

TOWSON UNIVERSITY – Department of Kinesiology  
ATHLETIC TRAINING PROGRAM

**TECHNICAL STANDARDS FOR ADMISSION**

The Athletic Training Program at Towson University is a rigorous and intense educational program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates 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 Athletic Training 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”). The following abilities and expectations must be met by all students admitted to the Athletic Training Program (ATP). In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program’s technical standards does not guarantee a student’s eligibility for the Board of Certification (BOC) examination.

Candidates for selection to the Athletic Training Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve 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.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

I certify that I have read and understand the technical standards of selection listed and I believe to the best of my knowledge that I can meet each of these standards. If I need accommodations to meet these standards I will contact Towson University’s Disability Support Services to confirm that I have a disability under applicable law, and determine what accommodations may be available. I understand that if I am unable to meet these standards, with or without reasonable accommodations, I will not be admitted into the Athletic Training Program.

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Signature of Applicant

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Date

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Print Name

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(Completed Spring 2017)

**VERIFICATION OF HEALTH STATUS**

**TO THE EXAMINING HEALTH CARE PROVIDER.** Please review the *Technical Standards for Admission* to the Athletic Training Program and complete the following form. This information is used only to assess the student's physical and mental health status for participation in the athletic training clinical experiences. It is strictly for the use of the Athletic Training Program and will not be released without student consent.

\_\_\_\_\_  
Student's Name

I have reviewed the above student's health evaluation and discussed the contents of this report with the student. The named student:

- Is capable of meeting the technical guidelines and may participate in clinical education.
  
- May need accommodations to meet the technical standards and should seek input from the Office of Disability Services. He/she may not participate in clinical education until the need for such accommodations is determined and any accommodations are agreed upon and implemented.

\_\_\_\_\_  
Health Care Provider's Printed Name (MC, DO, NP, PA)

\_\_\_\_\_  
Health Care Provider's Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone

To the student: Please read and sign below.

I acknowledge that it is my responsibility to inform the director of the ATP in writing if, at any time during my clinical education experience, my health status changes in a way that may compromise my ability to meet the technical guidelines. I understand that any such change will be discussed with a health care practitioner and that I may not be able to continue in the clinical education portion of the athletic training education program.

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date