Checklist for Properly Submitting the Kines 231 Waitlist Application

There are 3 parts to the Kines 231 Waitlist Application that must be completed and returned together to the Department of Kinesiology in order for students to be added to the waitlist.

Part 1: Athletic Training Major General Requirements (2 pages)
Part 2: Adviser Checklist (2 pages)
Part 3: Athletic Training Clinical Observation Verification Form (3 pages)

PLEASE DO NOT SEND IN APPLICATION PARTS SEPARATELY. ALL THREE PARTS MUST BE RECEIVED TOGETHER. Your name will not be added to the Kines 231 Waitlist until all 3 parts of the application have been properly completed and received.

Please use this checklist to ensure that you have properly followed each step (you do not need to return the checklist with your application):

- [ ] Read and understood the Athletic Training Major General Requirements
- [ ] Legibly completed Page 2 of the Athletic Training Major General Requirements
- [ ] Met with an academic advisor to review and initial each point in the Adviser Checklist
- [ ] Arranged and completed a 25-hour Athletic Training Clinical Observation
- [ ] Received from the observed athletic trainer the Clinical Verification Form in a sealed envelope
- [ ] Verified that the athletic trainer has written his/her signature across the flap of the sealed envelope
- [ ] Made copies of Parts 1 and 2 of the application for personal records
- [ ] Mailed (or delivered) all 3 parts of the application together to:

Lauren C. Kramer PhD, ATC
Athletic Training Program Director
Department of Kinesiology
266 Recreation Building
University Park, PA 16802.

Applications will be accepted until space in Kines 231 is full. To plan for possible relocation to University Park, it is highly recommended that applications be returned no later than March 15.

To obtain your current standing on the Kines 231 waitlist, please email dxe8@psu.edu.

If at any time you decide to not pursue the AT Major, please email dxe8@psu.edu immediately to have your name removed from the waitlist.

For additional information, please contact:
Lauren C. Kramer PhD, ATC, lco100@psu.edu, Phone: 814-863-1758 or the Undergraduate Staff Assistant, Dori Sunday, dxe8@psu.edu, Phone: 814-863-0442
KINES 231 Waitlist Application

Athletic Training (AT) Major, Department of Kinesiology

Part 1: Athletic Training Major General Requirements
IN ORDER TO MEET THE SEQUENCE OF COURSE REQUIREMENTS, IT IS RECOMMENDED THAT YOU COMPLETE THIS WAITLIST APPLICATION AS SOON AS AT IS IDENTIFIED AS YOUR GOAL.

YOU MAY COMPLETE AND SUBMIT THIS APPLICATION WHETHER YOU ARE AT UNIVERSITY PARK OR ANOTHER PSU CAMPUS.

THIS APPLICATION PUTS YOU ON A WAITLIST FOR KINES 231. KINES 231 IS OFFERED ONLY AT UNIVERSITY PARK IN THE FALL SEMESTERS. MOST STUDENTS ENROLL IN KINES 231 FOR THEIR 3RD SEMESTER.

GETTING INTO KINES 231 DOES NOT MEAN THAT YOU HAVE BEEN SELECTED INTO THE AT MAJOR. THE “SELECTION” CRITERIA ARE DETAILED FURTHER BELOW.

AFTER STUDENTS ARE SELECTED INTO THE AT MAJOR, THEY MUST COMPLETE A 5-SEMESTER SEQUENCE OF COURSES TO GRADUATE.

BY SUBMITTING THIS FORM, YOU AGREE TO THE FOLLOWING:

I understand that getting a space in Kines 231 does not imply my selection into the AT Major.

I understand that the AT Committee will make the final decision on my selection into the major and that the decision will be based on the following criteria:

1. Minimum overall grade point average of 2.50*.
3. Successful completion of an individual interview with AT faculty and clinical supervisors during the semester in which KINES 231 is completed.
4. A positive recommendation from all approved clinical instructors at the end of the observational experience in the athletic training rooms as required in KINES 231.

These criteria serve as indicators of future success in the AT profession. An interview, which is one of the criteria, will occur during the latter one-third of the semester in which I am enrolled in KINES 231. I will be notified in writing of the decision regarding my selection at the end of the semester in which I am enrolled in KINES 231.

*While the minimum overall GPA required is a 2.5, students selected typically have higher than a 3.0 GPA.

I understand that space in the AT Major is limited in order to provide the quality of clinical experiences necessary for the undergraduate AT Major to remain accredited. Only 30-36 students per year can be formally admitted to the AT Major. Thus, selection into the AT Major is not guaranteed following the completion of KINES 135, 202, 231, and 233.

I understand that if I am selected for the AT Major, I must meet the following requirements:

1. Successful completion of the prescribed courses listed in the KINES Major/AT Major.
2. Successful completion of the clinical proficiencies under the supervision of an approved clinical instructor.
3. Successful demonstration of the physical and psycho-emotional abilities to satisfy the “Technical Standards” of the undergraduate AT Major. See http://www.hhdev.psu.edu/kines/undergrad/docs/Athletic_Training_Technical_Standards.pdf

I understand that in addition to obtaining my Bachelor’s degree from The Pennsylvania State University and the successful completion of the AT Major, I must meet the following requirements to become a certified AT:

1. Provide proof of current certification in American Red Cross CPR/AED for the professional rescuer (or equivalent).
2. Pass the Board of Certification (BOC) examination.
3. Mail an official transcript to the BOC.

For non-University Park Campus students who plan to enroll in Kines 231 prior to completing 4 semesters of coursework:

- Once I have been notified that I can take Kines 231, I understand that I must request a Change of Campus through my campus Registrar’s office to relocate to University Park.
- I understand that if I am approved to relocate to University Park for Kines 231, I must remain enrolled in the pre-AT core courses: Kines 202, 231, and 233 (and 135 if not already completed). In other words, these courses cannot be dropped from my schedule.
- I understand that if I fail to remain enrolled in the pre-AT core courses or drop these courses from my schedule, I am in violation of Academic Administrative Policy D-5, and the College of Health and Human Development reserves the right to assign me back to my initial campus of enrollment, even if housing has already been secured for University Park.

YOU WILL BE NOTIFIED AT THE EMAIL ADDRESS BELOW WHEN YOUR NAME IS NEXT ON THE WAITLIST AND A SPACE IN KINES 231 IS BEING SAVED FOR YOU. THIS NOTIFICATION USUALLY OCCURS BY THE MIDDLE OF THE SPRING SEMESTER.

THE EMAIL NOTIFICATION WILL INDICATE A DEADLINE BY WHICH YOU MUST REPLY TO CONFIRM YOUR SPACE IN KINES 231, OR YOUR SPACE WILL GO TO THE NEXT STUDENT ON THE WAITLIST.

Name: ____________________________________________
(last)    (First)   (MI)

PSU ID #: ______________________ Penn State E-mail Address: ______________________@psu.edu

School Phone:  (________)__________ Permanent Phone #:  (________)________________

Current Campus Location: ________________________________

First Semester at Penn State (any campus): _______________ Semester Transferred to Penn
State from Another Institution: ______________________

I have read, understand, and agree to all of the statements contained in this application.
I have made a copy of this document for my records.

Signature: ____________________________________________ Date: __________________
Part 2: Adviser Checklist
Both student and adviser need to read “What is Athletic Training” regarding the athletic training profession and athletic training major at Penn State University, prior to completing the rest of this application.

Student Name:__________________________________________  ID Number_____________________

The following sections are to be completed by your academic adviser:

Adviser Name:_______________________________________________
Adviser E-mail address:____________________@psu.edu  Adviser Phone___________________

Please verify in the space provided with both adviser and student initials that the following items have been discussed.

1. Criteria for Acceptance into the AT Major
   a. minimum 2.5 overall GPA at the time of selection.
   b. minimum 3.0 GPA in the AT core courses, which includes Kines 135, 202, 231, and 233.
   c. an interview with AT faculty and staff in early December.
   d. a positive recommendation from all approved clinical instructors at the end of the observational experience in the athletic training rooms as required in KINES 231.
   e. selection by the AT Committee.

   ____________________(Initials-students and adviser)

2. GPA Prediction:
   a. Using the student’s input on current courses, and the GPA Prediction Feature on eLion, please indicate predicted cumulative GPA after current semester:______________
   b. After next fall’s grades are in, is the student likely to have achieved the GPA criteria detailed in #1 above?
      Please circle YES or NO.

      If NO, please discuss with the student your thoughts on whether or not meeting the GPA criteria for AT is feasible or if an alternate career goal should be discussed.
      ____________________(Initials-students and adviser)

3. AT and Other Allied Health Careers
   Has the student mentioned pursuing another allied health field (PT, OT, PA, MD, DO, DC, RN, EMT-P) as a career goal? Please circle YES OR NO.

   If yes, please indicate which field: ____________________________

   If YES, please review with the student the following:

   a. some of the courses needed for allied health graduate programs are also required for the AT Major. These include Biol 141, Chem 110+111, Phys 250+250P, Psych 100, and Stat 200. But almost all of the requirements typically needed for allied health graduate programs are already part of the Kinesiology Movement Science Option. These include: Biol 110, Biol 141+142, Chem 110+111, Chem 112+113, Phys 250R+250L, Phys 251R+251L, Psych 100, and Stat 200. Therefore, Movement Science may be the more efficient option for preparation for a graduate program in another allied health field.
b. If AT is chosen in preparation for another allied health graduate program, a considerable number of credits needed for admission into many allied health graduate programs cannot be applied toward the AT curriculum and will be “extra” work for the AT student. In addition, students in the AT Major will be restricted to taking courses which end by 2:15 p.m. in order to participate in their clinical requirements in the afternoons. This limits students’ opportunity to take these “extra” courses and they would most likely need summer sessions or an extra semester to finish them.

c. Though some athletic trainers go on to graduate school in other allied health fields (e.g., physical therapy), it is not necessary to first become an athletic trainer in order to become a physical therapist. Therefore, if the student has no desire to ever work as an athletic trainer, but wishes to pursue a career in physical therapy, they fit better under the Movement Science option of the Kinesiology major.

__________________(Initials-students and adviser)

4. AT and Personal Training
Has the student mentioned personal training as a career goal? Circle YES or NO.

If YES, please review the following with the student:

a. Athletic trainers should not be confused with fitness trainers or personal trainers, who are not healthcare workers, but rather individuals who train people to become physically fit.

b. Students who wish to work as personal trainers or strength and conditioning coaches would find a better curricular fit with the Fitness Studies option of the Kinesiology major, rather than the AT Major.

__________________(Initials-students and adviser)

5. Relocating to University Park
a. Kines 231 and 233 are only offered at University Park, and only during fall semesters. Therefore, students will need to relocate to University Park if they wish to take these courses and compete for a spot in the AT Major.

b. Delaying relocation beyond sophomore fall will delay graduation by at least one year because after selection into the AT Major, a 5-semester prescribed sequence is required.

c. If a student is offered a spot from the waitlist, they should follow the change-of-campus procedure at your campus. Since it will likely be classified as an early change-of-campus request, students can find details regarding the early change-of-campus process for the CHHD at:
http://www.hhdev.psu.edu/studentservices/change_policy.html.

__________________(Initials-students and adviser)

6. Relocating Before 5th Semester Standing
a. If a student is approved to relocate to University Park before 5th semester (otherwise known as Early Change of Campus) in order to pursue the AT Major, they must retain AT core courses throughout the semester or the CHHD reserves the right to reassign the student back to his/her original campus, in accordance with Academic Administrative Policy D-5.

__________________(Initials-students and adviser)

PLEASE MAKE A COPY OF THIS CHECKLIST FOR THE STUDENT’S FILE AND RETURN THE ORIGINAL TO THE STUDENT.

On behalf of your advisee, please contact the Department of Kinesiology Advising Center at University Park (814-863-4493) with questions. It is important that we talk directly with campus advisers so that the information we share can be passed along to your other students.
Part 3: Athletic Training Clinical Observation

It is strongly suggested that you complete observation hours as early as possible in your freshman year.

Steps for Arranging Athletic Training Observation Hours

1. The observation experience should be arranged by you, the student.
2. Call a local facility (college or university, high school, or clinic) and identify yourself as a potential athletic training student at Penn State University.
3. A minimum of 25 hours of observation are required. Arrange the hours of visitation to suit the trainer’s schedule.
4. Sign and give to the athletic trainer the 3-page Observation Verification Form.

At the conclusion of the observation experience, the athletic trainer will give the 3-page Observation Verification Form back to you in a sealed envelope.
Dear Athletic Trainer:

One of the requirements for students interested in pursuing the Athletic Training Major at Penn State University is observation of a minimum of 25 hours of athletic training clinical practice under the supervision of a certified athletic trainer.

In order to be consistent with standards of the program and the athletic training profession, applicants must demonstrate appropriate behaviors and dress in a neat, professional, and appropriate manner when participating in clinical observations.

DRESS CODE FOR OBSERVATION

- Students are expected to practice good personal hygiene habits at all times.
- Jewelry, if worn, must be modest in appearance. Bracelets, rings and necklaces must be simple and not interfere with professional appearance.
- Any other body piercing (ear cartilage, tongue, umbilicus, etc.) must be removed while in clinic;
- Tattoos must be covered.
- Students must wear an ID badge if provided by the facility.
- Sneakers and shoes must be clean, neat, low in heel height, and closed in; socks or nylons are required.
- Students must conform to facility dress code or may wear tailored pants and shirts. Jeans, sweat suits, spandex, tight fitting clothes, tops which expose the shoulders or stomachs, are not allowed.
- All hair must be neat in appearance. Long hair must be worn up or tied back off the face.
- Excessive/extreme make-up, nail polish, perfume, after-shave, and/or cologne are not allowed.
- Gum chewing is not allowed.
- Other guidelines as provided by the supervising athletic trainer or facility must be adhered to.

Previous hours from high school observations will not count. Hours must be accumulated during the student’s enrollment in college. Hours must be completed within a year of when the student is to be starting the pre-Athletic Training core.

For additional information, please contact:
Lauren C. Kramer PhD, ATC
lco100@psu.edu
Phone: (814) 863-1758

The student waives all rights to view the completed observation documents by signing here:

____________________________________
Student Signature    Date
ATHLETIC TRAINER: PLEASE COMPLETE THE FOLLOWING FORMS, PLACE THEM IN A SEALED ENVELOPE PROVIDED BY THE STUDENT, PLACE YOUR SIGNATURE ACROSS THE FLAP, AND RETURN IT TO THE STUDENT. THANK YOU FOR YOUR TIME AND COOPERATION WITH THIS PROCESS.

Name of Student: ____________________________________________________

Name and Location of Clinical Observation: __________________________________________

Total Number of Observational Hours: _________________

Dates of Clinical Observation: __________________________

Type of Setting(s):
  _____ Clinic
  _____ Hospital
  _____ College
  _____ High School
  _____ Other _____________________

Please fill in the blanks below on a scale of 1-5, rating the applicant on professional presence.

1=student needs improvement
3=student is average compared to other observational students you have worked with
5= student shows positive professional presence/potential

Willingness to learn       _____

Interest level        _____

Professional appearance      _____

Engagement in activity      _____

Overall appreciation of the AT observation    _____

Communication (voice quality, ease, etc)    _____

Motivation towards a career as an athletic trainer   _____

Total Score: _____(35 is the Max Score)
Please indicate your overall recommendation of the student (check one):

_____ I recommend this student highly, without reservation

_____ I recommend this student

_____ I recommend this student, with some reservations

_____ I do not recommend this student

Please provide any additional comments below.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Printed Name of Athletic Trainer________________________________________

Date ___________________________________

BOC Certification Number_______________

State License Number_______________  State: ___________________

Signature of Athletic Trainer ___________________________________