



**MCKENDREE UNIVERSITY GRADUATE ATHLETIC TRAINING PROGRAM
POLICIES AND PROCEDURES MANUAL**

May 2025

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All students are reminded that this manual does not incorporate all of the information necessary for performance academically. All students should refer to individual course syllabi as well as the course catalog for complete major and graduation requirements.

Separate information regarding issues for the intercollegiate side of athletic training may be referenced through the McKendree University Athletics webpage at www.mckendree.edu/athletics and then the link under Athletics Dept. for Sports Medicine. Students should review and keep up to date on specific procedures in that manual that pertain to the items listed below as well as other pertinent information to the performance of the student during clinical coverage. Such items include, but are not limited to:

- Documentation and dispensing of all medication
- Record Keeping
- Heat Illness Prevention and Management Program
- Lightning Safety
- Spine Injury Management
- Specific confidentiality issues
- Concussion Management Plan
- Asthma Management
- Sick Cell Information
- Protocols for Skin Lesions
- Eating Disorders
- Emergency Action Plan
- Mental Health Disorders

I. INTRODUCTION

Welcome to the Master of Science in Athletic Training Education (MSAT) Program at McKendree University. This procedure and policy manual will serve as a guide for students as well as faculty regarding the academic and student requirements of the program.

A. ATHLETIC TRAINING PROFESSION

Athletic Trainers are health care professionals who collaborate with physicians. The services provided by Athletic Trainers comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA) as a healthcare profession. Individuals become eligible for Board of Certification (BOC) through a master's professional athletic training program accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

Professional, or entry-level Athletic Training education, uses a knowledge and skill based approach in both the classroom and clinical settings. Using a medical-based education model, Athletic Training students are educated to provide comprehensive client/patient care in five domains of clinical practice: Risk Reduction, Wellness & Health Literacy, Assessment, Evaluation & Diagnosis, Critical Incident Management, Therapeutic Intervention and Healthcare Administration & Professional Responsibility. The educational requirements for CAATE-accredited Athletic Training education programs include acquisition of knowledge, skills, and clinical abilities. A crosswalk between the BOC "Practice Analysis, 8th Edition" with the CAATE "2020 Standards for Accreditation of Professional Athletic Training Program Curricular Content" (Standards 54-94, DEI 2) is provided in Appendix K.

Clinical Education

Students are required to participate in a minimum of two years of academic clinical education. At McKendree these experiences are completed through 5 separate clinicals over 5 separate semesters. Through these experiences, students will gain clinical experiences with various patient populations who vary by age and types of activities, and who are at risk for both musculoskeletal and general medical conditions.

Clinical experiences provide students with opportunities for real patient care while under the direct supervision of qualified preceptors (i.e., Athletic Trainer or other credentialed health care professionals).

THE ATC® CREDENTIAL

The ATC® credential and the BOC requirements are currently recognized by 49 states for eligibility and/or regulation of the practice of athletic trainers. The credibility of the BOC program and the ATC® credential it awards are supported by three pillars: (1) the BOC certification examination; (2) the BOC Standards of Professional Practice, and Disciplinary Guidelines and Procedures; and (3) continuing competence (education) requirements. BOC certification is recognized by the National Commission for Certifying Agencies and is the only accredited certification program for athletic trainers. To be certified, an individual must demonstrate that he/she is an athletic trainer capable of performing the required duties without threat of harm to the public. Consistent with the mission of the BOC and to ensure that the examination has a close relationship to current practice, the BOC conducts periodic studies of the profession. The purpose of BOC certification is to identify for the public those individuals who possess

proficiency at a level that is required for entry to the profession of athletic training. The knowledge and skills required fall into five major practice domains:

1. Injury & Illness Prevention & Wellness Promotion
2. Examination, Assessment & Diagnosis
3. Immediate and Emergency Care
4. Therapeutic Interventions
5. Healthcare Administration & Professional Responsibility

B. NATA CODE OF ETHICS (Revised May 2022)

PRINCIPLE 1. IN THE ROLE OF AN ATHLETIC TRAINER, MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS (PRINCIPLE 1 is associated with the PV of Respect, Caring & Compassion, and Competence.)

1.1 Members shall act in a respectful and appropriate manner to all persons regardless of race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity and expression.

1.2 Member's duty to the patient is the first concern, and therefore members are obligated to place the well-being and long-term well-being of their patient above other stakeholders to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient as delineated by professional statements and best practices.

1.3 Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

PRINCIPLE 2. MEMBERS SHALL COMPLY WITH THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF ATHLETIC TRAINING, NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS (PRINCIPLE 2 is associated with the PV of Accountability.)

2.1. Members shall comply with applicable local, state, and federal laws, and any state athletic training practice acts.

2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.

2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.

2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.

2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

PRINCIPLE 3. MEMBERS SHALL MAINTAIN AND PROMOTE HIGH STANDARDS IN THEIR PROVISION OF SERVICES (PRINCIPLE 3 is associated with the PV of Caring & Compassion, Accountability.)

3.1. Members shall not misrepresent, 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 through education or experience, and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

3.5. Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6. Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4. MEMBERS SHALL NOT ENGAGE IN CONDUCT THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT'S HEALTH AND WELL-BEING. (PRINCIPLE 4 is associated with the PV of Respect.)

4.1. Members should conduct themselves personally and professionally in a manner that reflects the shared professional values, that does not compromise their professional responsibilities or the practice of athletic training.

4.2. All NATA members, whether current or past, shall not use the NATA logo or AT logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3. Members shall not place financial gain above the patient's well-being and shall not participate in any arrangement that exploits the patient.

4.4. Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5. Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

Athletic Training's Shared Professional Values Established from research conducted by the NATA Professional Responsibility in Athletic Training Committee in 2020, the following are the five shared professional values of athletic training.

Caring & Compassion is an intense concern and desire to help improve the welfare of another. Sample behaviors include:

- 1) Listening for understanding and a readiness to help.
- 2) Focusing on achieving the greatest well-being and the highest potential for others.
- 3) Spending the time needed to provide quality care.

Integrity is a commitment that is internally motivated by an unyielding desire to do what is honest and right. Sample behaviors include:

- 1) Providing truthful, accurate and relevant information.
- 2) Abiding by the rules, regulations, laws, and standards of the profession.
- 3) Using applicable professional standards and established policies and procedures when taking action or making decisions.

Respect is the act of imparting genuine and unconditional appreciation and value for all persons. Sample behaviors include:

- 1) Engaging in active listening when communicating with others.
- 2) Acknowledging and expressing concern for others and their well-being.
- 3) Acting in light of the belief that the person has value.

Competence is the ability to perform a task effectively with desirable outcomes. Sample behaviors include:

- 1) Thinking critically, demonstrating ethical sensitivity, committing to evidence-based practice, delivering quality skills and effective collaboration.
- 2) Making sound decisions while demonstrating integrity.
- 3) Ongoing continuous quality assessment and improvement.

Accountability is a willingness to be responsible for and answerable to one's own actions. Sample behaviors include:

- 1) Acknowledging and accepting the consequences of one's own actions.
- 2) Adhering to laws, codes, practice acts and standards that govern professional practice.
- 3) Assuming responsibility for learning and change.

C. ILLINOIS STATE REGULATIONS FOR ATHLETIC TRAINERS

Below is a condensed form of the Illinois Athletic Trainers Practice Act. The full act is provided in Appendix A.

(Section scheduled to be repealed on January 1, 2026)

Sec. 1. Declaration of findings and public policy. The General Assembly finds that athletic training in the State of Illinois affects the public health, welfare, and safety and its regulation and control to be in the public interest. It is further found and declared that, as a matter of public policy in the public interest, athletic trainers, as defined in this Act, merit and receive the understanding and confidence of the public and, to this end that only qualified persons be permitted to hold themselves out to the public as athletic trainers in the State of Illinois. This Act shall be liberally construed to best carry out these findings and purposes.

(Source: P.A. 84-1080.)

(4) "Licensed athletic trainer" means a person licensed to practice athletic training as defined in this Act and with the specific qualifications set forth in Section 9 of this Act who, upon the direction of his or her team physician or consulting physician, carries out the practice of prevention/emergency care or physical reconditioning of injuries incurred by athletes participating in an athletic program conducted by an educational institution, professional athletic organization, or sanctioned amateur athletic organization employing the athletic trainer; or a person who, under the direction of a physician, carries out comparable functions for a health organization-based extramural program of athletic training services for athletes. Specific duties of the athletic trainer include but are not limited to:

- A. Supervision of the selection, fitting, and maintenance of protective equipment;
- B. Provision of assistance to the coaching staff in the development and implementation of conditioning programs;
- C. Counseling of athletes on nutrition and hygiene;
- D. Supervision of athletic training facility and inspection of playing facilities;
- E. Selection and maintenance of athletic training equipment and supplies;
- F. Instruction and supervision of athletic training student;
- G. Coordination with a team physician to provide:
 - (i) pre-competition physical exam and health history updates,
 - (ii) game coverage or phone access to a physician or paramedic,
 - (iii) follow-up injury care,
 - (iv) reconditioning programs, and
 - (v) assistance on all matters pertaining to the health and well-being of athletes.
- H. Provision of on-site injury care and evaluation as well as appropriate transportation, follow-up treatment and rehabilitation as necessary for all injuries sustained by athletes in the program;
- I. With a physician, determination of when an athlete may safely return to full participation post-injury; and
- J. Maintenance of complete and accurate records of all athletic injuries and treatments rendered.

To carry out these functions the athletic trainer is authorized to utilize modalities, including, but not limited to, heat, light, sound, cold, electricity, exercise, or mechanical devices related to care and reconditioning.

D. BOC STANDARDS OF PROFESSIONAL PRACTICE

Preamble

The primary purpose of the Practice Standards is to establish essential duties and obligations imposed by virtue of holding the ATC® credential. Compliance with the Practice Standards is mandatory. The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Practice Standards at all times.

Standard 1 Direction The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations.

Standard 2 Prevention The Athletic Trainer implements measures to prevent and/or mitigate injury, illness, and long term disability.

Standard 3 Immediate Care The Athletic Trainer provides care procedures used in acute and/or emergency situations, independent of setting.

Standard 4 Examination, Assessment and Diagnosis The Athletic Trainer utilizes patient history and appropriate physical examination procedures to determine the patient's impairments, diagnosis, level of function and disposition.

Standard 5 Therapeutic Intervention The Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Intervention program objectives include long and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Appropriate patient-centered outcomes assessments are utilized to document efficacy of interventions.

Standard 6 Program Discontinuation The Athletic Trainer may recommend discontinuation of the intervention program at such time the patient has received optimal benefit of the program. A final assessment of the patients' status is included in the discharge note.

Standard 7 Organization and Administration The Athletic Trainer documents all procedures and services in accordance with local, state, and federal laws, rules, and guidelines.

E. CODE OF PROFESSIONAL RESPONSIBILITY

Preamble

The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The Professional Practice and Discipline Guidelines and Procedures may be accessed via the BOC website, www.bocatc.org

Code 1 Patient Care Responsibilities The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, or any other characteristic protected by law.

1.2 Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from healthcare providers or athletic training students who are, impaired or engaged in illegal or unethical practice.

1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence-based guidelines and the thoughtful and safe application of resources, treatments and therapies.

1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law.

1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values.

1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain

1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient.

1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan.

1.7.1 Does not make unsupported claims about the safety or efficacy of treatment.

Code 2 Competency The Athletic Trainer or applicant:

2.1 Engages in lifelong, professional, and continuing educational activities to promote continued competence.

2.2 Complies with the most current BOC recertification policies and requirements.

Code 3 Professional Responsibility The Athletic Trainer or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards.

3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.

3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medico-legal responsibility of all parties.

3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services.

3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training.

3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.

3.6 Does not guarantee the results of any athletic training service.

3.7 Complies with all BOC exam eligibility requirements.

3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful.

3.9 Does not possess, use, copy, access, distribute or discuss certification exams, self-assessment and practice exams, score reports, answer sheets, certificates, certificant or applicant files, documents, or other materials without proper authorization.

3.10 Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with

intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event.

3.11 Reports any suspected or known violation of applicable local, state and/or federal rules, requirements, regulations and/or laws by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training.

3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training.

3.13 Cooperates with BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information.

3.14 Complies with all confidentiality and disclosure requirements of the BOC and existing law.

3.15 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization.

3.16 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the BOC Professional Practice and Discipline Guidelines and Procedures.

3.17 Fulfills financial obligations for all BOC billable goods and services provided.

Code 4 Research The Athletic Trainer or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions.

4.2 Protects the human rights and well-being of research participants.

4.3 Conducts research activities intended to improve knowledge, practice, education, outcomes and/or public policy relative to the organization and administration of health systems and/or healthcare delivery.

Code 5 Social Responsibility The Athletic Trainer or applicant:

5.1 Strives to serve the profession and the community in a manner that benefits society at large.

5.2 Advocates for appropriate health care to address societal health needs and goals.

Code 6 Business Practices The Athletic Trainer or applicant:

6.1 Does not participate in deceptive or fraudulent business practices.

6.2 Seeks remuneration only for those services rendered or supervised by an AT; does not charge for services not rendered.

6.2.1 Provides documentation to support recorded charges.

6.2.2 Ensures all fees are commensurate with services rendered;

6.3 Maintains adequate and customary professional liability insurance.

6.4 Acknowledges and mitigates conflicts of interest.

II. ACADEMIC PROGRAM

A. MCKENDREE UNIVERSITY ATHLETIC TRAINING EDUCATION PROGRAM

MISSION STATEMENT

The mission of the McKendree University is to provide athletic training students with a comprehensive program incorporating current research and instruction in both the clinical and didactic portions of the program. Students develop management skills, communication skills, research capabilities, and critical thinking skills to become effective team members, life-long learners, and advocates for patients, the public and community at large, and healthcare professionals.

Program Outcomes

1. Promote high levels of professional and ethical conduct
2. Prepare students to successfully pass the Board of Certification (BOC) exam
3. Prepare students for an entry-level position in athletic training.
4. Provide opportunities for interprofessional collaboration and education.
5. Recruit, admit and retain highly qualified individuals who are committed to a career in athletic training.
6. Secure and maintain accreditation from the Commission on Accreditation of Athletic Training Education (CAATE).

Student Learning Outcomes

Students will:

1. Model professional and ethical behavior.
2. Demonstrate the ability to examine, diagnose and intervene when formulating a plan of care for patients.
3. Design and implement treatment, rehabilitation, and reconditioning programs to provide high quality care and improve patient outcomes.
4. Incorporate athletic training knowledge and skills required of an athletic trainer in various clinical settings with diverse patient populations.
5. Exemplify effective communication, in both written and verbal format, with peers, other healthcare professionals, clients or patients and their family members, coaches and the community at large.
6. Demonstrate the ability to utilize evidence-based practice in clinical-decision making.

C. ACCREDITATION STATUS

McKendree University Athletic Training Education Program has been granted 5 years of initial accreditation by the Commission on Accreditation of Athletic Training Education (CAATE).

D. CURRICULAR PHILOSOPHY

The philosophy of the Athletic Training Education Program at McKendree University encompasses the basic concepts of many educational philosophies. However, traditions and approaches found within the Program finds their roots primarily in a constructivist experience with teaching and learning that is based upon the approaches of Jerome Bruner and David Ausubel. The athletic training education program at McKendree uses an experiential approach that enables athletic training students to increase their ability to grow and adapt to a constantly changing and dynamic society. Learning must be

meaningful and related to what students already know. Concepts are reintroduced in increasingly complex form so that students may continue to problem solve in challenging ways.

E. SEMESTER BY SEMESTER COURSE SEQUENCE

The course sequence is a two-year (six semester) graduate program. Students may access the suggested course plan for the accelerated program by accessing the BS/MSAT web page on the McKendree University web site at www.mckendree.edu or the graduate course plan located on the MSAT webpage or located in Appendix B.

F. CURRICULAR CONTENT

Course descriptions for the courses are available electronically under academic records at www.mckendree.edu/offices/academic-records. Select the graduate catalog link.

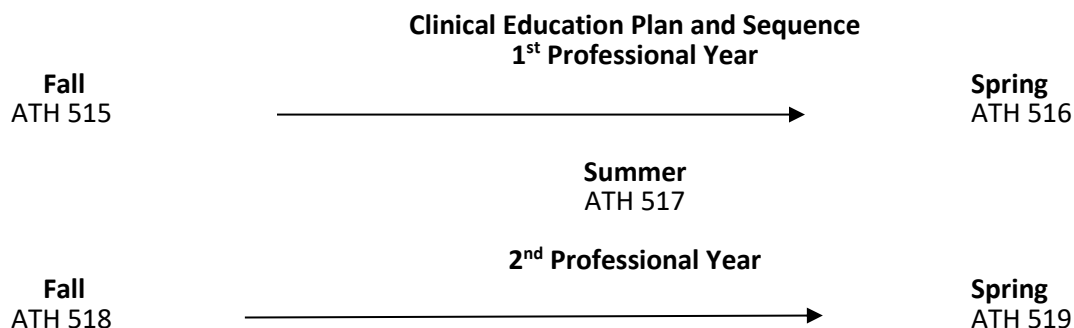
G. PROGRAM COURSE OF STUDY

This information is provided separately under program course of study within the Athletic Training website.

H. CLINICAL EXPERIENCE COMPONENT

All students are required to complete 5 semesters of academic clinicals.

a. Clinical Education Plan and Sequence



All students complete 5 separate clinicals over a 2-year period. Participation includes exposure to upper extremity, lower extremity, equipment intensive and general medical conditions, and illnesses. All students will be exposed clinically to both genders, different socioeconomic statuses and different age ranges and activities. **Student should be prepared to travel to off-site locations for the last three clinicals (ATH 517, 518, and 519). See requirements for personal liability insurance on page 27.**

b. Athletic Training Policy on Clinical Education Hours by Semester

It is the responsibility of each student to accurately record clinical hours in ATrack and to follow all of the policies set forth for minimum and maximum number of hours achieved weekly and for each clinical. Students are required to clock in and out for each clinical activity. Clinical preceptors view the clinical logs of the students that he/she supervises to ensure that said students do not generally exceed the maximum number of hours allowed per clinical course.

It is further prescribed that the weekly clinical hour maximum should generally not exceed 20 hours per week while school is in session and not more than 50 hours per week during breaks.

Provided below is the table of all clinical courses with the minimum/maximum number of clinical hours that students may achieve in each experience. Each student is required to have one day off every 7 days.

Clinical Number	Clinical Name	Credit Hours	Minimum Hours	Maximum Hours
ATH 515	Clinical Integration I	2	120	160
ATH 516	Clinical Integration II	2	120	160
ATH 517	Clinical Integration III	3	180	250
ATH 518	Clinical Integration IV	3	180	250
ATH 519	Clinical Integration V	2	120	160

We are preparing students to be critical thinkers through the process of graded autonomy and progression of learning experiences in the clinical setting. Students are expected to progress their level of knowledge and performance during their clinicals. Grading expectations for successful completion of clinical assignments are as follows:

- ATH 515, 516 and 517 = Final score of 70% or better.
- ATH 518 = Final score of 75% or better.
- ATH 519 = Final score of 80% or better.

See information on supervised autonomy under Section I. Clinical Experience Rotation, number 4 Clinical Supervision.

c. Clinical Performance Evaluation

Students and preceptors are required to complete the following evaluations, which include but are not limited to:

Students:

Self-Evaluation of clinical experience

Evaluation of clinical preceptor

Evaluation of Clinical Site

Clinical Preceptor:

Preceptor evaluation of student(s) on entire clinical performance (once at mid-term and at the completion of the semester)

Orthopedic and General Medical Evaluations (as appropriate)

Orthopedic Rehabilitation (as appropriate)

Students must complete all competencies and proficiencies listed within a clinical. Students who do not complete all of the required competencies in the respective clinical by the end of the academic semester will receive a grade of an F.

d. Athletic Training Policy for Disease, Environmental, Structural and/or Terrorist Threats at Off-Site Locations

In the event there is a disease, weather related or a terrorist threat at an off-site location; all students assigned to that location will discontinue attendance. The Curriculum Director and Coordinator of Clinical Education in consultation with the Clinical Preceptor at the involved location will discuss the options available and one of the following may occur:

- Student will be allowed to resume activities at said location, if appropriate and allowed according to location policy
- Student will be re-assigned to another location if one is available
- Student will complete clinical skills and proficiencies through simulation
- Student's material will be reviewed, and student will be assigned a grade based on completed material

I. PROGRAM GRADUATION REQUIREMENTS

1. Declare intent to graduate by completing a degree application online at: [http:// www.mckendree.edu/academics/ARO_academicForms.aspx](http://www.mckendree.edu/academics/ARO_academicForms.aspx) according to the following deadline schedule
 - May applications are due by the previous October 31.
 - July applications are due by the previous October 31.
 - December applications are due by the previous March 31.
2. To graduate from the athletic training program, students must complete the required 53 credit hours of study and maintain a GPA of 3.0 or better. Students can obtain a B- in only one course. Students receiving more than one B- will be placed on academic suspension. Students placed on academic suspension must reapply for admission based on the Athletic Training Probation and Suspension Plan.
3. Meet all requirements and performance standards for the degree program as contained in the catalogue effective at time of matriculation.
4. Complete all degree requirements within seven (7) years of matriculation.

Students are reminded to review the university graduation requirements for all students completing a degree at McKendree University. This information may be accessed in the university catalog, as part of an individual program evaluation through Self Service and under the Academic Records Page on the McKendree University Website

III. STUDENT POLICIES

A. ACADEMIC REQUIREMENTS

1. All students must maintain a minimum of a 3.00 GPA and grades of B or better in the program.
2. All students must obtain a minimum total of 700 clinical hours. These hours are obtained through the following clinicals: ATH 515, 516, 517, 518 and 519.
3. All students are encouraged to become members of the NATA at least one year prior to taking the certification examination.
4. Complete multiple exams with an increasing minimum passing point: ATH 522 70% for two Objective Standardized Clinical Exams (OSCEs) and 70% for written exam, ATH 600 75% for written exam, ATH 601 one comprehensive written exam (Domains 1-5) at 75%

- or better and ATH 616 two Objective Standardized Clinical Exams (OSCEs) at 80% or better.
5. Successfully complete a research project and present at AEC during the last semester in the program.
 6. Students must complete all course requirements successfully in order to achieve graduation requirements for athletic training. This requirement includes successfully passing a BOC practice exam (minimum of 70% per domain) to graduate and receive endorsement by the Program Director to take the BOC Exam.
 7. Students must maintain certification in CPR throughout their time in the program. Certification in Basic Life Support for the Professional Rescuer or CPR for the Professional Rescuer by the American Red Cross is required.

B. PROGRAM PROBATION

Students will be placed on academic probation for the following reasons:

1. A grade of 'B-' in more than one course

Action:

Any student receiving a 'B-' in more than one course will be placed on academic probation for the following semester. A meeting will take place between the student, Curriculum Director, and Coordinator of Clinical Education. A letter will be placed in the student's file and a copy will be sent to the student. If the student does not achieve a minimum of a 'B' in all courses the following semester, the student will be dismissed from the program.

2. Academic Honesty – the MSAT program follows the guidelines established in the undergraduate catalog (pgs. 22-24) and the graduate catalog (pgs. 20-23).

Action:

Students will be placed on probation for a first offense.

3. Receiving an Incomplete in a clinical.

Action:

Students who receive an incomplete in a clinical (only medical or personal hardship) will not be allowed to begin the next required clinical until the incomplete is removed. Students will be placed on program probation and written notification will be placed in the student's file and a copy will be sent to the student.

4. Receiving 2 infractions during one clinical or over two clinicals.

Action:

Infraction numbers are not based on type; infractions are cumulative. Students who receive 2 infractions in one clinical or over two clinicals will be placed on probation for the remainder of the clinical and a remediation plan will be determined based on the type of infractions that occurred. Students who do not complete the remediation plan by the end of the clinical will be suspended from the program.

C. PROGRAM SUSPENSION

Students will be dismissed from the program for the following reasons:

1. Minimum GPA of 3.0 is not maintained during each semester of the program.

2. Earning more than two 'B-' in a course.
3. Earning an 'F' in a course.
4. Receiving 3 infractions during one or more clinicals.
5. Second Academic Honesty offense.

Students may appeal the suspension by filing an appeal letter with the Program Director.

D. APPEAL PROCESS

Upon receiving the appeal letter from the student, the Program Director will convene a meeting of the Athletic Training Program Appeals Committee (a minimum of three members of the athletic training faculty and one outside faculty member). The meeting session will follow the same procedures as followed when students appeal an academic decision as listed in the graduate catalog and the university website under university complaint policy. If, after the meeting the committee determines that the student should be dismissed from the program, the student may make an appeal through the Graduate Council Committee via the Associate Provost for Curriculum office.

E. RE-ADMISSION

Students who are suspended from program may re-apply the next application period (minimum of a 2 semester waiting period). Students are required to complete a new application along with all of the components within the application packet. If readmitted, the student will rejoin the program on academic probation, and remain on probation until the program is completed. The student must correct any course deficiencies and must maintain a 3.0 GPA. Students who do not maintain a 3.0 will be dismissed from the program. A student suspended for a second time will not be readmitted to the program.

F. CLINICAL INFRACTION POLICY, DISCIPLINARY ACTIONS AND REPORTING VIOLATIONS

All athletic training students are expected to adhere to all Athletic Training Program and clinical experience policies. In the event a Clinical Preceptor finds a student acting outside of the policies of the McKendree University Athletic Training Program, she/he may reprimand the student and file an incident report with the Coordinator of Clinical Education. Clinical preceptors may remove a student from the clinical rotation, at any time, if the preceptor feels that the student has: (a) behaved in an inappropriate manner; (b) placed a patient in a potentially harmful situation as a result of the student's unsafe clinical practice; (c) violated the site's guidelines; or (d) violated the policies in this manual. An incident report form is to be filled out by the involved Clinical Preceptor and filed with the Coordinator of Clinical Education (See Appendix I and J).

A student has one week from the date of the infraction to submit a written response detailing their explanation of the event to the Coordinator of Clinical Education. The student is then required to meet with the Coordinator of Clinical Education and/or the Program Director and Preceptor if needed to determine any further action regarding the matter. After this meeting, the determined action will be determined and follow-up written documentation will be placed in the student's file.

1. Procedures for filing Incident Reports

Clinical Preceptors are to file an incident report with the Coordinator of Clinical Education within 24 hours of when an infraction occurred. The student will meet with the Coordinator of Clinical Education and/ or Program Director and Preceptor to discuss the infraction within seven (7) days of the infraction. The group will determine any restrictions and/or disciplinary actions at this time.

The following actions will be carried out:

- 1st Infraction – Warning from Athletic Training Program with disciplinary action(s) determined by Coordinator of Clinical Education and/or Program Director.
- 2nd Infraction - 1 week suspension from Athletic Training Program with disciplinary actions(s) determined by Coordinator of Clinical Education and/or Program Director.
- 3rd Infraction - Suspension from the Athletic Training Program with disciplinary action(s) determined by Coordinator of Clinical Education and/or Program Director.

Infraction numbers are not based upon type. Infractions are cumulative. The student may appeal any decision. The student is to follow the appeals process governed by the information in Section III, subsection D.

Students may or may not be reinstated to the clinical rotation depending on the severity of the violation. This determination will be made by the Coordinator of Clinical Education and/or the Program Director. Students removed from a clinical rotation will NOT be reassigned to another clinical site until the next rotation period.

Students will be removed from the program as a result of three (3) infractions of McKendree Athletic Training Policy and Procedures. Behaviors that violate University guidelines or state, local, or federal laws will be reported to the appropriate authorities.

G. BEHAVIOR POLICIES

The following policies cover specific areas of concern regarding professional behaviors; however, it is not an all-inclusive list. Therefore, student's behaviors and actions will be evaluated for their appropriateness as warranted. Off-site clinical venues may have specific policies regarding expected behaviors for students. If these policies differ from the policies listed below, athletic training students should follow the policies of that particular clinical site.

Inappropriate actions include but are not limited to: (1) breach of patient confidentiality; (2) harassment or discrimination in any form; (3) absenteeism and/or tardiness; (4) unsafe clinical practice, including omission, commission, negligence, and malpractice; (5) neglect of clinical responsibilities; (6) inappropriate interaction with patients, coaches, administrators, medical staff and faculty members (including staff athletic trainers, educational faculty members, physicians and other medical professionals, etc.) and (7) or any other action that the supervisor deems unsafe or inappropriate.

1. Compliance with HIPPA patient confidentiality rules are mandatory. All students are required to sign a confidentiality agreement. See Appendix C.
2. Students are NOT to discuss patient information with anyone. Conversation regarding patient care shall be with no one other than the healthcare providers that are directly involved with that patient's care. This includes but is not limited to coaches, other patients, administrators, press/media, fans scouts, friends, family (unless the patient is under 18 years of age), social

networks, discussion board, etc. If a student is approached by someone requesting information on a patient, the student is to follow these steps:

- a. Remain polite and inform the person that you are legally prohibited from sharing any medical information on the patient.
 - b. Refer the person to your clinical preceptor.
3. Do not disclose any patient issues, conversations, and/or occurrences that are considered to be private and confidential in person with anyone, or posting such information/comments on any electronic social media (blogs, World Wide Web, Facebook, snapchat, twitter, etc.)
 4. Students are reminded that when writing a hard copy or electronically entering an evaluation or follow up report on a patient, the report must be treated as confidential. When entering reports electronically always remember to log out when you are finished entering data and put your full name at the end of each entry.
 5. Sexual misconduct, harassment (including sexual violence) and/or discrimination, of any kind, will not be tolerated. This includes actions against peers, patients, staff, administrators, etc. Types of harassment and discrimination include, but are not limited to, inappropriate actions or comments (verbal, physical, visual, or digital) based on the patient's sex/gender, sexual preference, race/ethnicity, religion, and the patient's activity or status. The policy is located at www.mckendree.edu/offices/student-affairs/title-ix/index.php
 6. Absenteeism and tardiness will not be tolerated. Punctuality and attendance of classes, in-services, clinical rotations, meetings, and appointments is mandatory. Students must inform their professors well in advance of classes that will be missed do to clinical coverage. All students are expected to clear this schedule with their clinical preceptor first. Students are not exempt from scheduled assignments or exams due to absence for clinical coverage. The Athletic Training Program follows the policy set forth by McKendree University:

Students voluntarily absenting themselves from class meetings assume responsibility for sanctions imposed by the instructor. Each instructor has the responsibility of making clear to the students in writing what the attendance policy will be in each course. Unless otherwise stated, three hours of unapproved absence are the maximum allowable without academic penalty. University sanctioned events are considered excused.

If an emergency occurs, the student must notify her/his professors and clinical preceptor as soon as possible.

7. We look for students who show self-initiative. We do not want to have to tell students what to do all the time. Friendliness, sincerity, and integrity are also highly desirable traits.
 - a. Starting times for clinicals vary by venue. Students are expected to be at sport venue preparation one hour before schedule event time. For all other venues, students should arrive 15 minutes prior to the clinical starting time. Students should check with the clinical preceptor for changes.

8. The preceptor is responsible for ensuring the safety of patients at their site, especially those interacting with athletic training students. Students are not to perform any procedures or render any care for which they have not proven competence and are proficient in. In addition, students are not allowed to provide any services without direct supervision. Clinical preceptors must be able to provide immediate intervention in any situation in which the student is demonstrating unsafe clinical practice. During clinical experience students will use various equipment in patient care. To protect the health and safety of student-athletes/patients and the student, this equipment should be calibrated and maintained according to manufacturer guidelines.
9. The student's clinical responsibilities vary with the clinical site and level of the student. Students are required to meet with the clinical preceptor to discuss their specific responsibilities prior to the first day of the clinical rotation.
10. Wear your nametag that indicates you are a student during all clinical experiences.
11. Inappropriate interactions with patients, coaches, administrators, peers, staff, etc. will not be tolerated.
 - a. Students must keep the rapport and relationship with patients at a professional level at all times. Students are expected to report any problems or concerns with patients, coaches, administrators, other athletic training students, staff, clinical preceptor, etc., especially those of a hostile or inappropriate nature, to the Coordinator of Clinical Education and/or Program Director immediately.
 - b. Students are to be especially mindful of their social interactions with patients, coaches, administrators, fellow Athletic Training Students, staff, etc. Social and romantic relationships are highly discouraged. In the event that a relationship develops, the Athletic Training Student must notify the Coordinator of Clinical Education and/or Program Director of the relationship as soon as a serious relationship begins. This is to avoid a potential conflict of interest or distraction in the clinical environment. Students may be immediately reassigned to another clinical site if deemed necessary.
 - c. Professional relationships between students are a very important aspect of athletic Training Program and clinical rotations due to daily interaction with one another. These interactions are expected to remain professional regardless of personal likes or dislikes of one another. Open criticism of fellow students, regardless of class standing, will not be tolerated (this includes social media as well). Students are expected to treat others with courtesy and respect. Abuse of fellow students will not be tolerated. Students are expected to report any problems or concerns with a fellow student, especially those of a hostile or inappropriate nature, to the Coordinator of Clinical Education and/or Program Director, and Clinical Preceptor (if appropriate) immediately.
 - d. Students are to maintain a professional approach to their interactions with faculty and staff. Students are to show the staff and faculty an appropriate amount of respect, regardless of personal likes or dislikes. Students must not openly criticize or disagree with a faculty member or staff's decision or action, particularly when it concerns the care of a patient. Students are to approach the staff or faculty member privately first to

resolve any question the student has. The student must do so in a respectful manner, to ask their questions or voice their concern. The student may then go to the Coordinator of Clinical Education and/or Program Director if the situation is unable to be resolved. Students are expected to report any problem or concerns with faculty or staff, especially those of a hostile or inappropriate nature to the Coordinator of Clinical Education and/or the Program Director immediately.

It is the responsibility of the staff and faculty to prepare students to be successful professionals. This can require positive specific corrective feedback and guidance from staff and faculty. As developing professionals, students must learn that positive specific corrective feedback is a part of the professional world and should not be taken as a personal attack on their behavior and/or performance. However, if a student feels that she/he is being mistreated by a staff or faculty member, they are expected to bring their concerns to the attention of the offending staff or faculty member. The student should bring their concerns to the faculty or staff member first. If the problem persists, the student is expected to inform the Coordinator of Clinical Education and/or Program Director of their concerns. The above information regarding interactions with clinical preceptors and faculty members also pertains to interactions with other medical and healthcare professionals.

- e. Students are expected to maintain a professional interaction with the coaches and act according to the guidelines set forth by the clinical preceptor. Details on how and when to address coaches, how to respond to questions from coaches, and how to handle potential conflicts should be addressed with the clinical preceptor early in the rotation. At no time should a student criticize or question a coach on issues related to the coaching of a team. Students are expected to report any problems or concerns with a coach, especially those of a hostile or inappropriate nature, to the Clinical Preceptor, Coordinator of Clinical Education and/or Program Director immediately.
 - f. Typically, students have very limited interaction with administrators. However, in the event that a student does have an opportunity to interact with an administrator, the interaction must be of a professional nature. Students are expected to be respectful and cordial. Students are expected to report any problems or concerns with an administrator, especially those of a hostile or inappropriate nature, to the Clinical Preceptor, Coordinator of Clinical Education and/or Program Director immediately.
12. Dress code for clinical venues vary according to site. Shirts for students are purchased, only after being officially admitted into the athletic training program (Appendix H Student Costs).
- a. CLINICAL VENUE PRACTICE EVENT (MCKENDREE)

A neat, clean black warm-up pant is acceptable. Professional Shorts are acceptable when the weather permits. Shorts need to be becoming and practical (pockets). Shorts are to be mid-thigh in length. All students will wear provided program t-shirts for practices. **All students will be expected to be in khaki pants or mid-length khaki shorts or neutral color (golf style) for practice.**

b. CLINICAL VENUE GAME DAY EVENT (MCKENDREE AND OFF-SITE)

Adherence to uniform code is a must. Khaki pants and a McKendree University Athletic Training shirt are the uniform code. During cold weather long sleeves may be worn under the McKendree Polo shirt. If students do not have a clean McKendree University Athletic Training shirt, students are allowed to wear a white dress shirt (indoor sports) or “polo” like short sleeve shirt (outdoor sports) that is neatly pressed and clean. Khaki pants may be replaced with khaki shorts (mid-thigh length) when the weather is warm. A clean warm-up is acceptable on certain occasions with approval from the clinical preceptor. Dress for indoor clinical venues may include dress slacks and button down shirt for men and dress slacks and professional top for women.

c. OFF-SITE CLINICAL VENUE (PHYSICIAN’S OFFICE, REHABILITATION CENTER, INDUSTRIAL SETTING, ETC.)

Students are required to conform to the required dress code of the off-site clinical venue that she/he is participating in. Off-site clinical preceptors do have the authority to send students home to change if she/he feels that the dress is inappropriate. Students are required to wear name tags as well.

d. WHAT IS NOT ALLOWED

1. No jeans or t-shirts on game day.
2. No tank tops, muscle shirts or cut-off shirts.
3. No stocking hats or baseball caps unless approved by the supervising clinical preceptor.
4. “Sweat” pants of any kind.

13. Good personal health and hygiene is absolutely necessary for the health, safety, and welfare of every patient as well as when athletic training students are treating and working with any patient.

- a. All students are expected to bathe at least once a day.
- b. Students who choose to “workout” prior to performing their clinical duties are expected to bathe before they come to work. Students may be asked to leave the clinical venue by the clinical preceptor if the student’s body odor is offensive.
- c. All students are expected to use deodorant on a daily basis.
- d. Facial hair is to be neat and trimmed.
- e. Clean fingernails are a must. Students who choose to keep longer nails may be asked to cut their nails so as not to interfere with treatment to patients (i.e., massage, trigger point therapy, etc.).

- f. Hair must be off the face. If hair is long, it should not interfere with treatment to a patient in any fashion. Hair must be washed on a daily basis. Hair that is knotty and unkempt is not allowed.
 - g. Students with visible tattoos must be covered during their clinical assignment.
 - h. Tongue studs, eyebrow piercings, nose rings and lip rings are prohibited.
 - i. Earrings should be stud or small hoop, so as not to interfere with treatment. The supervising clinical preceptor may approve larger hoops.
14. The following actions will also result in a student being in violation of the policies and procedures of conduct (this is not an all-inclusive list):
- a. Reporting for clinical assignment in inappropriate attire and appearance.
 - b. Reporting late for clinical assignment or meeting (without notification).
 - c. Inappropriate behavior of a McKendree Athletic Training Program student during any Athletic Training Program related event.
 - d. Inappropriate behavior during a clinical assignment.
 - e. Using a personal electronic device during your clinical experience.
 - f. Failure to report for a clinical assignment.
 - g. Complaints from a preceptor and/or administrator.
 - h. Talking back to a clinical preceptor, administrator, other healthcare professional, or faculty member in an inappropriate way.
 - i. Drinking to excess or engaging in other inappropriate behavior on university sponsored trips.
 - j. Any action that is in direct conflict with the NATA Code of Ethics, BOC Standards of Practice and Code of Responsibility.
 - k. Reporting to ANY academic, clinical rotation or Athletic Training Program sponsored event under the influence of drugs or alcohol.
 - l. Conviction of a felony (i.e., DUI, DWI, or assault) by outside law enforcement while in the McKendree University Athletic Training Program. Students will be allowed to remain in the program until due process is carried out.
 - m. Posting inappropriate information on a social media forum.
 - n. Breach of any confidentiality (medical matters, patient reports, team issues, etc.).

H. STORAGE AND ACCESS TO INDIVIDUAL STUDENT ACADEMIC INFORMATION

1. Electronic copies of the following are housed on the M drive under Committees and Organizations:
 - a. Application information for the program
2. Electronic copies (ATrack) or hard copy of the following:
 - a. Immunization records
 - b. Clinical hours and Patient Encounters
 - c. Completion of all injury/condition evaluations, rehabilitation, modality, and taping
 - d. Clinical Preceptor Evaluations and Self-Evaluations
 - e. Completed Incident Reports

- f. Technical Standards Form
- g. Background Check

Students only have access to her/his individual record.

I. CLINICAL EXPERIENCE ROTATION

1. The Clinical Coordinator in consultation with the Curriculum Director will assign athletic training students to each clinical.
2. Students will be rotated with the following minimums applying:
 - a. On-site: 1 team sport (men or women's), 1 equipment intensive sport, general medical and athletic training room.
 - b. Off-site: High school, physician's office, outside university location, industrial setting, clinic or combination clinic/high school or other site as available.

3. **All athletic training students will be allowed to participate generally in a clinical 20 hours a week while school is in session and not more than 50 hours per week during breaks. One day in seven must be taken off.** Students as well as clinical preceptors are responsible for maintaining these restrictions. All students are reminded that she/he must sign in and out through ATrack electronically for each clinical visit with remarks along with specific patient encounters. Preceptors will not verify hours that do not have specific remarks in the comment section. Days off should be marked as vacation time and this should be noted in the comment section as well. **The clinical preceptor will not verify any hours that are outstanding beyond the 48 hour mark and the clinical activity will be deleted from the individual student's clinical log.**

(Immersion Clinical is exception that occurs a minimum of 4 weeks, minimum of 5 days a week based on clinical preceptor's individual schedule for work)

Achieving only the required minimum number of clinical hours in a clinical will not guarantee a passing grade. Clinical participation and performance will be reflected in your clinical grade. Students are also reminded achieving the minimum number of required hours in each clinical will not meet the graduation requirement of a minimum of 700 total clinical hours.

4. **Clinical Supervision:** only clinical hours supervised (**Ability to Intervene**): The Clinical Preceptor is within the immediate physical vicinity and interacts with the student on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being "physically present" by a Certified Athletic Trainer may be counted towards the total University clinical hour requirement. Students are expected to travel with teams when arranged and only when their clinical preceptor is present. **The CAATE encourages clinical educators to consider using the method of graded supervision** which initially involves close monitoring, but **once a student demonstrates proficiency and has some experience with a particular skill, that student should be granted supervised autonomy** (i.e. permitted to initiate actions, perform initial evaluations, and develop and implement rehabilitation plans with the **clinical preceptor in the same room/field where he/she can see and hear the student**, but not necessarily looking over the student's shoulder). This level of supervision positions students to

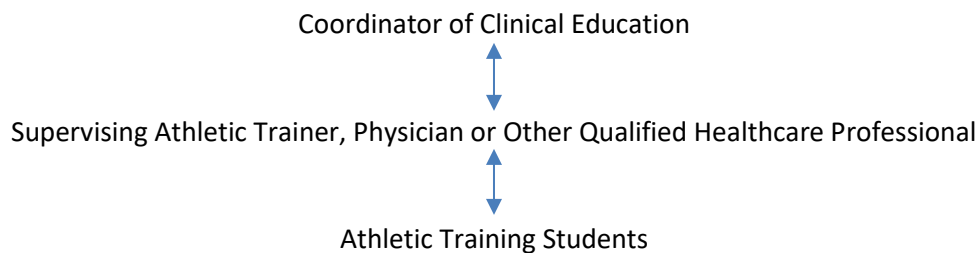
learn maximally at all times while still allowing for timely feedback and prompt correction of improper behaviors/techniques. **Direct Supervision still encourages independent actions, positioning those students to develop “real world” critical thinking abilities, and does not infer that all student actions should be prompted or directed.”**

If you ever find yourself in a situation where you are not directly supervised, it is your responsibility to find your preceptor or leave the clinical site and contact the Coordinator of Clinical Education immediately.

The athletic training clinical experience must be supervised by an athletic trainer who is state credentialed, certified, and in good standing with the Board of Certification, or by an appropriately state credentialed physician. In addition, students may be involved in supplemental clinical experiences that are supervised by other appropriately state credentialed medical or allied healthcare professionals.

J. CLINICAL VENUE AND ACADEMIC CHAIN OF COMMAND

1. Chain of Command – Clinical Venue



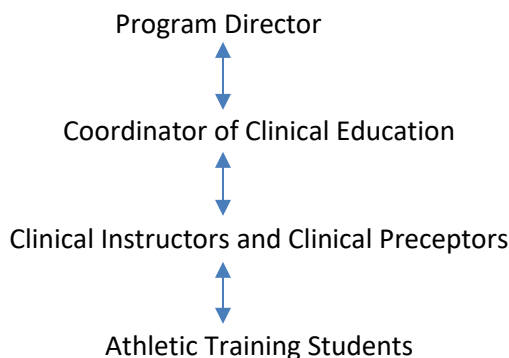
- a. Students must report to his/her clinical preceptor of the clinical venue being covered. Students are responsible for contacting their clinical preceptor if they will not attend the clinical venue.
- b. All concerns or issues involving the clinical venue must go through the student's individual clinical preceptor.
 1. Any issue involving an individual patient must go through the clinical preceptor first.
 2. All athletic training students are reminded that care of a student patient is limited to the clinical venue under the supervision of a clinical preceptor.

Additional Note: If a student athlete should become injured or ill while in the residence halls at McKendree University said athlete should be referred to the proper residence staff for treatment. In the event that no one is available call 911 and provide only first aid as needed as described below.

First Aider Action: Students are only to act as a First Aider (this may include ice/compression/elevation, splint, activation of EMS, CPR, First Aid, taping and blister care only) when their clinical preceptor (ATC

or physician) is not directly present for any reason. Students are not to act as a replacement for the certified athletic trainer under any circumstances.

2. Chain of Command - Academics



Students, faculty, and staff should refer to section A – E under Student Policies regarding specifics for Academic Requirements, Probation, Suspension and Re-admission.

K. STUDENT HEALTH RECORDS POLICY

1. All athletic training students must have a physical upon entering the athletic training program. The exam will include but may not be limited to vision, height, weight, blood, pressure, past and present medical history, documentation of immunization for measles, mumps, rubella, HBV and tetanus vaccination, orthopedic and general medical evaluation. Updated immunizations may be required for ATH 517, 518 and 519 based on clinical venue.
2. All athletic training students who have previously not had the HBV vaccination before entering the program will be offered the opportunity to receive the vaccine.
 - a. Any athletic training student who does not receive the HBV vaccination must sign a waiver (See Appendix D).
 - b. All athletic training students who waive the vaccination will be offered it on a yearly basis.

L. ATHLETIC TRAINING STUDENT HEALTH INSURANCE POLICY

All athletic training students are encouraged to have a comprehensive medical coverage policy. Students who are not currently listed as a dependent on their parents or guardian's policy may contact Kristin Von Hatten, Head Athletic Trainer at McKendree University for insurance agent contacts.

M. STUDENT LIABILITY INSURANCE COVERAGE

Students, faculty and staff within the Athletic Training Program are covered under the following conditions:

1. All varieties of athletic trainers (athletic department, faculty, students) in the athletic training curriculum, working under the direct supervision of a faculty or staff athletic trainer.
2. All of the above are also covered if treating persons other than students on a strictly "first aid" basis.

All athletic training students are required to carry individual professional liability insurance in addition to the coverage provided by the University for the last three clinicals (ATH 517, 518 and 519). Yearly coverage starts at \$36.00 annually. Students should visit HPSO at:

<http://www.hpsso.com/individuals/professional-liability/student-malpractice-insurance-coverage-description>

Not Covered Situations:

1. Treatment of persons who are NOT students OR the case involved cannot be defined as "first aid" are NOT covered.

N. BLOOD-BORNE PATHOGENS POLICY

All students will participate in a yearly workshop on blood-borne pathogens. The following guidelines will be used to protect the caregiver and minimize the risk of transmission of blood-borne pathogens before, during and after events (See Appendix E).

Pre-event preparation:

1. Any existing healing wounds, abrasions or cuts that may be present on the caregiver should be covered adequately to prevent transmission to or from an athlete/patient.
2. Any existing healing wounds, abrasions or cuts that may be present on an athlete should be covered with adequate dressing that will withstand the competition that he/she is involved in.

Bleeding during an event:

1. Early recognition of a bleeding athlete or patient is the responsibility of officials, student athletes, coaches, and medical personnel. The student athlete should always be responsible to report bleeding to medical personnel.
2. The bleeding athlete must be removed as soon as possible. Return to play will be decided by appropriate medical staff.
3. Non-latex gloves must be worn with ANY direct contact with blood or any blood filled items. Gloves MUST be changed after each individual athlete or patient and hands thoroughly washed with warm water and soap.
4. Any saturated uniform must be removed and replaced. A uniform that is not saturated may be cleaned with an approved substance that will decontaminate the uniform (i.e. diluted bleach, medic kleen, blood buster).
 - a. Contaminated laundry must be handled wearing gloves. All contaminated laundry must be bagged in order to prevent seepage and washed separately in hot water (at least 71 Celsius/159.8 degrees Fahrenheit for 25 minutes).
 - b. Use a disinfectant that will inactivate the virus to decontaminate the area (Sani-Cloth Plus, Sani-Cloth HB, Simple Green D or Envirocide).
 - c. Dispose of any bloody materials into labeled biohazard containers. Dispose of any sharps into labeled leak proof and puncture-resistant containers. Biohazard Containers used during

events must be checked upon completion of the contest. Make sure that container has been emptied if material is present (old bag removed and new bag in its place) and do not allow people to throw non-biohazard material into container (i.e., cups, popcorn bags, etc.).

5. Disposal of biohazard containers on the McKendree campus:

- a. Kristin Von Hatten, MS, CSCS, ATC is responsible for coordinating removal of medical waste from all athletic facilities with biohazard containers on the McKendree University campus. The collection point for all medical waste is Melvin Price Convocation Center (MPCC) or the Fitness Center on the campus of McKendree University. Lance Ringhausen coordinates the pickup with MedAssure approximately every 12 weeks (minimum of 4 times per year). All items are placed in marked and sealed biohazard containers for subsequent disposal by MedAssure. Records of pickup are maintained in Kristin Von Hatten's office in the Fitness Center Athletic Training Room.

Exposure control:

1. Wash with soap and large quantities of hot water.
2. Students should contact their supervising clinical preceptor first and then health services.
3. Complete the required forms. See Appendix E.
4. The source material should try to be obtained and, if possible, tested for the presence of HIV and HBV.
5. Students have the option of having blood drawn and tested as soon as possible.
6. Most infections take place within 6 to 12 weeks. The test should be repeated at 6 weeks, 12 weeks and at 6 months. Students are reminded to take proper precautions towards the possible transmission to others.
7. Counseling will be made available.

O. ATHLETIC TRAINING STUDENT GRIEVANCE POLICY

Students wanting to file a grievance (academic or otherwise) should first meet with the Program Director to discuss the steps as outlined by the University on the website under Complaint Policy. If the grievance involves the Program Director, the student will be referred to the Provost.

P. COMMUNICABLE DISEASE POLICY

Athletic training students are reminded to follow proper hand washing procedures at all times to reduce the possibility of acquiring and/or transmitting a communicable disease to athletes/patients, other athletic training students or other health care personnel.

Students will not be allowed to perform their duties if any of the following conditions exist:

- Acute phase of any upper respiratory infection
- Acute sore throat
- Fever over 100.4
- Vomiting within the previous 24 hours
- Acute phase of mononucleosis
- A bacterial sinus infection

- Conjunctivitis
- Antibiotic treatment for less than 48 hours
- Open wounds/infectious skin disorders that are uncovered and/or managed
- Any other conditions in an infectious state

The Athletic Training Faculty (Associate and Full Faculty) as well as the Medical Director reserve the right to excuse any student from a clinical when said student places others at risk for a communicable disease. All students will sign a copy of the communicable disease policy upon acceptance into the program (See Appendix F).

Q. REQUIRED BACKGROUND CHECK

Background Check:

All students who receive acceptance into the program are accepted provisionally until a background check is completed. The cost per student is \$56.00*.

The process is completed online:

- The student visits www.certifiedbackground.com and selects McKendree University. International students will need to sign a release form which will be forwarded to Castlebranch, Inc. for completion of a background search.
- The student will provide the necessary information (i.e., name, date of birth, etc.) to complete the background check
- The student will select a method of payment (Visa, MasterCard and money orders)

All students accepted into the program will receive notification in the acceptance letter (electronically) that acceptance into the program is provisional until a background check is completed. Students accepted on a provisional status may not be allowed to start a clinical experience until the background check has been completed, reviewed and a status determined. Reports that require additional review will be completed by the Background Review Committee (See Review of Individual Background Checks below). Annual re-checks may be required for off-site clinical locations. Annual rechecks \$23.00.

*Students born and residing in the United States will incur a minimum cost of \$56.00 for the background check. If the residence history search shows additional counties of residence additional fees will apply (minimum of \$16.00 per additional county). International students will be charged based on country of origin. General international search costs run \$56.00-200.00.

Review of individual background checks:

In the event that a student's background search reveals conviction or indictment for a felony or misdemeanor, the Background Review Committee will review each student on a case by case basis.

- Denial of Program Acceptance - the committee does have the right to deny student eligibility for full acceptance for a conviction.
- Probationary Status - the committee can also apply a probationary status to the student's acceptance. If the student is accepted into the program, the acceptance would be on a probationary status for a specified period of time with periodic review of performance. The committee also requests that all alcohol/substance abuse cases submit a current alcohol/substance abuse evaluation.

Background Review Committee:

The background review committee will consist of the Program Director, Coordinator of Clinical Education, one other full-time ATC at McKendree University and the Medical Director for the Athletic Training Program.

R. ATHLETIC TRAINING PROGRAM GENERAL POLICY GUIDELINES ON STUDENT PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES AND/OR OUTSIDE EMPLOYMENT

This form is completed by all students who make application to the athletic training program and kept electronically on ATrack. This form is reviewed on a yearly basis during the annual athletic training education student orientation (See Appendix G).

S. ATHLETIC TRAINING PROGRAM NON-DISCRIMINATION POLICY

All program education opportunities are non-prejudicial and are open to all students within the program regardless of race, color, national or ethnic origin, disability veteran status, sex, sexual orientation, genetic information, gender identity, age, or religion. Clinical site placement will **NOT** be based on race, color, national or ethnic origin, disability veteran status, sex, sexual orientation, genetic information, gender identity, age, or religion. Placements will be based on student learning styles, student preference, preceptor teaching styles, potential patient encounters, and collaboration between the Coordinator of Clinical Education, Program Director, and affiliated clinical site representatives. If a clinical site requests students based on race, color, national or ethnic origin, disability, veteran status, sex, sexual orientation, genetic information, gender identity, age, or religion, they will no longer be used as a clinical site.

T. REFUND POLICY

Withdrawals and refunds including tuition refunds are based on McKendree University Policies and Procedures provided in the Financial Information section of the Graduate Catalog.

Appendix A
Illinois Practice Act for Athletic Trainers

(225 ILCS 5/) Illinois Athletic Trainers Practice Act.

(225 ILCS 5/1) (from Ch. 111, par. 7601)

(Section scheduled to be repealed on January 1, 2026)

Sec. 1. Declaration of findings and public policy. The General Assembly finds that athletic training in the State of Illinois affects the public health, welfare, and safety and its regulation and control to be in the public interest. It is further found and declared that, as a matter of public policy in the public interest, athletic trainers, as defined in this Act, merit and receive the understanding and confidence of the public and, to this end, that only qualified persons be permitted to hold themselves out to the public as athletic trainers in the State of Illinois. This Act shall be liberally construed to best carry out these findings and purposes.

(Source: P.A. 84-1080.)

(225 ILCS 5/2) (from Ch. 111, par. 7602)

(Section scheduled to be repealed on January 1, 2026)

Sec. 2. Title. This Act shall be known and may be cited as the "Illinois Athletic Trainers Practice Act".

(Source: P.A. 84-1080.)

(225 ILCS 5/3) (from Ch. 111, par. 7603)

(Section scheduled to be repealed on January 1, 2026)

Sec. 3. Definitions. As used in this Act:

(1) "Department" means the Department of Financial and Professional Regulation.

(2) "Secretary" means the Secretary of Financial and Professional Regulation.

(3) "Board" means the Illinois Board of Athletic Trainers appointed by the Secretary.

(4) "Licensed athletic trainer" means a person licensed to practice athletic training as defined in this Act and with the specific qualifications set forth in Section 9 of this Act who, upon the direction of his or her team physician or consulting physician, carries out the practice of prevention/emergency care or physical reconditioning of injuries incurred by athletes participating in an athletic program conducted by an educational institution, professional athletic organization, or sanctioned amateur athletic organization employing the athletic trainer; or a person who, under the direction of a physician, carries out comparable functions for a health organization-based extramural program of athletic training services for athletes. Specific duties of the athletic trainer include but are not limited to:

A. Supervision of the selection, fitting, and maintenance of protective equipment;

B. Provision of assistance to the coaching staff in the development and implementation of conditioning programs;

C. Counseling of athletes on nutrition and hygiene;

D. Supervision of athletic training facility and inspection of playing facilities;

E. Selection and maintenance of athletic training equipment and supplies;

F. Instruction and supervision of athletic training student;

G. Coordination with a team physician to provide:

(i) pre-competition physical exam and health history updates,

(ii) game coverage or phone access to a physician or paramedic,

(iii) follow-up injury care,

(iv) reconditioning programs, and

(v) assistance on all matters pertaining to the health and well-being of athletes.

- H. Provision of on-site injury care and evaluation as well as appropriate transportation, follow-up treatment and rehabilitation as necessary for all injuries sustained by athletes in the program;
- I. With a physician, determination of when an athlete may safely return to full participation post-injury; and
- J. Maintenance of complete and accurate records of all athletic injuries and treatments rendered.

To carry out these functions the athletic trainer is authorized to utilize modalities, including, but not limited to, heat, light, sound, cold, electricity, exercise, or mechanical devices related to care and reconditioning.

(5) "Referral" means the guidance and direction given by the physician, who shall maintain supervision of the athlete.

(6) "Athletic trainer aide" means a person who has received on-the-job training specific to the facility in which he or she is employed, on either a paid or volunteer basis, but is not enrolled in an accredited athletic training curriculum.

(7) "Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file as maintained by the Department's licensure maintenance unit. It is the duty of the applicant or licensee to inform the Department of any change of address, and those changes must be made either through the Department's website or by contacting the Department.

(8) "Board of Certification" means the Board of Certification for the Athletic Trainer.
(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/4) (from Ch. 111, par. 7604)

(Section scheduled to be repealed on January 1, 2026)

Sec. 4. Licensure; exempt activities. No person shall provide any of the services set forth in subsection (4) of Section 3 of this Act, or use the title "athletic trainer" or "certified athletic trainer" or "athletic trainer certified" or "licensed athletic trainer" or the letters "A.T.", "C.A.T.", "A.T.C.", "A.C.T.", or "I.A.T.L." after his or her name, unless licensed under this Act.

Nothing in this Act shall be construed as preventing or restricting the practice, services, or activities of:

- (1) Any person licensed or registered in this State by any other law from engaging in the profession or occupation for which he or she is licensed or registered.
- (2) Any person employed as an athletic trainer by the Government of the United States, if such person provides athletic training solely under the direction or control of the organization by which he or she is employed.
- (3) Any person pursuing a course of study leading to a degree or certificate in athletic training at an accredited educational program if such activities and services constitute a part of a supervised course of study involving daily personal or verbal contact at the site of supervision between the athletic training student and the licensed athletic trainer who plans, directs, advises, and evaluates the student's athletic training clinical education. The supervising licensed athletic trainer must be on-site where the athletic training clinical education is being obtained. A person meeting the criteria under this paragraph (3) must be designated by a title which clearly indicates his or her status as a student or trainee.
- (4) (Blank).
- (5) The practice of athletic training under the supervision of a licensed athletic trainer by one who has applied in writing to the Department for licensure and has complied with all the provisions of Section 9 except the passing of the examination to be eligible to receive such license. This

- temporary right to act as an athletic trainer shall expire 3 months after the filing of his or her written application to the Department; when the applicant has been notified of his or her failure to pass the examination authorized by the Department; when the applicant has withdrawn his or her application; when the applicant has received a license from the Department after successfully passing the examination authorized by the Department; or when the applicant has been notified by the Department to cease and desist from practicing, whichever occurs first. This provision shall not apply to an applicant who has previously failed the examination.
- (6) Any person in a coaching position from rendering emergency care on an as needed basis to the athletes under his or her supervision when a licensed athletic trainer is not available.
 - (7) Any person who is an athletic trainer from another state or territory of the United States or another nation, state, or territory acting as an athletic trainer while performing his or her duties for his or her respective non-Illinois based team or organization, so long as he or she restricts his or her duties to his or her team or organization during the course of his or her team's or organization's stay in this State. For the purposes of this Act, a team shall be considered based in Illinois if its home contests are held in Illinois, regardless of the location of the team's administrative offices.
 - (8) The practice of athletic training by persons licensed in another state who have applied in writing to the Department for licensure by endorsement. This temporary right to act as an athletic trainer shall expire 6 months after the filing of his or her written application to the Department; upon the withdrawal of the application for licensure under this Act; upon delivery of a notice of intent to deny the application from the Department; or upon the denial of the application by the Department, whichever occurs first.
 - (9) The practice of athletic training by one who has applied in writing to the Department for licensure and has complied with all the provisions of Section 9. This temporary right to act as an athletic trainer shall expire 6 months after the filing of his or her written application to the Department; upon the withdrawal of the application for licensure under this Act; upon delivery of a notice of intent to deny the application from the Department; or upon the denial of the application by the Department, whichever occurs first.
 - (10) The practice of athletic training by persons actively licensed as an athletic trainer in another state or territory of the United States or another country, or currently certified by the Board of Certification, or its successor entity, at a special athletic tournament or event conducted by a sanctioned amateur athletic organization, including, but not limited to, the Prairie State Games and the Special Olympics, for no more than 14 days. This shall not include contests or events that are part of a scheduled series of regular season events.
 - (11) Athletic trainer aides from performing patient care activities under the on-site supervision of a licensed athletic trainer. These patient care activities shall not include interpretation of referrals or evaluation procedures, planning or major modifications of patient programs, administration of medication, or solo practice or event coverage without immediate access to a licensed athletic trainer.
 - (12) Persons or entities practicing the specified occupations set forth in subsection (a) of, and pursuant to a licensing exemption granted in subsection (b) or (d) of, Section 2105-350 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois, but only for so long as the 2016 Olympic and Paralympic Games Professional Licensure Exemption Law is operable.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/5) (from Ch. 111, par. 7605)

(Section scheduled to be repealed on January 1, 2026)

Sec. 5. Administration of Act; rules and forms.

(a) The Department shall exercise the powers and duties prescribed by the Civil Administrative Code of Illinois for the administration of Licensure Acts and shall exercise such other powers and duties necessary for effectuating the purposes of this Act.

(b) The Secretary may promulgate rules consistent with the provisions of this Act for the administration and enforcement thereof, and for the payment of fees connected therewith, and may prescribe forms which shall be issued in connection therewith. The rules may include standards and criteria for licensure, certification, and professional conduct and discipline. The Department may consult with the Board in promulgating rules.

(c) The Department may at any time seek the advice and the expert knowledge of the Board on any matter relating to the administration of this Act.

(d) (Blank).

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/6) (from Ch. 111, par. 7606)

(Section scheduled to be repealed on January 1, 2026)

Sec. 6. Board. The Secretary shall appoint an Illinois Board of Athletic Trainers as follows: 7 persons who shall be appointed by and shall serve in an advisory capacity to the Secretary. Two members must be licensed physicians in good standing in this State; 4 members must be licensed athletic trainers in good standing, and actively engaged in the practice or teaching of athletic training in this State; and 1 member must be a public member who is not licensed under this Act, or a similar Act of another jurisdiction, and is not a provider of athletic health care service.

Members shall serve 4 year terms and until their successors are appointed and qualified. No member shall be reappointed to the Board for more than 2 consecutive terms. Appointments to fill vacancies shall be made in the same manner as original appointments, for the unexpired portion of the vacated term.

The Secretary shall have the authority to remove or suspend any member of the Board for cause at any time before the expiration of his or her term. The Secretary shall be the sole arbiter of cause which in the opinion of the Secretary reasonably justifies such termination.

The Secretary may consider the recommendation of the Board on questions involving standards of professional conduct, discipline, and qualifications of candidates and license holders under this Act.

Four members of the Board shall constitute a quorum. A quorum is required for all Board decisions. Members of the Board have no liability in any action based upon any disciplinary proceeding or other activity performed in good faith as a member of the Board. Members of the Board shall be reimbursed for all legitimate, necessary, and authorized expenses incurred in attending the meetings of the Board, from funds appropriated for that purpose.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/7) (from Ch. 111, par. 7607)

(Section scheduled to be repealed on January 1, 2026)

Sec. 7. Applications for original licensure. Applications for original licensure shall be made to the Department in writing on forms prescribed by the Department and shall be accompanied by the required fee, which shall not be returnable. Any such application shall require such information as in the judgment of the Department will enable the Department to pass on the qualifications of the applicant

for licensure. Applicants have 3 years from the date of application to complete the application process. If the process has not been completed within 3 years, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication. (Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/7.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 7.5. Social Security Number on license application. In addition to any other information required to be contained in the application, every application for an original license under this Act shall include the applicant's Social Security Number, which shall be retained in the Department's records pertaining to the license. As soon as practical, the Department shall assign a customer's identification number to each applicant for a license. Every application for a renewal or restored license shall require the applicant's customer identification number.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/8) (from Ch. 111, par. 7608)

(Section scheduled to be repealed on January 1, 2026)

Sec. 8. Examinations. If an applicant neglects, fails, or refuses to take an examination or fails to pass an examination for licensure under this Act within 3 years after filing his or her application, the application shall be denied. The applicant may thereafter make a new application accompanied by the required fee; however, the applicant shall meet all requirements in effect at the time of subsequent application before obtaining licensure.

The Department may employ consultants for the purposes of preparing and conducting examinations. (Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/9) (from Ch. 111, par. 7609)

(Section scheduled to be repealed on January 1, 2026)

Sec. 9. Qualifications for licensure. A person shall be qualified for licensure as an athletic trainer if he or she fulfills all of the following:

(a) Has graduated from a curriculum in athletic

training accredited by the Commission on Accreditation of Athletic Training Education (CAATE), its successor entity, or its equivalent, as approved by the Department.

(b) Gives proof of current certification, on the date

of application, in cardiopulmonary resuscitation (CPR) and automated external defibrillators (AED) for Healthcare Providers and Professional Rescuers or its equivalent based on American Red Cross or American Heart Association standards.

(b-5) Has graduated from a 4 year accredited college

or university.

(c) Has passed an examination approved by the

Department to determine his or her fitness for practice as an athletic trainer, or is entitled to be licensed without examination as provided in Sections 7 and 8 of this Act.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/10) (from Ch. 111, par. 7610)

(Section scheduled to be repealed on January 1, 2026)

Sec. 10. Expiration and renewal; continuing education requirement. The expiration date and renewal period for licenses issued under this Act shall be set by rule. As a condition for renewal of a license, licensees shall be required to complete continuing education in athletic training in accordance with rules established by the Department.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/11) (from Ch. 111, par. 7611)

(Section scheduled to be repealed on January 1, 2026)

Sec. 11. Inactive licenses; restoration. Any athletic trainer who notifies the Department in writing on forms prescribed by the Department, may elect to place his or her license on an inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until he or she notifies the Department in writing of his or her desire to resume active status.

Any athletic trainer requesting restoration from inactive status shall be required to pay the current renewal fee, shall demonstrate compliance with continuing education requirements, if any, and shall be required to restore his or her license as provided in Section 12.

Any athletic trainer whose license is in expired or inactive status shall not practice athletic training in the State of Illinois.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/12) (from Ch. 111, par. 7612)

(Section scheduled to be repealed on January 1, 2026)

Sec. 12. Restoration of expired licenses. An athletic trainer who has permitted his or her license to expire or who has had his or her license on inactive status may have his or her license restored by making application to the Department and filing proof acceptable to the Department of his or her fitness to have his or her license restored, and by paying the required fees. Proof of fitness may include sworn evidence certifying active lawful practice in another jurisdiction.

If the athletic trainer has not maintained an active practice in another jurisdiction satisfactory to the Department, the Department shall determine, by an evaluation program established by rule, his or her fitness for restoration of the license and shall establish procedures and requirements for restoration.

Any athletic trainer whose license has been expired for more than 5 years may have his or her license restored by making application to the Department and filing proof acceptable to the Department of his or her fitness to have his or her license restored, including sworn evidence certifying to active practice in another jurisdiction and by paying the required restoration fee. However, any athletic trainer whose license has expired while he or she has been engaged (1) in the federal service in active duty with the Army of the United States, the United States Navy, the Marine Corps, the Air Force, the Coast Guard, or the State Militia called into the service or training of the United States of America, or (2) in training or education under the supervision of the United States preliminary to induction into the military service, may have his or her license restored without paying any lapsed renewal fees or restoration fee, if within 2 years after termination of such service, training, or education, other than by dishonorable discharge, he or she furnished the Department with an affidavit to the effect that he or she has been so engaged and that his or her service, training, or education has been so terminated.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/13) (from Ch. 111, par. 7613)

(Section scheduled to be repealed on January 1, 2026)

Sec. 13. Endorsement. The Department may, at its discretion, license as an athletic trainer, without examination, on payment of the required fee, an applicant for licensure who is an athletic trainer registered or licensed under the laws of another jurisdiction if the requirements pertaining to athletic trainers in such jurisdiction were at the date of his or her registration or licensure substantially equal to the requirements in force in Illinois on that date or equivalent to the requirements of this Act.

Applicants have 3 years from the date of application to complete the application process. If the process has not been completed in 3 years, the application shall be denied, the fee forfeited and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/14) (from Ch. 111, par. 7614)

(Section scheduled to be repealed on January 1, 2026)

Sec. 14. Fees; returned checks. The fees for administration and enforcement of this Act, including but not limited to original licensure, renewal, and restoration shall be set by rule. The fees shall be non-refundable.

Any person who delivers a check or other payment to the Department that is returned to the Department unpaid by the financial institution upon which it is drawn shall pay to the Department, in addition to the amount already owed to the Department, a fine of \$50.

The fines imposed by this Section are in addition to any other discipline provided under this Act for unlicensed practice or practice on a nonrenewed license. The Department shall notify the person that payment of fees and fines shall be paid to the Department by certified check or money order within 30 calendar days of the notification. If, after the expiration of 30 days from the date of the notification, the person has failed to submit the necessary remittance, the Department shall automatically terminate the license or certificate or deny the application, without hearing. If, after termination or denial, the person seeks a license or certificate, he or she shall apply to the Department for restoration or issuance of the license or certificate and pay all fees and fines due to the Department. The Department may establish a fee for the processing of an application for restoration of a license or certificate to pay all expenses of processing this application. The Secretary may waive the fines due under this Section in individual cases where the Secretary finds that the fines would be unreasonable or unnecessarily burdensome.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/15) (from Ch. 111, par. 7615)

(Section scheduled to be repealed on January 1, 2026)

Sec. 15. Roster of licensees. The Department shall maintain a roster of the names and addresses of all licensees and of all persons whose license has been suspended or revoked within the previous year. This roster shall be available upon written request and payment of the required fee.

(Source: P.A. 89-216, eff. 1-1-96.)

(225 ILCS 5/16) (from Ch. 111, par. 7616)

(Section scheduled to be repealed on January 1, 2026)

Sec. 16. Grounds for discipline.

(1) The Department may refuse to issue or renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary action as the Department may deem proper, including fines not to exceed \$10,000 for each violation, with regard to any licensee for any one or combination of the

following:

- (A) Material misstatement in furnishing information to the Department;
- (B) Violations of this Act, or of the rules or regulations promulgated hereunder;
- (C) Conviction of or plea of guilty to any crime under the Criminal Code of 2012 or the laws of any jurisdiction of the United States that is (i) a felony, (ii) a misdemeanor, an essential element of which is dishonesty, or (iii) of any crime that is directly related to the practice of the profession;
- (D) Fraud or any misrepresentation in applying for or procuring a license under this Act, or in connection with applying for renewal of a license under this Act;
- (E) Professional incompetence or gross negligence;
- (F) Malpractice;
- (G) Aiding or assisting another person, firm, partnership, or corporation in violating any provision of this Act or rules;
- (H) Failing, within 60 days, to provide information in response to a written request made by the Department;
- (I) Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud or harm the public;
- (J) Habitual or excessive use or abuse of drugs defined in law as controlled substances, alcohol, or any other substance that results in the inability to practice with reasonable judgment, skill, or safety;
- (K) Discipline by another state, unit of government, government agency, the District of Columbia, territory, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth herein;
- (L) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate, or other form of compensation for any professional services not actually or personally rendered. Nothing in this subparagraph (L) affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this subparagraph (L) shall be construed to require an employment arrangement to receive professional fees for services rendered;
- (M) A finding by the Department that the licensee after having his or her license disciplined has violated the terms of probation;
- (N) Abandonment of an athlete;
- (O) Willfully making or filing false records or reports in his or her practice, including but not limited to false records filed with State agencies or departments;
- (P) Willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act;
- (Q) Physical illness, including but not limited to deterioration through the aging process, or loss of motor skill that results in the inability to practice the profession with reasonable judgment, skill, or safety;
- (R) Solicitation of professional services other than by permitted institutional policy;
- (S) The use of any words, abbreviations, figures or letters with the intention of indicating practice as an athletic trainer without a valid license as an athletic trainer under this Act;
- (T) The evaluation or treatment of ailments of human beings other than by the practice of athletic training as defined in this Act or the treatment of injuries of athletes by a licensed athletic trainer

except by the referral of a physician, podiatric physician, or dentist;

(U) Willfully violating or knowingly assisting in the violation of any law of this State relating to the use of habit-forming drugs;

(V) Willfully violating or knowingly assisting in the violation of any law of this State relating to the practice of abortion;

(W) Continued practice by a person knowingly having an infectious communicable or contagious disease;

(X) Being named as a perpetrator in an indicated report by the Department of Children and Family Services pursuant to the Abused and Neglected Child Reporting Act and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act;

(Y) (Blank);

(Z) Failure to fulfill continuing education requirements;

(AA) Allowing one's license under this Act to be used by an unlicensed person in violation of this Act;

(BB) Practicing under a false or, except as provided by law, assumed name;

(CC) Promotion of the sale of drugs, devices, appliances, or goods provided in any manner to exploit the client for the financial gain of the licensee;

(DD) Gross, willful, or continued overcharging for professional services;

(EE) Mental illness or disability that results in the inability to practice under this Act with reasonable judgment, skill, or safety; or

(FF) Cheating on or attempting to subvert the licensing examination administered under this Act.

All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or in accordance with the terms set forth in the order imposing the fine.

(2) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. Such suspension will end only upon a finding by a court that the licensee is no longer subject to involuntary admission or judicial admission and issuance of an order so finding and discharging the licensee.

(3) The Department may refuse to issue or may suspend without hearing, as provided for in the Code of Civil Procedure, the license of any person who fails to file a return, to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied in accordance with subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(4) In enforcing this Section, the Department, upon a showing of a possible violation, may compel any individual who is licensed under this Act or any individual who has applied for licensure to submit to a mental or physical examination or evaluation, or both, which may include a substance abuse or sexual offender evaluation, at the expense of the Department. The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical

social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

The Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed. The Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this examination and evaluation of the licensee or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an evaluation and examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the examination and evaluation. The individual to be examined may have at his or her own expense, another physician of his or her choice present during all aspects of the examination.

Failure of any individual to submit to a mental or physical examination or evaluation, or both, when directed, shall result in an automatic suspension without hearing, until such time as the individual submits to the examination. If the Department finds a licensee unable to practice because of the reasons set forth in this Section, the Department shall require the licensee to submit to care, counseling, or treatment by physicians approved or designated by the Department as a condition for continued, reinstated, or renewed licensure.

When the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department shall have the authority to review the licensee's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

Individuals licensed under this Act who are affected under this Section shall be afforded an opportunity to demonstrate to the Department that they can resume practice in compliance with acceptable and prevailing standards under the provisions of their license.

(5) (Blank).

(6) In cases where the Department of Healthcare and Family Services has previously determined a licensee or a potential licensee is more than 30 days delinquent in the payment of child support and has subsequently certified the delinquency to the Department, the Department may refuse to issue or renew or may revoke or suspend that person's license or may take other disciplinary action against that person based solely upon the certification of delinquency made by the Department of Healthcare and

Family Services in accordance with paragraph (5) of subsection (a) of Section 2105-15 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois.

(Source: P.A. 99-469, eff. 8-26-15; 100-872, eff. 8-14-18.)

(225 ILCS 5/16.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 16.5. Suspension of license for failure to pay restitution. The Department, without further process or hearing, shall suspend the license or other authorization to practice of any person issued under this Act who has been certified by court order as not having paid restitution to a person under Section 8A-3.5 of the Illinois Public Aid Code or under Section 17-10.5 or 46-1 of the Criminal Code of 1961 or the Criminal Code of 2012. A person whose license or other authorization to practice is suspended under this Section is prohibited from practicing until the restitution is made in full.

(Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

(225 ILCS 5/17) (from Ch. 111, par. 7617)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17. Violations; injunction; cease and desist order.

(a) If any person violates a provision of this Act, the Secretary may, in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois or the State's Attorney of the county in which the violation is alleged to have occurred, petition for an order enjoining such violation or for an order enforcing compliance with this Act. Upon the filing of a verified petition in such court, the court may issue a temporary restraining order, without notice or bond, and may preliminarily and permanently enjoin such violation, and if it is established that such person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this Section shall be in addition to, and not in lieu of, all other remedies and penalties provided by this Act.

(b) If any person shall hold himself or herself out in a manner prohibited by this Act, any interested party or any person injured thereby may, in addition to the Secretary, petition for relief as provided in subsection (a) of this Section.

(c) Whenever in the opinion of the Department any person violates any provision of this Act, the Department may issue a rule to show cause why an order to cease and desist should not be entered against him or her. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued forthwith.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/17.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17.5. Unlicensed practice; violation; civil penalty.

(a) In addition to any other penalty provided by law, any person who practices, offers to practice, attempts to practice, or holds oneself out to practice as a licensed athletic trainer without being licensed under this Act shall, in addition to any other penalty provided by law, pay a civil penalty to the Department in an amount not to exceed \$10,000 for each offense as determined by the Department. The civil penalty shall be assessed by the Department after a hearing is held in accordance with the provisions set forth in this Act regarding the provision of a hearing for the discipline of a licensee.

(b) The Department has the authority and power to investigate any and all unlicensed activity.

(c) The civil penalty shall be paid within 60 days after the effective date of the order imposing the civil penalty or in accordance with the order imposing the civil penalty. The order shall constitute a judgment and may be filed and execution had thereon in the same manner as any judgment from any court of record.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/18) (from Ch. 111, par. 7618)

(Section scheduled to be repealed on January 1, 2026)

Sec. 18. Investigations; notice and hearing. The Department may investigate the actions of any applicant or of any person or persons holding or claiming to hold a license. The Department shall, before refusing to issue or to renew a license or disciplining a registrant, at least 30 days prior to the date set for the hearing, notify in writing the applicant or licensee of the nature of the charges and the time and place that a hearing will be held on the charges. The Department shall direct the applicant or licensee to file a written answer under oath within 20 days after the service of the notice. In case the person fails to file an answer after receiving notice, his or her license or certificate may, in the discretion of the Department, be suspended, revoked, or placed on probationary status, or the Department may take whatever disciplinary action deemed proper, including limiting the scope, nature, or extent of the person's practice or the imposition of a fine, without a hearing, if the act or acts charged constitute sufficient grounds for such action under this Act. At the time and place fixed in the notice, the Department shall proceed to hear the charges, and the parties or their counsel shall be accorded ample opportunity to present such statements, testimony, evidence, and argument as may be pertinent to the charges or to their defense. The Department may continue a hearing from time to time. The written notice and any notice in the subsequent proceeding may be served by registered or certified mail to the licensee's address of record.

(Source: P.A. 99-469, eff. 8-26-15; 99-642, eff. 7-28-16.)

(225 ILCS 5/18.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 18.5. Confidentiality. All information collected by the Department in the course of an examination or investigation of a licensee or applicant, including, but not limited to, any complaint against a licensee filed with the Department and information collected to investigate any such complaint, shall be maintained for the confidential use of the Department and shall not be disclosed. The Department may not disclose the information to anyone other than law enforcement officials, other regulatory agencies that have an appropriate regulatory interest as determined by the Secretary, or a party presenting a lawful subpoena to the Department. Information and documents disclosed to a federal, State, county, or local law enforcement agency shall not be disclosed by the agency for any purpose to any other agency or person. A formal complaint filed against a licensee by the Department or any order issued by the Department against a licensee or applicant shall be a public record, except as otherwise prohibited by law.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/19) (from Ch. 111, par. 7619)

(Section scheduled to be repealed on January 1, 2026)

Sec. 19. Record of proceedings. The Department, at its expense, shall preserve a record of all proceedings at the formal hearing of any case. The notice of hearing, complaint and all other documents in the nature of pleadings and written motions filed in the proceedings, the transcript of testimony, the

report of the Board and order of the Department shall be the record of such proceeding. Any licensee who is found to have violated this Act or who fails to appear for a hearing to refuse to issue, restore, or renew a license or to discipline a licensee may be required by the Department to pay for the costs of the proceeding. These costs are limited to costs for court reporters, transcripts, and witness attendance and mileage fees. All costs imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or in accordance with the terms set forth in the order imposing the fine. (Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/19.5)

(Section scheduled to be repealed on January 1, 2026)

Sec. 19.5. Subpoenas; oaths. The Department may subpoena and bring before it any person and may take the oral or written testimony of any person or compel the production of any books, papers, records, or any other documents that the Secretary or his or her designee deems relevant or material to an investigation or hearing conducted by the Department with the same fees and mileage and in the same manner as prescribed by law in judicial procedure in civil cases in courts of this State.

The Secretary, the designated hearing officer, any member of the Board, or a certified shorthand court reporter may administer oaths at any hearing which the Department conducts. Notwithstanding any other statute or Department rule to the contrary, all requests for testimony or production of documents or records shall be in accordance with this Act.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/20) (from Ch. 111, par. 7620)

(Section scheduled to be repealed on January 1, 2026)

Sec. 20. Attendance of witnesses; contempt. Any circuit court may, upon application of the Department or its designee or of the applicant or licensee against whom proceedings pursuant to Section 20 of this Act are pending, enter an order requiring the attendance of witnesses and their testimony, and the production of documents, papers, files, books, and records in connection with any hearing or investigation. The court may compel obedience to its order by proceedings for contempt.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/21) (from Ch. 111, par. 7621)

(Section scheduled to be repealed on January 1, 2026)

Sec. 21. Findings of Board. At the conclusion of the hearing the Board shall present to the Secretary a written report of its findings of fact, conclusions of law, and recommendations. The report shall contain a finding of whether or not the accused person violated this Act or failed to comply with the conditions required in this Act. The Board shall specify the nature of the violation or failure to comply, and shall make its recommendations to the Secretary.

The report of findings of fact, conclusions of law, and recommendations of the Board shall be the basis for the Department's order refusing to issue, restore, or renew a license, or otherwise disciplining a licensee. If the Secretary disagrees with the report of the Board, the Secretary may issue an order in contravention of the Board report. The finding is not admissible in evidence against the person in a criminal prosecution brought for the violation of this Act, but the hearing and finding are not a bar to a criminal prosecution brought for the violation of this Act.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/22) (from Ch. 111, par. 7622)

(Section scheduled to be repealed on January 1, 2026)

Sec. 22. Report of Board; motion for rehearing. In any case involving the refusal to issue or renew a license or the discipline of a licensee, a copy of the Board's report shall be served upon the respondent by the Department as provided in this Act for the service of the notice of hearing. Within 20 days after such service, the respondent may present to the Department a motion in writing for a rehearing, which motion shall specify the particular grounds therefor. If no motion for rehearing is filed, then upon the expiration of the time specified for filing such a motion, or if a motion for rehearing is denied, then upon such denial the Secretary may enter an order in accordance with recommendations of the Board except as provided in Section 23 of this Act. If the respondent shall order from the reporting service, and pay for a transcript of the record within the time for filing a motion for rehearing, the 20 day period within which such a motion may be filed shall commence upon the delivery of the transcript to the respondent. (Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/23) (from Ch. 111, par. 7623)

(Section scheduled to be repealed on January 1, 2026)

Sec. 23. Rehearing. Whenever the Secretary is satisfied that substantial justice has not been done in the revocation or suspension of a license or refusal to issue or renew a license, the Secretary may order a rehearing by the same or other examiners.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/24) (from Ch. 111, par. 7624)

(Section scheduled to be repealed on January 1, 2026)

Sec. 24. Hearing officer appointment. The Secretary shall have the authority to appoint any attorney duly licensed to practice law in the State of Illinois to serve as the hearing officer in any action for refusal to issue or renew a license, or for the taking of disciplinary action against a license. The hearing officer shall have full authority to conduct the hearing. The hearing officer shall report his or her findings of fact, conclusions of law, and recommendations to the Board and the Secretary. The Board shall have 90 days from receipt of the report to review the report of the hearing officer and present its findings of fact, conclusions of law and recommendation to the Secretary. If the Board fails to present its report within the 90 day period, the Secretary may issue an order based on the report of the hearing officer. If the Secretary determines that the Board's report is contrary to the manifest weight of the evidence, he or she may issue an order in contravention of the Board's report.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/25) (from Ch. 111, par. 7625)

(Section scheduled to be repealed on January 1, 2026)

Sec. 25. Order or certified copy; prima facie proof. An order or a certified copy thereof, over the seal of the Department and purporting to be signed by the Secretary, shall be prima facie proof:

(a) That such signature is the genuine signature of

the Secretary;

(b) That such Secretary is duly appointed and

qualified;

(c) (Blank).

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/26) (from Ch. 111, par. 7626)

(Section scheduled to be repealed on January 1, 2026)

Sec. 26. Restoration of license from discipline. At any time after the successful completion of a term of indefinite probation, suspension or revocation of any license, the Department may restore the license to the licensee, unless, after an investigation and a hearing, the Secretary determines that restoration is not in the public interest or that the licensee has not been sufficiently rehabilitated to warrant the public trust. No person or entity whose license, certificate, or authority has been revoked as authorized in this Act may apply for restoration of that license, certificate, or authority until such time as provided for in the Civil Administrative Code of Illinois.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/27) (from Ch. 111, par. 7627)

(Section scheduled to be repealed on January 1, 2026)

Sec. 27. Surrender of license. Upon the revocation or suspension of any license, the licensee shall forthwith surrender the license or licenses to the Department, and if he or she fails to do so, the Department shall have the right to seize the license.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/28) (from Ch. 111, par. 7628)

(Section scheduled to be repealed on January 1, 2026)

Sec. 28. Summary suspension of a license. The Secretary may summarily suspend the license of an athletic trainer without a hearing, simultaneously with the institution of proceedings for a hearing provided for in Section 20 of this Act, if the Secretary finds that evidence indicates that an athletic trainer's continuation in practice would constitute an imminent danger to the public. In the event that the Secretary suspends, summarily, the license of an athletic trainer without a hearing, a hearing shall be commenced within 30 days after such suspension has occurred and shall be concluded as expeditiously as possible.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/29) (from Ch. 111, par. 7629)

(Section scheduled to be repealed on January 1, 2026)

Sec. 29. Administrative review; venue. All final administrative decisions of the Department are subject to judicial review pursuant to the provisions of the "Administrative Review Law" and all rules adopted pursuant thereto. The term "administrative decision" is defined as in Section 3-101 of the Code of Civil Procedure.

Proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying for review resides; but if the party is not a resident of this State, the venue shall be in Sangamon County.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/30) (from Ch. 111, par. 7630)

(Section scheduled to be repealed on January 1, 2026)

Sec. 30. Certifications of record; costs. The Department shall not be required to certify any record to the Court or file any answer in court or otherwise appear in any court in a judicial review proceeding,

unless and until the Department has received from the plaintiff payment of the costs of furnishing and certifying the record, which costs shall be determined by the Department. Exhibits shall be certified without cost. Failure on the part of the plaintiff to file a receipt in court shall be grounds for dismissal of the action.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/31) (from Ch. 111, par. 7631)

(Section scheduled to be repealed on January 1, 2026)

Sec. 31. Criminal penalties. Any person who is found to have violated any provision of this Act is guilty of a Class A misdemeanor for a first offense. On conviction of a second or subsequent offense, the violator shall be guilty of a Class 4 felony.

(Source: P.A. 99-469, eff. 8-26-15.)

(225 ILCS 5/32) (from Ch. 111, par. 7632)

(Section scheduled to be repealed on January 1, 2026)

Sec. 32. Administrative Procedure Act applicable. The Illinois Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all of the provisions of that Act were included in this Act, except that the provision of subsection (d) of Section 10-65 of the Illinois Administrative Procedure Act that provides that at hearings the certificate holder has the right to show compliance with all lawful requirements for retention, continuation or renewal of certification is specifically excluded. For the purpose of this Act the notice required under Section 10-25 of the Illinois Administrative Procedure Act is deemed sufficient when mailed to the last known address of a party.

(Source: P.A. 88-45.)

(225 ILCS 5/33) (from Ch. 111, par. 7633)

(Section scheduled to be repealed on January 1, 2026)

Sec. 33. Public policy. It is declared to be the public policy of this State, pursuant to paragraphs (h) and (i) of Section 6 of Article VII of the Illinois Constitution of 1970, that any power or function set forth in this Act to be exercised by the State is an exclusive State power or function. Such power or function shall not be exercised concurrently, either directly or indirectly, by any unit of local government, including home rule units, except as otherwise provided in this Act.

(Source: P.A. 84-1080.)

(225 ILCS 5/34) (from Ch. 111, par. 7634)

(Section scheduled to be repealed on January 1, 2026)

Sec. 34. Persons currently practicing. Any person currently holding an active Illinois license as an athletic trainer on the effective date of this amendatory Act of the 94th General Assembly shall be considered licensed under this Act.

Applications for a license under this Section must be made within 180 days from the effective date of this Act.

(Source: P.A. 94-246, eff. 1-1-06.)

(225 ILCS 5/34.1)

(Section scheduled to be repealed on January 1, 2026)

Sec. 34.1. Partial invalidity. If any portion of this Act is held invalid, such invalidity shall not affect any other part of this Act, which can be given effect without the invalid portion.

(Source: P.A. 94-246, eff. 1-1-06.)

(225 ILCS 5/35)

(Section scheduled to be repealed on January 1, 2026)

Sec. 35. Deposit of fees and fines; appropriations. All of the fees and fines collected under this Act shall be deposited in the General Professions Dedicated Fund. All monies in the fund shall be used by the Department, as appropriated, for the ordinary and contingent expenses of the Department.

(Source: P.A. 89-216, eff. 1-1-96.)

Appendix B
Semester by Semester Course Plan - 57 Total Hours

1st Summer	
ATH 500 Foundations of Evidence-Based Practice - 3	
ATH 501 Diagnostic Splinting and Bracing - 3	
Total Hours = 6	

1st Year	
<u>FALL</u>	<u>SPRING</u>
ATH 510 Evaluation and Assessment of Orthopedic Injuries I – 3	ATH 511 Evaluation and Assessment of Orthopedic Injuries II - 3
ATH 513 Evaluation and Assessment of Medical Conditions – 3	ATH 512 Evaluations and Assessment of Orthopedic Injuries III – 2
ATH 514 Therapeutic Modalities – 3	ATH 520 Therapeutic Exercise and Reconditioning I - 3
ATH 515 Clinical Integration I – 2	ATH 516 Clinical Integration II – 2
	ATH 522 OSCE - .5
TOTAL HOURS = 11	TOTAL HOURS = 10.5

2ND Summer	
ATH 517 Clinical Integration III - 3	
ATH 600 Seminar I – 1	
ATH 525 Health and Recovery - 2	
Total Hours = 6	

2ND YEAR	
<u>FALL</u>	<u>SPRING</u>
ATH 610 Healthcare Administration I – 2	ATH 611 Healthcare Administration II - 2
ATH 518 Clinical Integration IV – 3	ATH 519 Clinical Integration V - 2
ATH 601 Seminar II – 2	ATH 615 Professional Behaviors and Research II – 3
ATH 553 Pharmacology for Athletic Trainers -3	
ATH 521 Therapeutic Exercise and Reconditioning II – 3	ATH 602 Seminar III – 2
ATH 614 Professional Behaviors and Research I - 1	ATH 616 OSCE - .5
TOTAL HOURS = 14	TOTAL HOURS = 9.5

Appendix C

Confidentiality Form

Athletic training encompasses the prevention, examination, diagnosis, treatment, and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession.

Medical records are created/maintained and confidentiality is essential. At no time should there be any discussion about an injury or medical condition of an injured student-athlete or patient with anyone other than the immediate medical staff. This includes anyone other than medical staff without prior written consent from the athlete or patient. Athletic training students must always be aware of surroundings and other persons present before discussing any information relating to a student-athlete or patient.

As an athletic training student, I understand that information on students-athletes or patients is confidential and may not be divulged to anyone except the person who owns the information; those faculty, staff, clinical preceptors or administrators who have a need to know; and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Acts of 1974, as amended (FERPA). I understand that I am to be compliant with the Health Insurance Portability and Accountability Act (HIPAA), as well as all Protected Health Information (PHI).

Furthermore, I understand that as an athletic training student I am required to uphold the Board of Certification (BOC) Standards of Professional Practice as well as the Code of Ethics of the National Athletic Trainers Association (NATA) and the State of Illinois Athletic Trainers Act. A copy of each of these documents is present in the Athletic Training Program Policies and Procedures Manual.

A student's signature on this form indicates that she/he has read the above statements and agrees to abide by all the information described above.

Failure to comply with the above policies and procedures will result in disciplinary action against the student as outlined in the Athletic Training Program Manual.

Printed Name

Signature

Date

Appendix D

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood and 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 my own expense. 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 receive the vaccination series at my own expense.

Printed Name

Signature

Date

Appendix E
EXPOSURE INCIDENT REPORT

TO BE COMPLETED BY THE STAFF/STUDENT AND REVIEWED WITH THE SUPERVISOR

Name _____ Date _____
SS # _____
Job Title _____ Date of Birth _____
Home Phone _____ Work Phone _____
Exposure Date _____ Exposure time _____
Where did the incident occur? _____

Nature of incident: (splash to exposed membrane or non-intact skin)

Describe what task(s) were being performed when the exposure occurred:

Were you wearing personal protective equipment (PPE)? Yes _____ No _____

Did the PPE fail? Yes _____ No _____ If yes, explain how: _____

To what fluids were you exposed? _____

What parts of your body became exposed? _____

Was this a puncture wound? Yes _____ No _____ If yes, what was the object?

Where did it penetrate your body? _____

Was any fluid injected into your body? Yes _____ No _____ If yes, what was the object?

Did you receive medical attention? Yes _____ No _____ If yes, where? _____

When? _____ By whom? _____

Identification of source individual (s) _____

Signature _____ Date _____

Reviewed by _____ Date _____

Appendix E

IDENTIFICATION AND DOCUMENTATION SOURCE INDIVIDUAL

Exposed Staff/Student _____

Healthcare provider _____

INCIDENT INFORMATION

Incident Date _____

Source Individual _____

Describe the incident _____

REPORT OF SOURCE INDIVIDUAL EVALUATION

Reviewed by _____ Date _____

Source individual unknown _____

Testing of source individual's blood: Consent obtained _____ Refused _____

CHECK ONE:

_____ Identification of source individual impractical or prohibited by state or local law.
State why if impractical _____

_____ Testing of source individual reflected no known exposure to Bloodborne Pathogens.

_____ Testing of source individual indicated possible exposure to Bloodborne Pathogens.
Medical follow-up is recommended.

Supervisor of Exposed Staff/Student _____

Date _____

Appendix E

EXPOSURE FOLLOW-UP RECORD

Name _____ Department _____

Date of exposure _____ Date Reported _____

SOURCE INDIVIDUAL FOLLOW-UP:

Request made of: _____ Date _____

STAFF/STUDENT FOLLOW-UP:

Staff/Student's file reviewed by _____ Date _____

Information given on source individual's blood test results by the appropriate healthcare provider only?
Yes _____ Not obtained _____

Referred to healthcare professional with required information:

Name of healthcare professional _____

Blood sampling/testing offered:

Sample obtained by _____ Date _____

Testing consent given: Yes _____ No _____

Vaccination offered/recommended:

By whom _____ Date _____

Staff/Student advised of need for further evaluation of medical condition/treatment:

By whom _____ Date _____

Follow-up required:

By whom _____ Date received _____

Signature _____ Date _____

Supervisor Signature _____ Date _____

Appendix F

COMMUNICABLE DISEASE POLICY

Athletic training students are reminded to follow proper hand washing procedures at all times to reduce the possibility of acquiring and/or transmitting a communicable disease to athletes/patients, other athletic training students or other health care personnel.

Students will not be allowed to perform their duties if any of the following conditions exist:

- Acute phase of any upper respiratory infection
- Acute sore throat
- Fever over 100.4
- Vomiting within the previous 24 hours
- Acute phase of mononucleosis
- A bacterial sinus infection
- Conjunctivitis
- Antibiotic treatment for less than 48 hours
- Open wounds/infectious skin disorders that are uncovered and/or managed
- Any other conditions in an infectious state

The Athletic Training Faculty (Associate and Full Faculty) as well as the Medical Director reserve the right to excuse any student from a clinical when said student places others at risk for a communicable disease. All students will sign a copy of the communicable disease policy upon acceptance into the program.

I am affirming with my signature below, that I have reviewed this policy and agree to abide by it while enrolled in the athletic training education program at McKendree University.

[Printed Name]

[Student Signature]

[Date]

APPENDIX G
MCKENDREE UNIVERSITY
MASTER OF SCIENCE IN ATHLETIC TRAINING (MSAT) POLICY ON STUDENT PARTICIPATION IN
CO-CURRICULAR, EXTRA-CURRICULAR ACTIVITIES, OUTSIDE EMPLOYMENT AND GENERAL
POLICY GUIDELINES FOR ALL STUDENTS

Instructions to Candidate:

1. Print two (2) copies of this document.
2. Candidates for the MSAT program must thoroughly read all of the guidelines provided on this document prior to signing and returning one (1) scanned copy of the document to Dr. Hankins via email.

I.

II. Purpose:

All students who express interest in the McKendree University Master of Science in Athletic Training Program and also choose to participate in intercollegiate sports, music, debate or other extra-curricular activities and/or participate in outside employment during their graduate degree are required to read and complete this form. The clinical component of the athletic training education program often requires student commitment during afternoons, evenings and weekends causing a time conflict between sport or activities and/or work demands and clinical requirements. The athletic training faculty is committed to encouraging students and assisting them in taking advantage of the many co-curricular activities available on campus or meeting their financial obligations to attend school by working. They are also committed to making sure that students graduate in a timely fashion, meet all of the requirements for the MSAT program and have quality clinical experiences to prepare them to become skilled health care professionals. The following guidelines serve as an outline to help achieve any and all of these purposes.

I, _____, understand that the following may apply when I enter the MSAT.
(Student's name)

Guidelines:

All applicants to the MSAT program must print two copies of this policy. One signed copy of the document must be scanned and returned to Dr. Hankins via email prior to entrance into the program.

- The intention on the part of a candidate to participate in intercollegiate athletics, music, debate or other extra-curricular activities and/or participate in outside employment shall not factor into the admission decision for the MSAT program.
- Athletes are not assigned to a clinical experience involving their individual team while they are participating with that team.
- All students are responsible for securing financial obligations they may incur as a result of pursuing the MSAT program (not covered by successful procurement of extension for athletic or other extra-curricular and/or possible scholarships).
- MSAT students who are members of an intercollegiate athletic team at McKendree University are encouraged to limit their participation during their team's traditional season ONLY (off-season competition schedules for athletics must be reviewed by the coordinator of clinical education, student and individual clinical preceptor at the beginning of each clinical experience). Students who are employed outside of McKendree University are encouraged to limit their work to no more than 15 hours per week during clinical experiences. MSAT students who participate in intercollegiate athletics, music, debate or other extra-curricular activities and/or outside employment must, like all students, fulfill all the didactic and clinical program requirements before they graduate. All such students are strongly encouraged to consult the program director and

coordinator of clinical education early in their program since effective planning is crucial to on-time graduation for these students.

- Part of the requirements for completion of the MSAT requires students participate in five (5) separate clinical experiences: ATH 515, 516, 517 (Immersion experience which requires a minimum of 4 weeks of 6-8 hours or more 5 days a week), 518 and 519. Students may be required to complete additional clinicals if needed to meet the program graduation requirement of a minimum of 700 clinical hours. Part of these experiences may require students begin the clinical prior to the beginning of the academic year; travel with the athletic teams during the week; weekend; during holidays (possibly) and possibly after the end of the academic year (under direct supervision of ATC).
- Requirements to remain in the athletic training program:
 1. All students must maintain a minimum of 3.00 current grade point average, and grades of B or better in all MSAT courses.
 2. All students must obtain a minimum of 700 clinical hours (achieved through completion of all clinical experiences)
- Successful completion of the Master of Science in Athletic Training (MSAT) Program at McKendree University does not guarantee that I will successfully pass the Board of Certification (BOC) for the Athletic Trainer certification examination.

I have read the above statements and understand how each may affect me.

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Witness Name	Witness Signature	Date

Appendix H Student Costs

Tuition and Fees – go to www.mckendree.edu/offices/financial-aid/total-cost.php

Housing – Dorms - \$5470.00 – 7730.00 yearly (summer is calculated separately)

Apartment - \$7730.00 – 10280.00 (summer is calculated separately)

Academic Textbooks and Clinical Books

Textbooks for didactic classes \$700.00-1500.00/year; Clinical Booklets \$7.00-16.00/each clinical.

Red Cross Certifications

Recertification in American Red Cross CPR/AED for the Professional Rescuer or Basic Life Support for the Healthcare Provider - \$35.00. First Aid - \$35.00. Administering Emergency Oxygen - \$20.00.

Anaphylaxis - \$15.00

Background Check

Student must complete an initial background check when admitted to the program (minimum \$56.00). International Students generally pay \$56.00 – 200.00. Students may be required to complete an additional background check when participating in any off-site clinical rotation. Annual recheck (minimum \$23.00).

Clothing

Upon acceptance into the program each student must purchase:

- A minimum of 1 program polo shirt (minimum of \$35.00). Students will be provided with 2 program t-shirts every year. Students may elect to purchase additional program t-shirts at a cost of \$9.50 minimum.
- A minimum of 2 pair of dress khaki shorts (cargo shorts are not allowed). Length is determined by placing arm at side and marking where long finger (middle finger) ends.
- A minimum of 2 pair of dress khaki pants (cargo pants are not allowed).

Transportation

Students are responsible for transportation to off-site clinical experiences. Typical round trip to any site is less than or equal to 100 miles. Students typically spend 3-5 days a week, minimum of two hours per day average over a minimum of one semester.

Other Costs

Personal Liability Insurance (minimum \$36.00) yearly

Athletic Training Student Society (\$15.00) yearly

Iota Tau Alpha Athletic Training Honor Society – Alpha Phi McKendree Chapter (\$25.00) one time.

Appendix I
MCKENDREE UNIVERSITY ATHLETIC TRAINING PROGRAM
INCIDENT REPORT

Date: _____

Student Name: _____

Clinical Preceptor: _____

Phone: _____

Clinical Site: _____

Incident Date: _____

Clinical Preceptor Account of Incident:

Student Account of Incident:

Immediate Action Taken by Clinical Preceptor/Faculty:

Upon submission of this document, it is understood that the athletic training student was reprimanded for behavior or actions unbefitting a representative of the McKendree University Athletic Training Program as detailed in the McKendree University Athletic Training Program Policies and Procedures Manual. The student was properly informed of the Preceptor's decision and immediately dismissed from the clinical experience for the specified date of occurrence unless another plan of action was detailed.

Athletic Training Student Signature: _____

Date: _____

Clinical Preceptor/Faculty Signature: _____

Date: _____

Coordinator of Clinical Education Signature: _____

Date: _____

Program Director Signature: _____

Date: _____

Appendix J
MCKENDREE UNIVERSITY ATHLETIC TRAINING PROGRAM
INCIDENT REPORT FOLLOW-UP

Meeting Date: _____

Infraction Number: _____

Meeting Notes:

Action Taken:

Student Input/Compliance:

Athletic Training Student Signature: _____

Date: _____

Coordinator of Clinical Education Signature: _____

Date: _____

Program Director Signature: _____

Date: _____

Appendix K
CROSSWALK BETWEEN BOC PRACTICE ANALYSIS (8TH) AND CAATE 2020 CURRICULAR CONTENT

BOC PRACTICE ANALYSIS	CAATE 2020 CURRICULAR CONTENT
Domain 1: Risk Reduction, Wellness and Health Literacy	
Tasks:	
1. Identify risk factors by administering assessment, pre-participation examination and other screening instruments, and reviewing individual and group history and surveillance data.	54*, 55^, 64, 77, 79, 80, 81, 83, 87, 92
2. Implement plans to aid in risk-reduction in accordance with evidence-based practice and applicable guidelines.	55^, 58, 62, 79, 80, 92-94
3. Promote health literacy by educating patients and other stakeholders in order to improve their capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.	56, 57, 59, 60, 62, 64, DEI2
4. Optimize wellness (e.g., social, emotional, spiritual, environmental, occupational, intellectual, physical) for individuals and groups.	54*, 55^, 56, 57-59, 77, 82, 84, 87, 94, DEI2
5. Facilitate individual and group safety by monitoring and responding to environmental conditions (e.g., weather, surfaces, work setting).	59, 70, 83, 85
Domain 2: Assessment, Evaluation and Diagnosis	
Tasks:	
1. Obtain a thorough and individualized history using observation and appropriate interview techniques to identify information relevant to the patient's current condition.	54*, 55^, 60, 64, 71, 76, DEI2
2. Perform a physical examination using diagnostic techniques.	54*, 55^, 70-72, 76, DEI2
3. Formulate a clinical diagnosis by interpreting the information obtained during the history and physical examination.	55^, 70-72, 76, 77
4. Establish a plan of care based on the clinical diagnosis and evidence-based practice.	54*, 55^, 61, 64, 69-71, 73, 75, 76, 77, DEI2
5. Educate the patient and stakeholders on the clinical diagnosis, prognosis and plan of care.	58-61, 69, DEI2
Domain 3: Critical Incident Management	
Tasks:	
1. Implement Emergency Action (Response) Plans for all venues and events to guide appropriate and unified response in order to optimize outcomes.	55^, 59, 92-94
2. Triage the severity of health conditions.	54*, 55^, 66, 70, 77
3. Implement appropriate evidence-based emergent care procedures to reduce the risk of morbidity and mortality (e.g., c-spine, airway management, heat illness, pandemics, suicides, other emergent conditions).	54*, 70, 86, 92, 93

4. Assess the scene to identify appropriate courses of action.	70, 85
Domain IV: Therapeutic Intervention Tasks:	
1. Optimize patient outcomes by developing, evaluating and updating the plan of care.	55^, 61-63, 69, 73, 75, 76, DEI2
2. Educate patients and appropriate stakeholders using pertinent information to optimize patient-centered care and patient engagement throughout the therapeutic intervention process.	54*, 55^, 57-59, 62, 69, 73, 74, 83, 84, DEI2
3. Prescribe therapeutic exercises following evidence-based practices to address impairments and enhance activity and participation levels.	54*, 55^, 57-59, 62, 69, 73, 74, DEI2
4. Administer therapeutic modalities and devices using evidence-based procedures and parameters to address impairments and enhance activity and participation levels.	54*, 55^, 57-59, 62, 69, 73, 74, 78, 86, DEI2
5. Administer manual therapy techniques using evidence-based methods to address impairments and enhance activity and participation levels.	54*, 55^, 57-59, 62, 73, 74, DEI2
6. Determine patients' functional status using appropriate techniques and standards to inform decisions about the return to optimal activity and participation levels.	55^, 60, 62, 69, 76, DEI2
7. Manage general medical conditions to optimize activity and participation levels.	55^, 57-59, 61, 62, 69-73, 75, 76, 79, DEI2
Domain V: Health Care Administration and Professional Responsibility Tasks:	
1. Assess organizational and individual outcomes using quality improvement analysis.	55^, 56, 61, 63, 64, 67, 68, 88
2. Develop, review, and implement policies, procedures, and plans to address departmental and organizational needs.	63-66, 88, 91-94
3. Practice within federal, state, and local laws, regulations, rules and requirements and professional standards.	63-66, 75, 89, 90
4. Use standardized documentation procedures to ensure best practices.	63-66, 89