



WVWC MAT Initial Application Requirements

1. Letter of Interest which is 1-2 pages in length addressing the following elements:
 - A. Describe and discuss the attributes that you have that would make you a valuable asset to the athletic training program at WVWC.
 - B. Why do you wish to enter the athletic training curriculum at WVWC and why do you desire to become a certified athletic trainer (ATC)?
 - C. Are you currently involved in any other extracurricular activities or do you have any other responsibilities (including employment) which may conflict with the time commitment of an athletic training student? If so, describe and explain in detail your means to balance these commitments.
2. Two (2) letters of recommendation/evaluation forms. See [WVWC Graduate Recommendation Form](#). (It is strongly recommended that one be completed by a Certified Athletic Trainer and the second can be a professional reference.)
3. Official bachelor’s degree transcripts from an accredited institution showing the completion of the following pre-requisites and an earned degree:
 - A. a cumulative grade point average of 2.75 or higher
 - B. official transcripts noting earned degree and completion of the following prerequisites with no grade below C (2.0) and a prerequisite CGPA of 2.75 or higher:

Human Anatomy and Physiology	8 hours with laboratory
Chemistry	4 hours with laboratory, (8 hours with laboratory preferred)
Physics (light/electricity preferred)	4 hours with laboratory
Biology (Principles or Microbiology preferred)	4 hours with laboratory
Statistics	3 hours
General Psychology	3 hours
First Aid and Safety	3 hours
Human Nutrition	3 hours
Exercise Physiology	3 hours
Kinesiology	3 hours
4. Professional Resume.
5. Read and sign the “*Technical Standards for Admission*” (pages 3 & 4) and include with uploaded application document.
6. Official report of the Graduate Record Examination (GRE), if applicable
7. Official report of the TOEFL, if applicable

NOTE: ***Applicants applying as part of the 5 year MAT program need only submit bachelor's official transcripts showing the completion of the required pre-requisite courses. Additionally, GRE or TOEFL score reports are not required for 5 year program applicants.*

Once the student has completed steps 1-7, those applicants satisfying the minimum standards will receive official notice from the Athletic Training Program Director and be invited for an interview. The program will extend the applicant an on campus interview (online interviews can be conducted for out of state applicants). The formal interview process will allow candidates the opportunity to clarify any requirements, ask questions, and demonstrate your knowledge of and dedication to the academic program and the athletic training profession. The applicant will be notified of their acceptance status within 2 weeks of their interview. If the student accepts the program invitation, the applicant will be required to complete and submit the items on page 2 prior to the program start.

Additional items required once a student is granted acceptance into the professional MAT program.

The following additional items can be scanned into one PDF document and submitted to the Program Director.

6. Physical examination (pages 5 & 6) noting you have passed a physical exam and can meet the technical standards for this program. This exam must be completed within the last 12 months of your application.
7. A copy of your Hepatitis B immunization record (page 7).
8. Students must read, sign and submit the *"Hepatitis B Immunization Informed Consent/Refusal form"* (pages 8 & 9).
9. Evidence of current American Heart Association or American Red Cross certification in First aid and CPR; must be either BLS Healthcare Provider or Professional Rescuer certifications.
10. Criminal Background Check (*NOTE: information on completing both these requirements and the associated costs will be sent to candidates if they have been accepted*).
11. Students admitted to the MAT must complete Universal Precautions Bloodborne Pathogen Training prior to beginning their first clinical rotation. (*NOTE: information on completing this requirement will be sent directly to the candidates if accepted*).
12. Students admitted to the MAT must provide evidence of student membership in the National Athletic Trainers' Association and maintain this membership as they matriculate through the ATP; for details go to <http://www.nata.org/membership>
13. Completed and signed Directed Observation Experiences form (page 10). (Observation hours do not have to be completely finished to apply, but will need to be completed prior to program start).

January 15 is the priority admission deadline for full consideration; however, the program does have a rolling admissions process for applications submitted after this date.

PROFESSIONAL MASTER OF ATHLETIC TRAINING PROGRAM TECHNICAL STANDARDS FOR ADMISSION

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

The following abilities and expectations must be met by all students admitted to the Athletic Training Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted to the program. Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the WVWC Athletic Training Program must demonstrate:

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

Candidates for selection to the Athletic Training Program will be required to verify they understand and meet these technical standards or they believe that, with certain accommodations, they can meet the standards. Verification is also necessary by a physician on the student's required entrance physical examination. The Office of Student Development will evaluate any students who state that they could meet the program's technical standards with accommodation to confirm that the stated condition qualifies as a disability under applicable laws.

If a student states that he or she can meet the technical standards with accommodation, then the College will determine whether it agrees that the student can meet the technical standards with reasonable

accommodation; this includes a review as to whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the standards of the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards for selected listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

Signature of Applicant

Date

Alternative statement for students requesting accommodations:

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Office of Student Development to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations I will not be admitted into the program.

Signature of Applicant

Date



Physical Examination

(must be completed by Physician, ANP, PAC)

Patient's Full Name (print) _____

Vitals: TPR _____ ° F _____ BPM _____ RPM BP _____ / _____ mm/Hg

WT _____ lbs HT _____ feet _____ inches

Body System/Region/Part	Within Normal Limits	Abnormal (Explanation): If any abnormality is known, please include the appropriate supplemental documentation with this form.
Nervous		
Circulatory/Cardiovascular		
Muscular/Skeletal		
Integumentary		
Respiratory		
Digestive		
Urinary/Reproductive		
Endocrine		
Lymphatic		
ENT/Eyes/Oral		
Other pertinent medical information not listed above		
Any conditions that would prevent normal activity as an athletic training major (see technical standards) or participation in physical activities or sports?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Further Testing Needed Explain:	
Sickle Cell Trait test results are required by the NCAA for all student athletes. Read attached resource sheet.	Attach Sickle Cell Trait test results to this form. Student athletes will not be permitted to practice in any capacity until Sickle Cell Test results are on file.	

Required Information for Consultation or Verification

Facility Name _____

Facility Address _____

Facility Phone _____ Facility Fax _____

Health Care Provider (Print Name) _____ Date _____

Health Care Provider Signature _____

ATHLETIC TRAINING MAJORS ONLY

West Virginia Wesleyan College Professional Athletic Training Program

Technical Standards for Admission

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If a student states he/she can meet the technical standards with accommodation, then the College will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review as to whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.



Hepatitis B Immunization Form

Student's Name: _____

Date of Birth: _____ **Student ID Number:** _____

1. Hepatitis B Vaccine	Date Dose 1 ____/____/____	Date Dose 2 ____/____/____	Date Dose 3 ____/____/____	
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Signature of Health Care Professional (Licensed Provider/Nurse): I hereby certify that the information on this and preceding pages is correct to the best of my knowledge.

Health Care Professional name (Please Print) **Signature** **Date**

Address: _____

Office Phone: _____

Office Fax: _____

**West Virginia Wesleyan College
Professional Athletic Training Program**

HEPATITIS B IMMUNIZATION

Informed Consent/Refusal

Hepatitis is inflammation of the liver which may be caused by several viruses, one of which is Hepatitis B. The Hepatitis B virus has been detected in almost all body fluids and secretions including blood, saliva, semen, vaginal fluid, breast milk, tears and urine of someone infected with Hepatitis B. Although contact with infected blood is the most common way in which the virus is transmitted, it can also pass through cuts, scrapes or breaks in the skin or mucous membrane.

A carrier of Hepatitis B is someone who may or may not show signs of liver disease, but who continues to carry the Hepatitis B virus in the body and, therefore, can transmit to others.

A Hepatitis B virus infection may be mild or more severe. Death is uncommon in the early stages of infection. Chronic infection develops in 6-10 percent of patients who become carriers. This chronic infection may last for years, possibly for life, and it may lead to cirrhosis and liver cancer.

There is not a treatment or drug available that can kill the Hepatitis B virus. In most cases the body's own defense mechanism will eliminate the infection. In health care workers, the risk of acquiring Hepatitis B is determined mainly by their degree of exposure to blood.

Hepatitis B vaccine is recommended for persons at high risk of contracting Hepatitis B. It will not prevent Hepatitis caused by other agents such as Hepatitis A virus or Hepatitis non A, non B virus.

Hepatitis B immunization should be withheld in the presence of:

1. Any serious active infection except when a physician believes withholding the vaccine entails a greater risk.
2. Hypersensitivity (allergy) to yeast or any components of the vaccine (alum, thimerosal mercury derivative, aluminum hydroxide, formaldehyde).
3. Pregnancy or breast-feeding.
4. Severe heart/lung problems.

Hepatitis B vaccine is generally well-tolerated. As with any vaccine there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials. There may be a local reaction at the injection site such as soreness, pain, tenderness, itchiness, redness, black/blue mark, swelling, warmth or nodule formation. Other reactions may include low grade fever, fever over 102 degrees (uncommon), general arthralgia or rash neurological disorders.

The vaccine consists of three injections. The first dose is at an elected time, the second dose one month later and the third dose six months after the first dose. Full immunization requires three doses of the vaccine over a six month period to confer immunity. However, the duration of the protective effects of the Hepatitis B vaccine is presently unknown and the need for boosters is not yet defined.

Students enrolled in the Athletic Training Program are encouraged to obtain their own immunizations prior to the start of the program. The cost shall be incurred by the student. If a student so desires, he/she may decline by signing the appropriate form and submitting it to the Clinical Coordinator's office by the start of his/her first clinical experience prior to entering the professional MAT program.

HEPATITIS B IMMUNIZATION

Informed Consent/Refusal

I have read the information on this form about the Hepatitis B vaccine and I have had the chance to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of Hepatitis B vaccine and choose to accept the immunization against Hepatitis B. To the best of my knowledge, I do not have any active infection, nor am I pregnant or nursing an infant. Vaccination for Hepatitis B is at the expense of the Athletic Training Student. **Please attach your proof of vaccination with this form.**

Signed

Date

Printed Name

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at 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 material and want to be vaccinated with the Hepatitis B vaccine, I can receive, at my own expense, the vaccination series.

Signed

Date

Printed Name

WVWC ID Number

MAT

Directed Observation Experiences

Student Name (print): _____

Supervising AT Name (print): _____

BOC #: _____

Date of Observation	Description of Setting/Experience	Total Hours

Total Observation Hours: _____

Supervising AT Signature: _____

Date: _____