

Emporia State University | Department of Health, Physical Education, and Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5499 | 620-341-6400 (fax) | www.emporia.edu/hper

Emporia State University | Department of Health, Physical Education, and Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5499 | 620-341-6400 (fax) | www.emporia.edu/hper

MASTER OF SCIENCE IN ATHLETIC TRAINING

Current GPA: _____

1. Why are you interested in Athletic Training as an academic major?
2. Have you had educational experiences in Athletic Training or related areas? Yes No
If yes, briefly explain your experiences.
3. Do you anticipate having to find a part-time job while completing the program? Yes No

Matthew Howe, MS, LAT, ATC
AT Program Director
1 Kellogg Circle, Campus Box 4013
Emporia, KS. 66801
mhowe@emporia.edu

Admissions Procedures ESU MSAT

Students interested in pursuing a Master of Science in Athletic Training must meet the admission requirements for Emporia State University Graduate School as well as apply to the MSAT.

Students will be required to possess a bachelor's degree in any field and meet the following requirements for admission into the program:

1. be admitted to Emporia State University Graduate School,
2. have a minimum overall GPA of 3.0 on 4.0 scale,
3. have completed the following prerequisite courses with grades of "C" or better as documented by official transcript:

- Biology and Lab	1 semester
- Chemistry and Lab	1 semester
- Human Anatomy and Physiology and Lab	2 semester
- Physics and Lab	1 semester
- Psychology	1 semester
- Kinesiology	1 semester
- Nutrition	1 semester
4. provide evidence of a minimum of 50 hours of observation or student experience under the direct supervision of a certified athletic trainer (ATC),
5. have completed a personal statement that describes your professional goals including why you have chosen Athletic Training as a career,
6. have completed Hepatitis B Vaccination/Declination Form and provide proof of Hep B vaccination if indicated,
7. have completed the Technical Standards form,
8. have completed the Declaration of Understanding after reading the Athletic Training Student Handbook,
9. have documentation of current emergency cardiac care (ECC) training through one of the following:
 - a. American Red Cross – CPR/AED for the Professional Rescuer, or Basic Life Support (BLS) for Healthcare Providers –
 - b. American Heart Association – ACLS, Basic Life Support (BLS) Healthcare Provider, Basic Life Support (BLS) Provider, Basic Life Support (BLS) – RQI
 - c. other certifications may be considered if they are listed on the Board of Certification (BOC) acceptable ECC provider/course list



MASTER OF SCIENCE IN ATHLETIC TRAINING

Emporia State University | Department of Health, Physical Education, & Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5653 | 620-341-6400 (fax)

MASTER OF SCIENCE IN ATHLETIC TRAINING

ATHLETIC TRAINER VERIFICATION FORM Master of Science in Athletic Training Program

I _____ (printed name of supervising BOC certified AT)
attest that I have had direct supervision over _____
(printed name of student) from _____ to _____ (dates of
supervision). During this time, a total of _____ hours of clinical experience were
gathered.

Signature of Supervisor

Date

BOC #

State License #



Emporia State University | Department of Health, Physical Education, & Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5653 | 620-341-6400 (fax)

[illegible]



MASTER OF SCIENCE IN ATHLETIC TRAINING

Emporia State University | Department of Health, Physical Education, & Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5653 | 620-341-6400 (fax)

MASTER OF SCIENCE IN ATHLETIC TRAINING

HEPATITIS B VACCINATION/DECLINATION FORM

Master of Science in Athletic Training Program

Section A:

I have received information concerning the Hepatitis B virus and the Hepatitis B vaccine. I understand the benefits and risks involved with receiving the vaccine. I understand the risks associated with contracting the disease while caring for patients/clients during my clinical courses.

Student Signature

Date

All athletic trainers, who have been identified as being at risk for exposure to blood or other potentially infectious materials, are offered the Hepatitis B vaccine. The three stage vaccine is offered through Emporia State University's Student Health Center or the Lyon County Health Department (Emporia, KS) at minimal cost to the athletic training student.

***Directions: Complete ONE of the sections below, either B or C but not both. Either verification of immunization series or completion of the declination statement is required prior to beginning a clinical experience.**

Section B:

Hepatitis B Vaccination

_____ I will obtain the vaccination at my own expense and show documentation after each phase is completed.

_____ I have received the Hepatitis B vaccination and have attached documentation in support of this.

Student Signature

Date

Section C:

Hepatitis B Vaccine Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can choose to receive the vaccination series.

I further understand that neither Emporia State University, the Department of HPER, the Athletic Training Program, nor the clinical agencies are responsible for the payment of or provision for health care should I acquire Hepatitis B or become exposed to the Hepatitis B virus.

Student Name Printed

Student Signature

Date



MASTER OF SCIENCE IN ATHLETIC TRAINING

Emporia State University | Department of Health, Physical Education, & Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5653 | 620-341-6400 (fax)

MASTER OF SCIENCE IN ATHLETIC TRAINING

Hepatitis B Information

What Is Hepatitis?

The liver is one of the body's powerhouses. It helps process nutrients and metabolizes medication. The liver also helps clear the body of toxic waste products.

The word hepatitis (pronounced: heh-puh-tie-tus) means an inflammation of the liver, and it can be caused by one of many things - including a viral or bacterial infection, liver injury caused by a toxin (poison), and even an attack on the liver by the body's own immune system.

Although there are several forms of hepatitis, the condition is usually caused by one of three viruses: hepatitis A, hepatitis B, or hepatitis C virus. The hepatitis virus is a mutating virus, which means that it changes over time and can be difficult for the body to fight. In some cases, hepatitis B or C can destroy the liver. The patient then will need a liver transplant to survive, which is not always available or successful.

Hepatitis B

Hepatitis B is a more serious infection. It may lead to a condition called cirrhosis (permanent scarring of the liver) or liver cancer, both of which cause severe illness and even death. Hepatitis B is transmitted from person to person through blood or other body fluids.

In the United States, the most common way people get infected with hepatitis B is through unprotected sex with a person who has the disease. People who shoot drugs also are at risk of becoming infected because it's likely that the needles they use will not have been sterilized. In fact, about one in every 20 people living in the United States will become infected with the hepatitis B virus - and the risk of infection is greater for people who have unprotected sex or inject drugs. That's scary stuff given that, as yet, there's no effective cure for hepatitis B. In most cases, a teen who gets hepatitis B will recover from the disease and may develop a natural immunity to future hepatitis B infections. But some people will have the condition forever. Medications can help some people with hepatitis B get rid of the virus.

What Are the Signs and Symptoms?

Hepatitis infection causes inflammation of the liver, which means that the liver becomes swollen and damaged and begins losing its ability to function. People with hepatitis often get symptoms similar to those caused by other virus infections, such as weakness, tiredness, and nausea. Because the symptoms of hepatitis are similar to other conditions, it's easy for a person who has it to confuse it with another illness. In addition, people with hepatitis A may not show any symptoms of the infection, so the infection can go undiagnosed. People with hepatitis B or C infection also may not show symptoms right away, but can develop health problems from the infection many years later.

Symptoms of hepatitis include:

- yellowing of the skin and eyes, known as jaundice
- fever
- nausea, vomiting, and lack of appetite
- abdominal pain (on the upper right side)
- light-colored bowel movements
- dark-colored urine

The incubation period (how long it takes between the time a person becomes infected and symptoms first appear) for hepatitis varies depending on the type a person has. A person may notice these symptoms anywhere from 15 days to 25 weeks after getting the disease, depending on the type of hepatitis.

Protecting Yourself

There are vaccines available to protect people against hepatitis A and hepatitis B. Today, all children in the United States are routinely vaccinated against hepatitis B at birth. Because hepatitis A is usually not a serious illness, doctors generally recommend this vaccination only for people who are at high risk of catching the disease. Usually these are people who are traveling to certain parts of the world where sanitation isn't very good. Sometimes, if a person has been recently exposed to hepatitis A or B virus, a doctor may recommend a shot of immune globulin containing antibodies against the virus to try to prevent the person from coming down with the disease.

Hepatitis infection can be serious, but knowing what puts you at risk (and what doesn't - no one gets hepatitis from sneezes, coughs, or holding hands) can help protect you.

This information is provided by: John Tung, MD (<http://kidshealth.org/teen/infections/stds/hepatitis.html>)



MASTER OF SCIENCE IN ATHLETIC TRAINING

Emporia State University | Department of Health, Physical Education, and Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5499 | 620-341-6400 (fax)

MASTER OF SCIENCE IN ATHLETIC TRAINING

TECHNICAL STANDARDS **Master of Science in Athletic Training Program**

The Master of Science in Athletic Training (MSAT) Program at Emporia State University is a rigorous and intense program that places specific requirements and demands on students. An objective of this program is to prepare students to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the MSAT Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency, Commission on Accreditation of Athletic Training Education (CAATE).

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the MSAT Program should have the following qualities:

1. The mental capacity to assimilate, analyze, synthesize, and integrate concepts for problem solving to formulate assessment and therapeutic judgments, and to be able to distinguish deviations from the norm;
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques, and accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients;
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;
4. The ability to record the physical examination results and a treatment plan clearly and accurately;
5. The capacity to maintain composure and continue to function well during periods of high stress;
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced;



MASTER OF SCIENCE IN ATHLETIC TRAINING

Emporia State University | Department of Health, Physical Education, and Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5499 | 620-341-6400 (fax)

7. Flexibility and the ability to adjust to changing situations and uncertainty in a variety of situations;
8. Effective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training education program are required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

Emporia State University Student Accessibility and Support Services (SASS) will evaluate a student who states he/she could meet the program's technical standards with accommodation(s), and state the condition qualifies as a disability under applicable law.

If a student states he/she can meet the technical standards with accommodations, a determination is made within the University whether a student can meet the technical standards with reasonable accommodation. This includes a review as to whether the accommodations requested are reasonable with appropriate supporting documentation, taking into account whether accommodations would jeopardize clinician and patient safety, or the educational process of the student or the institution, including course work, clinical experience and internships deemed essential to graduate.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodations. I understand that if I am unable to meet these standards I may not be able to complete the program.

Signature of Applicant

Date

Alternative statement for students requesting accommodations.

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will work with SASS to determine what accommodations are appropriate and available. I understand that if I am unable to meet these standards with or without accommodations I may not be able to complete the program.

Signature of Applicant

Date



MASTER OF SCIENCE IN ATHLETIC TRAINING

Emporia State University | Department of Health, Physical Education, and Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5499 | 620-341-6400 (fax) | www.emporia.edu/hper/athletictraining.php

DECLARATION of UNDERSTANDING Master of Science in Athletic Training Program

I have carefully read the Emporia State University (ESU) Athletic Training Student Handbook for the Master of Science in Athletic Training (MSAT) Program from the Program website and have had an opportunity to ask questions and discuss the contents within. By signing below, I affirm that I both understand the policies and procedures described herein, and agree to fully comply with all MSAT Program policies and procedures. I further understand that failure to adhere to program policies and procedures may result in involuntary withdrawal from the Program.

Athletic Training Student Signature

Date

ACKNOWLEDGMENT INTO THE MASTER OF SCIENCE IN ATHLETIC TRAINING PROGRAM

Please place your initials by each statement, then print/sign your name and date the document before returning to the Program Director.

As a student entering MSAT at Emporia State University, I acknowledge that I have been informed of the following requirements:

	I understand the requirements for the Emporia State University Accredited MSAT Program;
	I understand that failure to complete those requirements will result in failure to complete the MSAT Program at Emporia State University;
	I understand the requirements to sit for the Board of Certification (BOC) National Examination, and failure to complete the program requirements at Emporia State University will eliminate my chance to sit for the national exam;
	I understand that I cannot be a certified athletic trainer without passing the BOC examination;
	I understand that the MSAT Program is accountable for a First Time Passer rate over a three year aggregate of 70% or better on the BOC Examination. Additionally I attest that when I am eligible to take the BOC Exam I will take it with the full intent to pass on the first try, and if I am not ready I will postpone until I am ready to make such an attempt;
	I acknowledge that I have read the Student Handbook and understand the MSAT Program requirements and the consequences of failing to complete those requirements.

Athletic Training Student Signature

Date