PACIFIC UNIVERSITY
MASTER of SCIENCE in ATHLETIC TRAINING
FALL 2016
APPLICATION INSTRUCTIONS AND PROCEDURES

Preferred Application Deadline (Postmarked)  March 31, 2016
Final Application Deadline (Postmarked)    Rolling Admissions
Notification of Admission Decisions        April - June 2016
Application Fee                             $25 (US)

The admissions process is on-going and applicants will be admitted on a rolling basis. Well-qualified applicants who apply early are more likely to gain admission to Pacific University’s Master of Science in Athletic Training program. Our application fee is $25 (US).

The accuracy, completeness, and neatness of your application are determining factors in our admission decision. Send all materials together in one packet. The admission committee will not evaluate an incomplete application.

☐ 1. Application Form - Type or print clearly all information requested on the MSAT application forms. A separate application to the University is not required. Your signature is required to validate the information you provide.

☐ 2. Transcripts - Submit one sealed, official transcript with all current grades from each college and graduate school you have attended. Do not open transcript. Place the sealed transcript in your application packet. A final transcript of any course(s) in progress will be required, including graduation verification if applicable, before an admitted student will be permitted to enroll in the Athletic Training Program.

☐ 3. Letters of Evaluation - Secure completed evaluation forms from two individuals who know you well, and can comment objectively about your qualifications. One must be from a current practicing licensed or registered certified athletic trainer with whom you have worked, volunteered or observed. If possible, the other evaluation should be from a college faculty member, pre-professional committee, supervisor or employer. Distribute a copy of the enclosed evaluation form to each person recommending you. Provide a self-addressed, stamped envelope to each reference. Ask each reference to enclose the completed evaluation form (along with the optional typewritten letter, if obtained), in the envelope you provide, sign it across the seal, and return the envelope to you. It is your responsibility to include the completed letters of evaluation in your application package.

☐ 4. Prerequisite Worksheet and GPA Calculation form - The prerequisite worksheet must be carefully, accurately and thoroughly completed or the file will not be processed. Calculate your PREREQUISITE GPA and Last 45 Hours GPA on the form provided and submit this form with your application. GRE test scores are “not” required for Pacific University AT program.

☐ 5. GPA – Last 45 credits GPA must be 2.75 or higher.

☐ 6. Application Fee - Submit a non-refundable application fee of $25 (US) with the application materials. Make the check payable to Pacific University and attach it securely to your application. If someone other than you wrote the check, include your name on the check. DO NOT SEND CASH. Credit card also accepted.

☐ 7. Re-applicants - Submit a new application packet. Official transcripts for work completed since the last application was submitted are required. Submit two new letters of evaluation as above. Note additional essay for re-applicants is as follows: Describe the steps you have taken to improve your application.

SEND COMPLETED APPLICATION TO:
Pacific University
Athletic Training
190 SE 8th Avenue
Hillsboro, OR 97123
PACIFIC UNIVERSITY
MASTER of SCIENCE in ATHLETIC TRAINING
FALL 2016
APPLICATION FOR ADMISSION

Type or print clearly.

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Preferred Name</th>
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Other names that may appear on transcripts (if different) ____________________________

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<tr>
<th>Current Address (Until date: ____________)</th>
<th>Street</th>
<th>Apartment Number</th>
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City State Zip/Postal Code Country

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<th>Home Phone</th>
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City State Zip/Postal Code Country

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<th>Home Phone</th>
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<th>Cell Phone</th>
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**PERSONAL DATA**

Social Security Number ___________________________ Date of Birth ___________________________

Legal State of Residence ___________________________ Place of Birth (Country) ___________________________

Are you a citizen of the United States? ☐ Yes ☐ No ☐ If no*, of which country are you a citizen? ___________________________

Have you attended Pacific before? ☐ No ☐ Yes When? ___________________________

Have you ever been dismissed from any school or college? ☐ No ☐ Yes (If yes, explain on a separate sheet.)

How did you first hear of Pacific University? ___________________________

Who or what influenced you to apply? ___________________________

Have you applied to other Athletic Training programs? ☐ No ☐ Yes
If yes, list the programs to which you have applied or intend to apply:

________________________

*NON-CITIZENS

What type of visa do you currently hold? ___________________________

(Students holding an immigrant/resident visa should include a photocopy of their visa card with the application)

Test of English as a Foreign Language (TOEFL) Date ___________________________ Score ___________________________

(Official TOEFL scores required - minimum paper-based test score of 600, minimum computer-based test score of 250, or minimum internet-based test score of 100.)
COLLEGE/UNIVERSITY INFORMATION
List all colleges/universities attended (even if for only one course) during and after high school. Submit official transcripts for each college or university attended. Include official AP and CLEP scores, if appropriate.

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<thead>
<tr>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
<th>Name of College or University (complete name--no abbreviations)</th>
<th>City, State</th>
<th>Degree Earned</th>
<th>Date Transcript Requested</th>
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Do you have a bachelor’s degree?

☑️ Yes  Date received/Institution: ____________________
(Check one)  _____ BA  _____ BS  _______ Other
Major ____________________________________________

☑️ No  Date completion expected/Institution: ____________________
(Check one)  _____ BA  _____ BS  _______ Other
Major ____________________________________________

Prerequisite GPA (from GPA calculation form) ____________  Last 45 Hours GPA (from GPA calculation form) ____________

REFERENCES
List the name and address of each individual from whom you have requested a letter of evaluation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Complete Address</th>
<th>Occupation</th>
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EXPERIENCE IN ATHLETIC TRAINING
A minimum of fifty (50) hours must be listed. Example: 50 hours “State University” athletic training room.

<table>
<thead>
<tr>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
<th>Name and Address of Facility</th>
<th>Practice Setting (athletic training room, sports medicine clinic, etc)</th>
<th>AT or person with whom you worked and his/her credentials (AT, PT/ATC, PA/ATC)</th>
<th>Total hours of observation</th>
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Total hours

Are you fluent in any foreign language?  If, yes, please specify: ____________________________________________
Notice of Nondiscrimination Policy: It is the policy of Pacific University not to discriminate on the basis of sex, physical or mental disability, race, color, national origin, sexual orientation, age, religious preference or disabled veteran or Vietnam Era status in admission and access to or treatment in employment, educational programs or activities as required by Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act, the American with Disabilities Act of 1990, or any other classification protected under state or federal law, or city ordinance. Questions or complaints may be directed to the Vice President of Academic Affairs or Provost, 2043 College Way, Forest Grove, OR 97116, 503-352-6151.

I affirm that all the information contained in this application is true and correct to the best of my knowledge. I understand that the falsification of any part of this application is grounds for my disqualification for admission or dismissal from the program. In addition, I understand that this application becomes the property of Pacific University and is not returnable. I further understand that the application is accessible to faculty, staff, and members of the Admissions Committee.

Signature ___________________________ Date ________________

Send Completed Application To:

Pacific University
Athletic Training
190 SE 8th Avenue
Hillsboro OR 97123
Name of Applicant ___________________________ Last    First     Middle ___________________________

To the evaluator: The person named above is applying to the Master of Science in Athletic Training program at Pacific University and has requested that your evaluation be included as part of the information on which we will base our admission decision. Please assist us in our evaluation of this applicant by responding frankly to the questions on this form. If you do not know the applicant well, please return the form to the applicant so that it may be given to another evaluator. An additional typewritten letter of evaluation is optional but not required for completion of this application.

The admission procedure of the Master of Science in Athletic Training program requires the applicant to gather the letters of evaluation (and other documents) and submit a complete set of documents with the application. The advantage of this system is that the applicant knows the application is complete when it is submitted. After completing this form, place it in the envelope provided, seal the envelope, and sign it across the seal. Return it to the applicant who will forward it, unopened, to the Office of Admissions. Thank you for your assistance.

The U.S. Family Education Rights and Privacy Act of 1974 (FERPA) requires that permanent files be open to successful applicants who then enroll in a college or university. To comply with FERPA and to ensure a candid response from evaluators, the Office of Admissions will remove from the applicant's file the completed letters of evaluation of all successful applicants prior to the student entering Pacific University. Thus, your comments will not reach the applicant.

Respond candidly to the following questions.
1. Briefly describe your relationship to this candidate including length of acquaintance.

2. What strengths does this candidate possess (including personal and interpersonal attributes) which encourage your recommendation toward a career in athletic training?

3. Does the applicant exhibit any behaviors, attitudes, or personality traits which would be of concern to you should he/she become an Athletic Trainer? Please describe.

~~OVER~~
4. Rate the following characteristics of the applicant, in relation to the applicant's peers. Check one.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Exceptional Top 10%</th>
<th>Above Average Top 25%</th>
<th>Average Top 50%</th>
<th>Below Average Lower 50%</th>
<th>N/A</th>
</tr>
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<tr>
<td>Interest and concern for others (openness, cooperation, ability to empathize versus sympathize). Comments:</td>
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<td>Written communication skills (effective, concise, well-structured with correct use of grammar, punctuation, and spelling). Comments:</td>
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<td>Oral communication skills (follows a logical thought process, effective in asking appropriate questions and presenting detailed information). Comments:</td>
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<td>Ability to work with others (cooperative, eager to learn, effective at listening, reacts appropriately to criticism). Comments:</td>
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<td>Ability to use common sense, be self-motivated, and work independently. Comments:</td>
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<td>Maturity and emotional stability. Comments:</td>
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<td>Work habits – commitment, punctuality and attendance. Comments:</td>
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5. How would you rate the applicant's prospects for success in the Athletic Training program?
• Excellent • Above Average • Average • Below Average

6. In a group of 100 qualified applicants, where would you rank this individual?
• Top 1% • Top 10% • Top 25% • Top 50% • 25-50% • 0-25%

7. Would you employ the applicant?
• Yes • No

Comments:

Signature of Evaluator ____________________________ Date ____________________________

Print name ____________________________ Occupation ____________________________

Employer ____________________________ Phone ____________________________

Complete Address ____________________________ E-mail ____________________________

If the admissions committee has further questions regarding the applicant, may we phone or e-mail you? • Yes • No
Please provide us with some information about you and how you got interested in the profession. In your essay please provide the following information:

- Provide a brief autobiography including some interesting facts about yourself (interests, hobbies, etc.) so that we can better understand your personality
- Describe how you got interested in the profession of Athletic Training, and your experiences in this area
- Describe your overall academic and career goals

Also, answer the following question in 500 words or less (approximately 1 page)

Students at Pacific University frequently paint messages on the “spirit bench” located on the Forest Grove campus to share information with our community. What would you paint on the spirit bench and why is this your message?
Name ____________________________________________

READ THE DIRECTIONS CAREFULLY

- Miscalculation or misrepresentation of your GPA will result in the disqualification of your application.
- Complete transcripts from each college and university attended must be used in calculating GPA.
- Convert all quarter hours to semester hours. Use chart below to make conversion.

<table>
<thead>
<tr>
<th>Hour Conversion Table</th>
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<tbody>
<tr>
<td>Quarter Hours</td>
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<tr>
<td>1</td>
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<td>2</td>
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<td>3</td>
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<td>4</td>
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</table>

Calculate your GPA’s in the space provided below.

<table>
<thead>
<tr>
<th>PREQUISITE GPA</th>
<th>LAST 45 HOURS GPA</th>
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<tbody>
<tr>
<td>GRADE</td>
<td>HOURS</td>
</tr>
<tr>
<td>A</td>
<td>4.00 – 3.80</td>
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<td>A-</td>
<td>3.79 – 3.60</td>
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<td>AB</td>
<td>3.59 – 3.40</td>
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<tr>
<td>B+</td>
<td>3.39 – 3.10</td>
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<td>B</td>
<td>3.09 – 2.80</td>
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<td>B-</td>
<td>2.79 – 2.60</td>
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<td>BC</td>
<td>2.59 – 2.40</td>
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<tr>
<td>C+</td>
<td>2.39 – 2.10</td>
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<tr>
<td>C</td>
<td>2.09 – 1.80</td>
</tr>
<tr>
<td>C-</td>
<td>1.79 – 1.60</td>
</tr>
<tr>
<td>CD</td>
<td>1.59 – 1.40</td>
</tr>
<tr>
<td>D+</td>
<td>1.39 – 1.10</td>
</tr>
<tr>
<td>D</td>
<td>1.09 – 0.80</td>
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<tr>
<td>D-</td>
<td>0.79 – 0.60</td>
</tr>
<tr>
<td>ED</td>
<td>0.59 – 0.40</td>
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<tr>
<td>F</td>
<td>≤ 0.39</td>
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</table>

Total Hours= _______ Total Points= _______ Total Hours= _______ Total Points= _______

Total Points ÷ Total Hours = GPA Total Points ÷ Total Hours = GPA

Transfer GPAs to the application form and submit this completed form with the application.
READ THE DIRECTIONS CAREFULLY
Your application will not be reviewed if this worksheet is incomplete.
Complete the following worksheet neatly and accurately.

- Complete both the required courses and the required number of semester hours. **All prerequisite coursework must be completed prior to enrollment in the Master of Science in Athletic Training program.**

- All courses listed on the worksheet must be completed with a grade of "C" or higher. Courses are to be taken on a graded basis; pass/fail courses are not acceptable for prerequisite courses.

- If a course does not exactly meet the criteria listed, enclose a copy of the catalog course description.

- If you have not yet completed one or more of the prerequisites, list the course(s) you intend to take and the term the course(s) will be completed in the "To Be Completed" column.

- If you have repeated a course, list both grades and place a check mark in the "R" column.

- Refer to the GPA calculation section for the conversion from quarter to semester hours.

*Note: It is recommended that you make a copy of the worksheet for your reference.*

**BIOLOGICAL SCIENCES:** 8 semester hours (12 quarter hours). Must include a complete series in human anatomy and human physiology.

<table>
<thead>
<tr>
<th>Dept &amp; No.</th>
<th>Course Title</th>
<th>Sem Hrs</th>
<th>Grade</th>
<th>R</th>
<th>Date Completed</th>
<th>Date to be Completed</th>
<th>Institution</th>
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**EXERCISE SCIENCE:** 12 semester hours (18 quarter hours). Must include the following courses: exercise physiology, biomechanics, and either nutrition OR health & wellness.

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**PSYCHOLOGY:** 4 semester hours (6 quarter hours). General psychology or sport psychology.

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<th>Date to be Completed</th>
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**STATISTICS:** 4 semester hours (6 quarter hours). Acceptable courses include: general statistics or behavioral statistics, or social statistics.

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<th>Course Title</th>
<th>Sem Hrs</th>
<th>Grade</th>
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**Pacific University**  
**Guidelines for Technical Standards for Entry-Level Athletic Training Education**

*Taken/adapted from the NATA Education Council Guidelines*

**History and Rationale**

The landmark Americans with Disabilities Act of 1990, P.L. 101-5336 (“ADA” or “the Act”), enacted on July 26, 1990, provides comprehensive civil rights protections to qualified individuals with disabilities. The ADA was modeled after Section 504 of the Rehabilitation Act of 1973, which marked the beginning of equal opportunity for persons with disabilities. As amended, Section 504 “prohibits all programs or activities receiving federal financial assistance from discrimination against individuals with disabilities who are „otherwise qualified” to participate in those programs.” With respect to post-secondary educational services, an “otherwise qualified” individual is a person with a disability “who meets the academic and technical standards requisite to admission or participation in the recipient's education program or activity.” Given the intent of Section 504 and the ADA, the development of standards of practice for a profession, and the establishment of essential requirements to the student's program of study, or directly related to licensing requirements, is allowable under these laws. In applying Section 504 regulations, which require individuals to meet the “academic and technical standards for admission,” the Supreme Court has stated that physical qualifications could lawfully be considered “technical standard(s) for admission.” Institutions may not, however, exclude an “otherwise qualified” applicant or student merely because of a disability, if the institution can reasonably modify its program or facilities to accommodate the applicant or student with a disability. However, an institution need not provide accommodations or modify its program of study or facilities such that (a) would “fundamentally alter” and/or (b) place an “undue burden on” the educational program or academic requirements and technical standards which are essential to the program of study. The following guidelines embody the physical, cognitive, and attitudinal abilities an Entry-Level Athletic Trainer must be able to demonstrate in order to function in a broad variety of clinical situations; and to render a wide spectrum of care to athletes and individuals engaged in physical activity. The guidelines serve to recognize abilities essential to the development of these Entry-Level abilities. Further, the guidelines reflect the necessary and required skills and abilities identified for the Entry-Level Athletic Trainer as detailed in the NATA Athletic Training Educational Competencies and the BOC, Inc., Role Delineation Study.

**Pacific University**  
**Athletic Training Program Technical Standards**

The Master of Athletic Training (MSAT) at Pacific University is a rigorous and intense program. Students complete a professional education program that is both intellectually and physically challenging. The purpose of these Technical Standards is to articulate the demands of this program to allow students applying for admission to the program to compare their own capabilities to these demands.

Applicants to this program are asked to verify that they understand the demands of the program and that they understand they will be required to complete the tasks, with or without reasonable accommodations, associated with performance as an athletic training student. Reasonable accommodation refers to the way in which Pacific University can assist students with disabilities to accomplish these tasks (i.e. providing extra time to complete an examination, enhancing the sound system in a classroom or providing a push cart for a student who may not have the strength to carry a heavy item for moderate distances). Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks; it does, however, mean that the athletic faculty/staff will work with students with disabilities to determine whether there are ways to assist the students towards completion of these tasks while continuing to maintain the integrity of the Athletic Training Education Program and protecting the safety of all involved. After acceptance into the program, a student who needs reasonable accommodation for disability must make a formal request to the MSAT Director and must be prepared to provide documentation substantiating the claimed disability to the Office of Learning Support Services. A student may be administratively withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation that the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others.
Students who have questions about this document or who would like to discuss specific accommodations should make an inquiry both with the Athletic Training Program Director and the Pacific University Office of Learning Support Services.

The following are considered Essential Tasks required for MSAT students to complete the Athletic Training Program:

1. Students must meet class standards for course completion throughout the curriculum.
2. Students must be able to read, write, speak, and understand English at a level consistent with successful course completion, having the ability to communicate with athletes and successfully complete medical records.
3. Students must complete readings, assignments, and other activities outside of class hours.
4. Students must gather decision-making pieces of information during an injury assessment activity in class or in the clinical setting without the use of an intermediary such as a classmate, Graduate Assistant or certified athletic trainer.
5. Students must perform treatment and rehabilitation activities in class or in the clinical setting by direct performance or by instruction and supervision of intermediaries.
6. Students must apply critical thinking processes to their work in the classroom and in the clinical setting, and must exercise sound judgment in the class and in the clinical setting and must follow safety procedures established for each class and clinical setting.
7. Students must maintain personal appearance and hygiene conducive to the classroom and clinical setting.
8. Students must annually pass a cardiopulmonary resuscitation (CPR) course at the health professional level.
9. Students must annually complete OSHA-regulated Blood borne Pathogen Exposure Training and complete the Hepatitis B Vaccine series or have a written denial on file.

Skills typically required in order to complete the Essential Tasks are as follows:

1. Students typically sit for 4-8 hours daily in the classroom, stand for 1-3 hours daily at clinical assignments and must be able to ambulate 10 yards at 2 miles per hour indoor or outdoor over rough terrain.
2. Students frequently lift less than 10 pounds and occasionally lift between 10-20 pounds overhead.
3. Students occasionally carry up to 25-30 pounds while walking 10-20 feet.
4. Students frequently exert 25 pounds of push/pull forces to objects, sometimes while ambulating 50 feet or more.
5. Students frequently twist, bend, stoop and kneel on the floor up to 15 minutes.
6. Students frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and injured athletes.
7. Students frequently stand and walk while providing support to an injured athlete.
8. Students frequently coordinate verbal and manual activities with gross motor activities.
9. Students use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat injured athletes.
10. Students often work within an electrical field.
11. Students must have 20/40 corrected vision to correctly see activities across the field, court or mat.
12. Students must have basic neurological function to perceive hot, cold, change in contour of surface/body part and to maintain 10 pounds of grip strength for 30 seconds.
13. Students frequently need bladder, bowel, and emotional control for 1-2 hours.
14. Students must possess the ability to make and execute quick, appropriate and accurate decisions in a stressful environment.
15. Students must be able 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.
16. Students must have 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 material during the assessment and treatment of patients.
17. Students must be able 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, communicate judgments and treatment information effectively.
18. Students must be able to record the physical examination results and a treatment plan clearly and accurately.
19. Students must have the capacity to maintain composure and continue to function well during periods of high stress.
20. Students must have the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
21. Students must be flexible and have the ability to adjust to changing situations and uncertainty in clinical situations.
22. Students must demonstrate affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

It is the policy of Pacific University that all opportunities are to be made available to qualified individuals on the basis of merit and without discrimination against any employee, applicant for employment, student, or applicant for admission because of race, color, religion, gender, disability, age, national origin, or sexual orientation.

Candidates for selection to the Athletic Training Program will be required to verify they have read and understand these technical standards and that they believe that they can meet (with or without accommodation) the technical standards tasks as outlined above. Compliance with the program’s technical standards simply allows continued enrollment in the ATP and does not guarantee a student’s eligibility for the BOC’s certification exam.

All technical and academic standards must be met throughout enrollment in the Athletic Training curriculum. It is the student's responsibility to notify the Athletic Training Program Director if, during enrollment, circumstances occur and he/she can no longer meet the technical standards or needs reasonable accommodation, at which time he/she will be referred to the Office of Learning Support Services. Failure to continue to meet the Technical Standards, with or without accommodation will prevent the student from continuing in the Athletic Training Program.

**Pacific University**

**Technical Standards Verification Statement**

Students who are applying to the Athletic Training Program must complete this form. Enrollment in the professional phase of the program is contingent on receipt of this document. Please return this verification statement with your application.

**Student Statement:**

I certify that I have read and understand the Athletic Training Technical Standards, and I believe to the best of my knowledge that I can meet each of these standards with or without accommodation. I also understand that if I am unable, or become unable, to meet the standards with or without accommodation, I cannot continue enrollment in the Athletic Training Program.

I am also aware that if the need for accommodations for disability arises, I must contact the Office of Learning Support Services 503-352-2107 to submit documentation and have my need for accommodation reviewed. To have requests for accommodations considered, I understand I will need to work with the Athletic Training Program Director and the Office of Learning Support Services to determine potentially reasonable and appropriate accommodation options.

______________________________  __________________
Signature of Student           Date

______________________________
Student Name (Printed)

1/22/14
Items below do not have any bearing on the admission decision and are used for statistical purposes only.

Name ___________________________

GENDER ☐ Male ☐ Female

MARITAL/RELATIONSHIP STATUS ☐ Single ☐ Married/Partnered ☐ Other

ETHNICITY

Are you Hispanic/Latino? ☐ Yes ☐ No

Check all below that characterize your race. (Note: please mark one or more races to indicate what you consider yourself to be.)

☐ White (non-Hispanic)

☐ Black of African American

☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Other ___________________________
PACIFIC UNIVERSITY
ATHLETIC TRAINING PROGRAM

APPLICATION FEE

Fall 2016

LAST                                                            FIRST                                                         M.I.

STREET or PO BOX#                                                

CITY                                                                 STATE                                                                 ZIP/POSTAL CODE

HOME PHONE NUMBER                                               WORK PHONE NUMBER

E-MAIL

PLEASE CHECK ONE OF THE FOLLOWING:

I have enclosed the $25.00 non-refundable application fee via:

☐ Check (payable to Pacific University)

☐ Credit type (please circle) Visa Master Card Discover

Card # _____________________________________________________

Name on card _______________________________________________

Expiration date ______________________ 3-Digit Security Code______

☐ I have phoned in my credit card information to:

Tamarra Mellick
503-352-7279

SEND APPLICATION FEE WITH YOUR APPLICATION OR MAIL TO:

Pacific University
Athletic Training
190 SE 8th Avenue
Hillsboro, OR 97123