

Master of Science in Athletic Training Program Framework

Culture of the Program and Core Values

Since the inception of the program, the WCU Athletic Training Program has focused on developing exceptional clinicians who are actively engaged in the profession and provide holistic, patient centered care. This focus has led to a rigorous program in which students, faculty, and preceptors are held to high standards academically, clinically, and professionally. While rooted in excellence, the program values treating all individuals with respect and advocating for our patients and one another as humans. This guiding principle has served as the foundation for each aspect of program development and lead to the development of our core values:

- Inclusiveness
- Collaboration
- Advocacy
- Respect
- Engagement

As an undergraduate program, we valued the connection and collaboration between students, faculty, preceptors, alumni, and other healthcare providers. This connection is rooted in respect for students, preceptors, and alumni. The WCU Athletic Training Program values collaboration and relationships within the program. Alumni and students recognize the close-knit family atmosphere as inherent to the culture of the program, and feel this is one of the program's greatest strengths. As the MSAT was created and has evolved, throughout the creation and reevaluation of the framework, the culture has evolved. We still value the family atmosphere, connection, and respect of the program, but we also value engagement, inclusion, and advocacy.

Engagement is essential to the program culture. Faculty are committed to student success, and that guides our curriculum design, teaching methods, and engagement beyond the classroom. As the program and its culture continue to evolve, advocacy and inclusion have grown to be integral components. This includes self-advocacy, advocating for our patients, advocating for the profession, and advocating for diversity and inclusion.

The core values are woven throughout the program, leading students in the Athletic Training Program to become committed to the goals and mission as well. Throughout their time in the program, students attend professional conferences at the local, state, region, and/or national levels. Many students present research and case studies at these events, and they learn the importance of not just continuing education but also networking, advocacy, and involvement.

Western Carolina University is recognized by the Carnegie Foundation as a community engaged university, which is emulated by the College of Health and Human Sciences and the Athletic Training Program. Community engagement is especially important in the rural region of Appalachia. This engagement with our community drives our program focus on holistic patient-centered care, as many individuals within the region do not have access to quality healthcare.

Students have the opportunity to serve the region through local clinical education experiences. Additionally, they are active in the community beyond clinical education by volunteering at numerous events in the Western North Carolina area and throughout the state. The program organizes multiple community service projects every year to assist members of the community beyond healthcare needs.

Framework Development Process

To develop the framework, the faculty members of the Athletic Training began by brainstorming strengths, weaknesses/challenges, and crucial aspects of the program, including academics, professionalism, and involvement. Following this period of brainstorming, the faculty developed two surveys to gather insight on from current students and alumni regarding their perceptions of the program. The student response rate for current students at the time of the survey was 61/61 (100%), and 51 alumni completed the survey (31%). The faculty also provided opportunities for alumni to give additional feedback through focus groups. While multiple alumni expressed interest, only two alumni attended focus group sessions to provide more input for framework development.

The MSAT Framework Task Force was then created, which was made up of the four faculty members, the MSAT Medical Director, a local preceptor (secondary school), a distance preceptor (college/university), a recent alum who is also a local preceptor (secondary school and clinic), an distance preceptor who graduated in one of the first cohorts (college/university), and another distance preceptor (secondary school) who is a graduate from WCU through the internship model. This group met to discuss strengths, challenges, the future of the program and profession, core values, student outcomes, and how to ensure we are meeting our vision, mission, and goals.

Following data collection, data from task force meetings, focus groups, and open-ended questions on the surveys were analyzed using the general inductive approach, focusing on common themes. As we compared our themes to our vision, mission, goals, objectives, and core values, we saw congruence, which gave us confidence that we had captured the foundational components of our program.

Framework Implementation

The framework drives what we do as an athletic training program, from marketing to planning and assessment, to curricular implementation. With marketing and recruitment, our website is organized to allow potential students to see our vision, mission, core values, goals, and objectives. As we meet with potential students, we outline our core values and how we incorporate those values into the curriculum and clinical education experiences. Through our strategic plan, we return to our core values, vision, and mission and evaluation ways in which we want to improve as a program. Our vision and assessment data drives our strategic plan. Each aspect of the framework is geared towards realizing our mission and guides the program design, delivery, and assessment process. Specific examples of evaluation and refinement are included below.

Framework Evaluation and Refinement

The athletic training educational landscape continues to evolve, and as such, we must and will continue to evolve to meet changing educational needs. Therefore, the framework continues to be evaluated on an annual basis. Following the Spring semester, the faculty meet to discuss program outcomes, develop the assessment report, reflect on the areas of focus, develop new areas of focus, and revisit the framework. Within these conversations, we make changes and refine the framework as needed.

One specific area that we have changed to further meet our mission and goals is related to developing our core values. After our first cohort started the program, the College of Health and Human Sciences transitioned to a new dean and Western Carolina University transitioned to a new Chancellor. These changes led to the refinement of the University and College vision, mission, and strategic plans. The University focus of “Honoring our Promise” places a high value on serving our region. The MSAT Program was developed to focus on athletic trainers serving the region as primary care providers, which aligns with the University focus. However, the initial focus of our program was not well defined. During the Summer of 2021, we evaluated the framework and how we could better align with our mission. Through these conversations, we interviewed current students, alumni, faculty, and preceptors. As a result, we refined our core values (inclusiveness, collaboration, advocacy, respect, and engagement). By clearly defining our values, we were able to better incorporate the values throughout the curriculum. This led to the creation of supplemental clinical education experiences occurring in ATTR 584: Clinical Education II (Spring 1). During these experiences, students will visit various healthcare providers in the region to gain experience with diverse populations (e.g., rural healthcare, Eastern Band of the Cherokee Indians, Mountain Area Health Education Center, LGBTQA+). Additionally, the refinement of our core values led to the development of a scholarship for the MSAT program, which will be awarded to two students who demonstrate how they can contribute to our vision, mission, and core values. As the program continues to evolve, we will continue to refine our framework.

Vision and Mission

As the development of the post-baccalaureate Athletic Training Program began, we developed the Vision, Mission, Goals, and Objectives that would provide direction for the program. We envisioned what we thought a graduate of the WCU AT program should look like. We identified some key words we wanted to use to capture the values we wanted our graduates to embody: innovation, integrity, clinical expertise, professional engagement, excellence, collaboration, quality, adaptability, altruism, ethics, intellectual curiosity, clinical scholarship, professional leadership, collegiality, dedication. We also examined both the Western Carolina University and the College of Health and Human Science vision, mission, and core values. At the time we developed our vision and mission, the School of Health Science did not have documented vision, mission, or core values. Since that time, our School developed core values, vision, and a mission. There was significant overlap between the values, mission, and vision, specifically excellence in teaching and learning, collaboration, evidence-based practice, patient-centered care, innovation, and community engagement. These values were further explored and molded to develop our vision and mission for the program. Our **vision** demonstrates our aspirational goal, what we strive for as a program:

Through a comprehensive and innovative experience, the Western Carolina University Athletic Training Program aspires to be a recognized leader in preparing highly skilled and professionally progressive leaders in the field of athletic training.

Our **mission** is what we do on a daily basis:

The mission of the WCU AT Program is to develop exceptional athletic training clinicians who provide patient-centered holistic care.

Our vision and mission align with our School, College, and University. Our core values also demonstrate congruence with the core values and guiding principles of the School and University. Our core values, vision, and mission serve as the foundation for everything we do in the Athletic Training Program. We prepare our graduates to be exceptional healthcare providers who provide excellent patient care.

Goals and Outcomes

To fulfill our mission and vision, the faculty developed goals and objectives for the program. Western Carolina University uses the verbiage of goals and objectives instead of outcomes, and we must stay in alignment with that phrasing. Through guidance from our School Director and university Director of Assessment, we developed goals related to student learning, program effectiveness, quality instruction (including clinical and didactic), and faculty professional development. Under each goal, we developed 2-3 objectives and determined assessment measures for each objective. The process involved a thoughtful discussion on the purpose of the goal, what we wanted our students to look like, and what our assessment practices would be to measure each goal. Throughout the process, we consistently returned to our vision and mission to ensure congruence.

Goals and Outcomes

Goal 1: The WCU Athletic Training Program will provide a comprehensive didactic and clinical education program to prepare graduates to become proficient athletic trainers.

Objective 1.1: Graduates will pass the Board of Certification (BOC) Exam.

Objective 1.2: Graduates will secure employment as athletic trainers.

Objective 1.3: Students will matriculate through the Athletic Training Program within three years.

Objective 1.4: Students will engage in high-quality clinical education experiences.

Goal 2: Graduates will provide high quality patient-centered care independently as athletic trainers.

Objective 2.1: Demonstrate the ability to evaluate, synthesize, and apply athletic training knowledge and skills in order to develop a comprehensive plan of care.

Objective 2.2: Demonstrate professional behaviors (e.g., ethical, moral, legal) consistent with professional and employment expectations for the entry-level athletic trainer.

Goal 3: Graduates will collaborate as a member of an inter-professional healthcare team while providing patient-centered care

Objective 3.1: Students will demonstrate professional behaviors while interacting with a variety of healthcare professionals providing patient-centered care.

Objective 3.2: Students will demonstrate verbal and written communication skills in order to successfully interact with stakeholders, maintain accurate medical records, and appropriately disseminate information.

Goal 4: Graduates will be able to critically evaluate current literature in order to guide clinical practice and address complex issues in Athletic Training

Objective 4.1: Students will use appropriate patient-centered clinical questions to identify and critically appraise current literature to guide clinical practice and address complex issues

Objective 4.2: Students will apply the available evidence and patient goals / values to implement current, safe, and effective patient care for complex issues.

Goal 5: Graduates will demonstrate professional engagement and serve the community in which they live.

Objective 5.1: Students will serve the community by participating in volunteer activities.

Objective 5.2: Students will be engaged in the profession as demonstrated by attending and presenting at professional conferences.

Objective 5.3: Students will evaluate the various determinants of health (e.g., social, economic, environmental, biological, policy/law, cultural) which may affect community healthcare.

Goal 6: The faculty of the WCU Athletic Training Program will maintain contemporary expertise to provide high quality instruction.

Objective 6.1: Faculty will participate in comprehensive analysis and reflective practice to improve instruction.

Objective 6.2: Faculty will engage in one professional development event directly related to one or more of their respective course assignments for the year.

Objective 6.3: Tenured/tenure-track faculty members will engage in scholarship to demonstrate contemporary expertise.

Assessment Plan

Our comprehensive assessment plan was developed in consultation with the School Director and the Director of Assessment at WCU. It includes measures for quality instruction, program effectiveness, student learning, and faculty contemporary expertise. The assessment plan was developed based on our vision, mission, goals, and objectives. The objectives are assessed on a regular basis. During the end of the year meeting, the data for the assessment plan is compiled and the faculty discuss the status of each aspect. In areas in which we do not meet expectations, we develop an improvement plan.

Focus	Goal	Objective
Program Effectiveness	1	1.1, 1.2, 1.3
Quality Instruction	1, 6	1.4, 6.1
Student Learning	2, 3, 4, 5	2.1, 2.2, 3.1, 3.2, 4.1, 4.2, 5.1, 5.2, 5.3
Quality of Clinical Education	1	1.4
Faculty Contemporary Expertise	6	6.1, 6.26.3

Strategic Planning

Periodically the program revisits the Strategic Plan and the most recent revision was in 2020. In Spring 2020, the faculty updated the Strategic Plan based on our progress since the last iteration, results from the alumni and student surveys, and the meetings with the Framework Task Force. The Athletic Training Strategic Plan 2020 includes four strategic directions with goals and initiatives under each. Each strategic direction and goal are linked to a strategic direction or goal from the College and University. This plan provides the Program with areas of focus for the next five years.

The Strategic Plan is an internal document for the MSAT Program to provide direction for the future. While some aspects of the Strategic Plan are linked to our assessment report, not all areas are part of the assessment report. Instead, this plan guides us as our program advances. For example, we created a marketing, recruitment, and retention plan (Goal 1.2) to guide our recruitment efforts; however, this is not an area assessed in our Continuous Improvement Report (assessment plan).

**Athletic Training Strategic Plan 2020
Athletic Training Program
Western Carolina University**

Strategic Direction #1: Academic Excellence (WCU #1: Academic Excellence)

Goal 1.1: Provide high-quality learning experiences. (WCU 1.1; CHHS 1.1; MSAT Goal: 1, 2, 5, 6)

- Initiative 1.1.1: Offer a progressive, comprehensive academic program to athletic training students
- Initiative 1.1.2: Provide quality mentoring and professional development to students
- Initiative 1.1.3: Provide extracurricular opportunities for skill development and professional growth
- Initiative 1.1.4: Encourage and foster scholarly activity

Goal 1.2: Recruit high-quality students (WCU 1.6, 3.2; CHHS 1.2)

- Initiative 1.2.1: Participate in student recruitment events through the CHHS
- Initiative 1.2.2: Direct external recruiting events and interactions through other universities, conference expos, college and graduate school fairs and expos
- Initiative 1.2.3: Develop articulation agreements for MSAT
- Initiative 1.2.4: Develop partnerships with alumni and preceptors for recruiting
- Initiative 1.2.5: Develop methods to increase diversity in the Athletic Training Program

Strategic Direction #2: Student Experience (WCU #2: Student Experience)

Goal 2.1: Continue to develop and foster a variety of clinical education experiences (WCU #2, 2.3; CHHS 1.3, 2.3, 3.2; MSAT Goal 1.4)

- Initiative 2.1.1: Investigate / develop additional opportunities in emerging athletic training practice settings.

Goal 2.2: Engage students within the local community (WCU #4, 4.2, 4.4; CHHS #3, 3.1; MSAT Goal 5)

- Initiative 2.2.1: Develop service learning opportunities with the Athletic Training curriculum
- Initiative 2.2.2: Provide community service opportunities within the Program and CHHS

Goal 2.3: Engage students in advocacy experiences (WCU #3; CHHS 2.2, 4.3; MSAT Goal 5)

- Initiative 2.3.1: Develop skills related to self-advocacy
- Initiative 2.3.2: Develop skills related to advocating for inclusivity, patient well-being, and basic rights for all humans
- Initiative 2.3.3: Engage students in professional advocacy through state, district, and national events

Strategic Direction #3: Supporting and Developing Educators (WCU #5; CHHS #4)

Goal 3.1: Develop faculty as athletic training professionals in order to develop high quality leaders. (WCU 5.2, 5.3, 5.4; CHHS 4.1; MSAT Goal 6)

- Initiative 3.1.1: Support faculty in developing and maintaining contemporary expertise
- Initiative 3.1.2: Encourage and support faculty as they provide external professional service
- Initiative 3.1.3: Encourage and support faculty as they engage in clinical practice

Goal 3.2: Provide support for current and future preceptors (CHHS 3.2)

- Initiative 3.2.1: Develop and continue to update preceptor development
- Initiative 3.2.2: Provide continuing education opportunities for preceptors
- Initiative 3.2.3: Reactivate our BOC Approved Provider number

Strategic Direction #4: Garner support for our Vision (WCU #7, CHHS #6)

Goal: Improve and foster alumni relationships

- Initiative 4.1: Develop a newsletter to enhance alumni communication
- Initiative 4.2: Explore the development of Athletic Training Advisory Board
- Initiative 4.3: Foster connections between alumni and current students

Curricular Planning and Design

To ensure our students are getting an excellent education and to meet our vision, mission, goals, and objectives, the four faculty members and associate Dean of CHHS engaged in discussion to build the program curriculum. The courses were built based on the BOC Practice Analysis, drafts of the 2020 *Standards* (which had not been approved at the time of curricular development), and discussions with preceptors and alumni. After extensive review and revisions, the curriculum was finalized to include 67 credit hours over 6 semesters. After the 2020 *Standards* were published, the curriculum went through slight modifications to ensure all content would be delivered effectively and efficiently. The curriculum was developed to provide students with an exceptional education, both didactically and clinically. After the first cohort, we reduced the overall number of credit hours to 64, which reduced the overall cost without sacrificing the education provided. Based on the final draft of the 2020 *Standards*, we reduced the number of credit hours in ATTR 660: Neuroanatomy and Spine Evaluation and Treatment and reduced an additional credit hour in ATTR 683: Clinical Education III. They will still receive the same clinical education experience, but we were able to tie one of the summer clinical education experiences to the Fall, which reduced the overall cost of the program.

Clinical education experiences occur during five of the six semesters. Two semesters include immersive clinical experiences (Fall 2, Spring 2), and three semesters include integrated clinical experiences (Fall 1, Spring 1, Summer 1). One semester includes both integrated and immersive experiences (Spring 2).

Didactic

While the *Standards* provide more flexibility to the curriculum, there are still knowledge, skills, and abilities that must be taught and assessed, and the curriculum was developed to ensure these were included.

The faculty went through the first round of curricular mapping, during which the current *Standards* and previous competencies were assigned to a course in which they were to be

initially taught. Then, we determined where the content would be reinforced and assessed. We then completed another round of curriculum mapping during which we examined what content we wanted to include in each course beyond the *Standards*. Each skill was broken down into each component to be included in a specific course. To fully examine each skill that would be taught, we referenced the Practice Analysis, current literature, position statements, continuing education resources (e.g., NATA Professional Development Center, conferences on that topic), and the competencies and consulted with our Medical Director and Framework Task Force. This helped us ensure each course includes the most up-to-date information and we are teaching at the highest level. Following the first year of the program, we revised the curriculum map once again to ensure placement of the *Standards* was appropriate.

There are many educational techniques and teaching methods used throughout the didactic education, including lectures using PowerPoints, labs, hands on skill practice and development in classes, and flipping the classroom. Faculty also employ guided readings, quizzes, assignments, and activities to facilitate learning. Students are assessed via quizzes, examinations, assignments, practical examinations, and comprehensive examinations.

Many courses throughout the Athletic Training Program are designated as lecture+lab courses in the same section. This allows the faculty to be flexible with interspersing lecture with hands on skill development. For example, an evaluation course can discuss the condition, immediately teach the special tests to allow for hands on practice time, and then return to lecture for the next condition. This allows students to immediately apply the skills and make immediate connections to the material. Additionally, we use online lectures and guided readings to prepare students prior to arriving to class so more time is available for active learning experiences.

Another aspect of the curricular model is the use of a team-based teaching model for orthopedic assessment and treatment courses (ATTR 560: Orthopedic Assessment and Treatment I and ATTR 562: Orthopedic Assessment and Treatment II). The content is divided between the faculty based on a specific joint and/or topic (e.g., shoulder, biomechanics). One faculty member teaches all topics related to that specific joint. While complex, this model allows faculty to teach to their in their areas of strength and ensures contemporary expertise in a specialized content area.

The curriculum content and team-based teaching model in specific courses is reviewed and refined on an annual basis. At the end of each semester, the faculty engage the students in discussions regarding course content and receive feedback for each class that semester. Additionally, each graduating class engages in exit interviews to discuss the curriculum and program holistically. This allows faculty to refine the curriculum and make changes on an ongoing basis. Student feedback is vital, and the faculty are receptive to changes to ensure we maintain academic excellence. In addition to student feedback, the faculty review assessment data and discuss any changes that need to be made.

Clinical Education

The clinical education model utilizes integrated, intensive, supplemental, and immersive experiences throughout the curriculum. The first clinical education experiences (Fall 1 and Spring 1) are integrated experiences at a local site. The first year is integrated because it allows students to immediately apply the knowledge they are learning in the classroom. During Spring 1, supplemental clinical experiences are incorporated to allow students to gain experience with diverse patient populations (e.g., LGBTQA+, neurodiverse, disabled athletes) and engage with community partners (e.g., Eastern Band of the Cherokee Indians, Mountain Area Health

Education Center). These supplemental clinical experiences align with our area of emphasis of providing patient-centered holistic care. The third clinical experience (Summer 2) includes two 2-week intensive clinical education experiences. For the first two-week rotation, students are placed in orthopedic clinics, general medicine clinics, or a setting of their choice (e.g., occupational, performing arts). Students will also have an environmental intensive experience for the second two-week rotation with pre-season athletics. The fourth clinical experience (Fall 2) is a 16-week immersive experience in the setting of the student's choice. For the final clinical experience (Spring 2) the student is either assigned to two 2-week intensive clinical education experiences or 1 four-week immersive experience. The placement is dependent on the student's placement from Summer 2. Additionally, the students have a 10-week integrated experience at a local site.

Semester	Rotation	Length	Rotation Type
Fall 1	Local Traditional Setting (Secondary School or College/University)	15 weeks	Integrated
Spring 1	Local Traditional Setting (Secondary School or College/University)	15 weeks	Integrated
	Supplemental Clinical Experiences	15 weeks (1 day per week)	Supplemental
Summer 2	Primary Care/Surgical/ Emerging Settings	2 weeks (1 rotations)	Intensive
Fall 2	Environmental Intensive College/University/Secondary School/ Emerging Settings	2 weeks 16 weeks	Intensive Immersive
Spring 2	Local Traditional Setting	8 weeks	Integrated
	Primary Care/Surgical/ Emerging Settings	4 weeks or two 2-week rotations	Immersive

The structure of clinical education allows students to gain experience on a continuum, beginning with interdependence and moving towards independence in the final semester. Including both integrated and immersive experiences allows the student to benefit from immediate application in early semesters while they are initially learning skills and then immersing themselves in day-to-day athletic training operations after they have acquired additional knowledge and skills. They will have immersive experiences later in their progression when they have learned more skills. Additionally, the last semester is a combination of integrated and immersive experiences, in which the immersion allows students to gain skills in other settings while the integrated in the traditional setting allows students to have more autonomous experiences to assist with transition to practice.

Both clinical education sites and preceptors are evaluated at the end of each rotation. In addition, site visits and periodic phone calls/e-mails help ensure students are receiving a quality learning experiences. If a clinical education site is not providing a valuable experience, the faculty choose not to use it in the future until they are confident the site can provide a valuable learning experience.

Curricular Sequencing

The curricular sequence was designed to allow for learning over time and progressing from foundational material to complex skill application. Through the initial classes in the program, we provide foundational knowledge and material including, anatomy, introduction to clinical skills, and emergency procedures as well as some of the basic skills students need to be prepared for their first clinical education experiences. During the second semester, we provide deeper information on emergency procedures, and we introduce evidence-based practice, injury evaluation and treatment, and therapeutic interventions. As the courses continue, the complexity increases, and each course builds upon content from previous courses. For example, ATTR 560: Orthopedic Assessment and Treatment I relies on content taught and learned in ATTR 510: Gross Human Anatomy.

In addition to courses progressing from foundational to complex, subsequent reviews and assessments are woven throughout the curriculum. Students learn individual concepts in class, and we assess their knowledge and/or skills initially during that course through written and/or practical examinations. We also assess students' skills during clinical education experiences. After the semester in which the concept is taught initially, additional information may be added to build upon the foundational knowledge and skills to allow learning over time. When we assess students regarding new information, we expect they have also retained the foundational information. Additionally, students will complete comprehensive examinations towards the end of the semester in Spring I and Spring II to ensure competence on the skills taught previously in the program.

Summer 1	Fall 1	Spring 1
ATTR 510: Gross Human Anatomy	ATTR 522: Emergency Procedures in Athletic Training II	ATTR 541: Evidence Based Practice II
ATTR 520: Emergency Procedures in Athletic Training I	ATTR 530: Therapeutic Interventions	ATTR 550: Pathophysiology & Pharmacology I
ATTR 523: Clinical Procedures in Athletic Training I	ATTR 540: Evidence Based Practice I	ATTR 562: Orthopedic Assessment and Treatment II
	ATTR 560: Orthopedic Assessment and Treatment I	ATTR 630: Manual Therapy
	ATTR 612: Public Health and Athletic Training	
	ATTR 583: Clinical Education I *15-week integrated experience (local)	ATTR 584: Clinical Education II *15-week integrated experience (local)
Summer 2	Fall 2	Spring 2
ATTR 552: Pathophysiology and Pharmacology II	ATTR 640: Evidence Based Practice III	ATTR 610: Behavioral Health in Athletic Training

ATTR 660: Neuroanatomy and Spine Assessment and Treatment	ATTR 650: Administration and Organization in Athletic Training ATTR 674: Diagnostic Testing *Classes are all online	ATTR 635: Injury Prevention and Performance Enhancement ATTR 652: Transition to Professional Practice ATTR 670: Athletic Training in Primary Care
ATTR 683: Clinical Education III *2 two-week intensive clinicals	ATTR 684: Clinical Education IV *15-week immersive experience (Distance)	ATTR 685: Clinical Education V *2 two-week intensive clinicals or 1 four-week immersive experience AND *10-week integrated experience

Academic Progression

Students are retained in the Athletic Training Program and progress to the next semester if they maintain acceptable academic achievement, clinical progress, and appropriate professional conduct. Students may be placed on probation or dismissed from the Athletic Training Program for failure to meet the retention requirements. Remediation may be required for students placed on probation. In order to be retained in good standing:

1. Students are required to successfully complete all didactic and clinical coursework
2. Students are required to take all courses as outlined in the 6-semester plan
3. Students are required to pass all practical examinations
4. Students are required to practice the profession of athletic training in an ethical manner
5. Students are required to exercise good professional judgment
6. Students are required to adhere to all policies and procedures as outlined in the Athletic Training Handbook
7. Students are required to maintain an overall 3.0 Grade Point Average
8. Students must earn a grade of B or better in all courses except for a maximum of one C
9. Students are required to join/renew membership to the National Athletic Trainers' Association each year
10. Students are expected to attend and actively participate in all required program sessions including but not limited to courses, guest lectures, program meetings, and comprehensive examinations.