  
Westminster, CO 80030  
Phone: 303-650-0445  
Fax: 303-426-0304

**Emergency and Weekend Care:**

**CONCENTRA-AFFILIATED**

Saint Anthony Central  
4231 W. 16th Avenue  
Denver, CO 80204  
303-629-3721  
Littleton Adventist Hospital  
7700 S. Broadway  
Littleton, CO 80122  
303-730-5800

Saint Anthony North  
2551 W. 84th Avenue  
Denver, CO 80030  
303-426-2020  
Avista Adventist Hospital  
100 Health Park Drive  
Louisville, CO 80027  
303-673-1111

Porter Adventist Hospital  
2525 S. Downing  
Denver, CO 80210  
303-778-5666
**Emergency and Weekend Care (continued):**

**HEALTHONE-AFFILIATED**

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<td>4567 East 9th Avenue</td>
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<tr>
<td>Aurora, CO 80011</td>
<td>Denver, CO 80220</td>
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<th>Medical Center of Aurora – South Campus</th>
<th>Swedish Medical Center</th>
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<tr>
<td>1501 South Potomac Street</td>
<td>501 East Hampden Avenue</td>
</tr>
<tr>
<td>Aurora, CO 80012</td>
<td>Englewood, CO 80110</td>
</tr>
<tr>
<td>303-695-2600</td>
<td>303-788-5000</td>
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<tr>
<th>North Suburban Medical Center</th>
<th>Medical Plaza - Centennial</th>
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<tr>
<td>9191 Grant Street</td>
<td>14200 East Arapahoe Road</td>
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<tr>
<td>Thornton, CO 80229</td>
<td>Englewood, CO 80112</td>
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<tr>
<td>303-451-7800</td>
<td>303-699-3000</td>
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<tr>
<th>Presbyterian/St. Luke’s Medical Center</th>
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<tr>
<td>1719 East 19th Avenue</td>
<td></td>
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<tr>
<td>Denver, CO 80218</td>
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<tr>
<td>303-839-6000</td>
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</table>
I, ______________________________ (print your name), have been notified by my university/professor supervisor of the Worker’s Compensation Procedures. In the event I am involved in a work related injury or illness, I understand that MSU Denver has designated Concentra Medical Center and HealthONE as the approved medical providers for all work related injuries or illnesses. I understand that if I do not receive medical care for work related injuries or illnesses from the designated clinic or an approved 24-hour after care facility, or any specialists to which they refer me, EXCEPT IN THE CASE OF A SERIOUS EMERGENCY, I could be financially responsible for payment of that care.

I have received the above referenced procedures and have been informed that authorization is required from my supervisor before I seek medical care for non-emergency, work related injuries or illnesses.

_____________________________  __________  Date
Signature
LIABILITY INSURANCE

The MSU Denver Athletic Training Program, in accordance with CAATE standards, requires all Athletic Training students beginning their clinical experience purchase individual liability insurance. While the university does provide liability coverage during the clinical experience, individual insurance can supplement this coverage. A variety of sources exist that provide liability insurance at a reasonable cost. These include the National Athletic Trainers Association, the American College of Sports Medicine and the National Strength and Conditioning Association.

We recommend the NATA sponsored liability insurance policy administered by Seabury and Smith. Information on this policy can be obtained by calling: 1-800-503-9230, or at www.proliability.com

Another company that offers liability policies is Healthcare Providers Service Organization. Information can be obtained from their website at www.hpso.com

If you have any other questions, please ask your MSU Denver ATP Clinical Education Coordinator for further information.
CONFIDENTIALITY INFORMATION

The following is the NATA position statement in HIPAA regulations.

National Athletic Trainers' Association
HIPAA News

HIPAA Final Rules Information

NATA Governmental Affairs Committee
August 2002

The Governmental Affairs Committee provides this information about the HIPAA regulations as a service to NATA members. This is provided as information only and should be viewed that way. Any final interpretations of this act should be left to your employer’s attorney. Portions of HIPAA will affect the way athletic trainers communicate and otherwise handle medical records/information of our patient population. We believe it is important that you become familiar with these regulations. This message will briefly cover: background of HIPAA, final modifications with potential implications in work settings, and resources for additional information.

Background: HIPAA, which stands for Health Insurance Portability and Accountability Act, was created to allow, among other things, employees to keep their medical insurance plans as they change jobs ("Portability"). HIPAA is administered by the US Health and Human Services Department (The Department) and can be broken down into three "Rules". The first one, the "Transaction Rule" is intended to standardize procedure codes and electronic billing format; the second rule, the "Security Rule" is designed to secure personally identifiable healthcare information being transmitted electronically; the third rule is the "Privacy Rule" and it will have the greatest impact on how we communicate and share patients’ medical information. Actually, the Privacy Rule took effect on April 14, 2001. Most covered entities must comply with the Privacy Rule by April 14, 2003.

The privacy rule creates national standards to protect individuals’ personal health information and gives patients increased access to their medical records. HIPAA regulations were intended to only affect "covered entities" or those health care providers that conduct financial or administrative transactions electronically. However, it is thought by some that this definition has been expanded to include all health care entities, and business associates, that utilize patients’ medical records. Thus, certified athletic trainers
in all employment settings may be affected. NATA recommends that all ATCs have your employer's legal counsel determine if you are a covered or hybrid entity in your state and employment setting.

Final Rules: On August 14, 2002 the final rules to the HIPAA statutes were released in the Federal Register. For the complete story, please go to http://www.hhs.gov/ocr/hipaa/ where you can also find a helpful fact sheet and other pertinent information.

There are seven main categories in the final rules that will most likely affect certified athletic trainers and they are discussed below:

1. Consent for Treatment - The original privacy rule required direct care providers obtain the patients written consent to the use or release of protected health information (PHI) for treatment, payment and health care operations. The final rule eliminates this requirement and substitutes a requirement that direct health care providers make a “good faith effort” to obtain a written acknowledgement of receipt of the provider’s Notice of Privacy Practices.

Covered entities will instead be required to provide patients with a Notice of Privacy Practices that describes the uses and disclosures that may be made with their personal health information and the patient’s rights over such information. The written acknowledgement must be in writing, but there is neither a form prescribed nor a requirement that the patient’s signature be on the notice itself. A direct health provider may simply have the individual sign a separate sheet or simply initial a cover sheet of the notice.

Following this logic, the Department understands that it is impossible to obtain a signed consent form or acknowledgement of receipt of privacy policies during an emergency situation. Therefore, this is not a requirement of the final rules.

2. Authorization to Release Information - Covered entities are required to obtain an authorization for non-routine uses and disclosures of PHI, meaning disclosures to third parties that are not part of the chain of health care providers. It is unclear whether disclosure of an athlete’s PHI to a coach or athletic director is included here, but disclosures to the media and others are included. NATA recommends all athletic trainers discuss this situation with their team physician, AD and coach and have an attorney create the applicable policy.

The Department has established a list of core elements that must be present for the authorization to be valid. They are:

(1) A description of the information to be used or disclosed;

(2) The identification of the persons or class of persons authorized to make the use or disclosure of the protected health information;

(3) The identification of the persons or class of persons to whom the covered entity is authorized to make the use or disclosure;

(4) A description of each purpose of the use or disclosure;
(5) An expiration date or event;

(6) The individual’s signature and date; and

(7) If signed by a personal representative, a description of his or her authority to act for the individual.

An authorization is not valid unless it contains all of the following:

(1) A statement that the individual may revoke the authorization in writing, and (a) a statement regarding the right to revoke, and instructions on how to exercise such right or (b) if this information is included in the covered entity’s Notice of Privacy Practice, a reference to the notice;

(2) A statement that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization if such conditioning is prohibited by the Privacy Rule or, if conditioning is permitted, a statement about the consequences of refusing to sign the authorization; and

(3) A statement about the potential for the protected health information to be redisclosed by the recipient.

Traditional blanket authorizations commonly used by athletic trainers should, in order to protect PHI, contain and address the above elements.

Finally, a covered entity that seeks an authorization is required to provide the individual with a copy of the signed authorization form. It is also paramount to remember that the patient or athlete must grant permission in advance for each type of non-routine use or disclosure. This means that the authorization is done on a per incident basis and a universal authorization form will not be valid for non-routine uses or disclosures.

3. Minimum Necessary Rule - The minimum necessary standard was added to the privacy rules of HIPAA with the intention of limiting the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose. The intent was to make covered entities evaluate their practices and enhance protections as needed to limit unnecessary or inappropriate access to, and disclosures of, PHI.

The final modifications exempt from the minimum necessary standard any use or disclosure for which the covered entity has an authorization. Nothing in the final rule eliminates an individual’s control over his/her PHI with respect to authorization. Minimum necessary requirements are still in effect to ensure an
individual's privacy for most other uses and disclosures. The minimum necessary rule does not apply to a covered entity's use or disclosure to another health care provider for treatment purposes. It does apply to use and disclosures for payment and health care operations (business operations).

4. Incidental Uses and Disclosures - The initial proposals made even incidental uses and disclosures subject to penalty. The final modifications, however, recognize that these may occur in the course of patient care and are often impossible to avoid. Thus, the final rule explicitly permits certain incidental uses and disclosures that occur as a byproduct of a use or disclosure otherwise permitted by the Privacy Rule.

The incidental use of disclosure is only permissible to the extent that the covered entity has applied reasonable safeguards to protect the PHI. If these safeguards are met, health care providers may use office sign-in sheets, hospitals may keep charts at bedside and health care providers can talk with patients in semi-private rooms without fear of violating the rule if overheard by a passerby.

5. Parents and Minors - The Final Rule clarifies that state law, or other applicable law, governs in the area of parents and minors. Generally, the Privacy Rule provides parents with new rights to control the health information about a minor child, with limited exceptions that are based on state or other applicable law and professional practice. For example, where a state has explicitly addressed disclosure of a minor’s health information to a parent, or access to a child's medical record by a parent, the final Rule clarifies that state law governs. In addition, the final Rule clarifies that, in the special cases in which the minor controls his or her own health information under such law and that law does not define the parents’ ability to access the child’s health information a licensed health care provider continues to be able to exercise discretion to grant or deny such access as long as that decision is consistent with the state or other applicable law. Athletic trainers need to be familiar with applicable state laws that govern this relationship.

6. Uses and Disclosures for Research - The Final Rule allows authorizations for research to be combined with an informed consent to participate in the research study, another authorization, or any other legal permission related to the research. This is an exception to the general rule that authorizations may not be combined.

7. Business Associate Agreements - The Final Rule permits a covered entity to disclose PHI to a business associate who performs a function or activity on behalf of the covered entity that involves the creation, use or disclosure of PHI, so long as the covered entity enters into a contract with the business associate containing specific safeguards. This will impact all athletic trainers. For example, those athletic trainers that have a business relationship with brace makers must have a contract with the maker detailing uses of the PHI and the privacy standards. These business associates, per the agreement, may not release patient information for marketing or other purposes without patient authorization.
The Final Rule allows covered entities to continue operating under existing contracts with business associates for up to one year beyond the April 14, 2003 compliance date. This transition period is available if the covered entity has an existing contract or other agreement with a business associate, and the contract is not renewed or modified between the effective date of the proposed rule and April 14, 2003.

An important piece of information to include in the Privacy Rules is a notice to the patient of their right to complaint. According to the Department, the privacy notice must contain a statement that individuals may complain to the covered entity and to the Secretary of the Department if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint with the covered entity, and a statement that the individual will not be retaliated against for filing a complaint. This is an important step in protecting the rights of the patient.

It should be noted that existing STATE law can preempt HIPAA although to what extent is worth considerable more discussion than space allows. It is highly likely that your state of residence already has a group/taskforce examining these issues based upon state law. You should monitor the information coming out of your state group, as NATA does not have all information as it pertains to individual state law. Many states have web sites devoted to this effort. For example, see Kansas site at www.hark.info.

The Department of Health and Human Services has stated a commitment to assisting covered entities meet compliance standards for this rule. They have also committed to update the guidance on their website to reflect any modifications or interpretations of the final rule. The NATA will monitor the information and bring it to our members, as it is available. You may personally monitor the information at the Office of Civil Rights web site at www.hhs.gov/ocr/hipaa/.

Note: ATCs who bill for athletic training services, regardless of work setting, must be aware of electronic billing rules (Rules 1 & 2) that are described elsewhere within HIPAA regulations.

Resources for Additional Information: The summary described above is not intended to be all-inclusive. Rather it serves as notice to all certified athletic trainers that provisions called for under HIPAA will impact the way you practice athletic training. Please consult your employer, medical director/ supervising physicians, and administrators to be sure that you clearly understand your role in the privacy policy and procedures that they will be required to develop. Share this information with third parties you work with, i.e., coaches, parents, media, etc.

Information regarding HIPAA has appeared in four issues of the NATA News. You may find these articles in the following issues:

- May 2000, p. 6-7
- Sept. 2001, p. 9
- Sept. 2001, p. 33-34
- Dec. 2001, p. 64

St. Anthony’s Press offers a HIPAA Handbook with basic information and a notebook that is updated during the year as needed. The phone number is 1-800-765-6097 ext. 33107; ask for Katie to receive a special NATA member discount.
The following web sites can provide additional information:

- [http://www.hhs.gov/](http://www.hhs.gov/) (US Department of Health and Human Services) follow the “news” link. The HHS News and HHS Fact Sheets are very informative.
- [www.aha.org](http://www.aha.org) this is the American Hospital Association site that offers AHA’s comments and concerns about the Privacy Rule.
- [www.fmaonline.org](http://www.fmaonline.org) (Florida Medical Association) has a very useful “Confidentiality Assessment Checklist” that may be used by permission of the FMA.
Ethics For Clinical Experience Participation

The purpose of the clinical experiences is to learn about the athletic training room setting, its interacting components, the athletic trainer's responsibilities, and the relevant contexts to consider when making decisions. The following are the ethical expectations that the Athletic Training Program at MSU Denver has for its students. They do not cover all of the possibilities that may arise, but they form a basis on which to build ethical decision making in clinical experience settings. These guidelines are designed to protect the rights of the individuals in the clinical setting, increase the benefits you receive from your clinical experience, help you to develop strong ethical decision making skills, and promote collaborative relationships between the Athletic Training Student, the Preceptor, and the college supervisor.

1. Remember that you are a student and visitor in the athletic training room and as such it is your responsibility to support the Preceptor's rules, routines, and instructional decisions. This does not mean that you can't try new ideas, but that they should always be discussed with the Preceptor and approved prior to implementation.

2. In any discussion outside of your clinical experience, do not use names of your Preceptor or student athletes if discussing certain events or cases. The clinical student has the responsibility to protect the confidentiality of all the individuals in their clinical setting.

3. In every instance it is your responsibility to contribute to the focus and concentration in the clinical setting rather than cause a distraction. Follow the MSU Denver dress code for clinical students, do not hold side conversations with student athletes or fellow Athletic Training Students when the Preceptor is communicating with them, and do not distract the Preceptor by asking questions or starting a discussion that could be held for a period when the student athletes are not present.

4. When you accept responsibility, follow through with punctual completion. It is unethical to skip a scheduled day at your clinical setting. Serious illness and real emergencies are the only reasons you should be absent.

5. Be respectful to all other school personnel i.e., other ATC's, instructors, administrators, secretaries and professional staff.

6. At the high school level, be respectful to any parents that you encounter. Assist parents that you encounter to get the information that they need, but do not volunteer opinions, evaluations, or recommendations for their child. Refer these questions to the Preceptor.
7. Since the purpose of your participation in the clinical experience is to gain experience and not to provide evaluation or criticism you should avoid communicating value judgments about behavior and situations you observe. Discussions of these situations and behaviors should not be initiated in any way to suggest criticism or an evaluation and should always be conducted without using names. Athletic Training is a complex endeavor and most students do not have the depth of experience to accurately make these evaluations. This is especially true when discussing the decisions and behaviors of other ATC’s or Preceptor’s. Your experience will be more beneficial if you keep an open mind and are willing to recognize the diversity of teaching styles, philosophies, and personalities involved.
Preamble
The Code of Ethics of the National Athletic Trainers’ Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

Principle 1:
Members shall respect the rights, welfare and dignity of all individuals.
1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care unless the person consents to such release or release is permitted or required by law.

Principle 2:
Members shall comply with the laws and regulations governing the practice of athletic training.
2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and adhere to all National Athletic Trainers’ Association guidelines and ethical standards.
2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

Principle 3:
Members shall accept responsibility for the exercise of sound judgment.
3.1 Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

Principle 4:
Members shall maintain and promote high standards in the provision of services.
4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.
4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.
4.3 Members who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.
4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.
4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.
4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

Principle 5:
Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.
5.1 The private conduct of the member is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.
5.2 Members of the National Athletic Trainers' Association and others serving on the Association’s committees or acting as consultants shall not use, directly or by implication, the Association’s name or logo or their affiliation with the Association in the endorsement of products or services.
5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.
5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

Reporting of Ethics Violations
Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA’s Executive Director or Chair of the Ethics Committee. Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the
NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee. An individual may report information on the condition that the individual’s name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

\[\text{NATA}\
\text{Ethics Investigations}\
\text{2952 Stemmons Frwy}\
\text{Dallas, TX 75247-6196}\]