

Athletic Training Program

Technical Standards

The Athletic Training Program (ATP) at the University of Maine at Presque Isle (UMPI) is a rigorous program that places specific requirements/demands on its students. One of the ATP's objectives is to prepare graduates to enter a variety of employment settings as an entry-level certified athletic trainer. The technical standards establish the essential qualities necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level certified athletic trainer as well as meet the expectations of the accrediting agency (Commission on Accreditation of Athletic Training Education (CAATE)). The following abilities and expectations must be met by all students admitted to the ATP. Candidates for selection to the ATP will be required to verify they understand the standards and, with or without reasonable accommodations, meet the standards. For information regarding the University's policy for accommodating students with disabilities contact the Office of Student Support Services, Rm 120 South Hall, or via telephone at 207.768.9615.

In order to gain competency as an Athletic Trainer, you should possess or have the ability to demonstrate the following skills, knowledge, or commitment in the subsequent areas upon completion of your education:

1. You should be able to identify injury/illness risk factors associated with physical activity and plan and implement all components of a comprehensive injury/illness prevention program.
2. Conduct a thorough initial clinical evaluation of injuries and illnesses commonly sustained by physical active individuals and formulate an impression of the injury/illness for the primary purpose of (1) administering proper first aid and emergency care and (2) making appropriate referrals to physicians for diagnosis and medical treatment.
3. Be able to provide appropriate first aid and emergency care for acute injuries/illnesses according to accepted standards and refer injured/ill individuals to appropriate health care providers when necessary.
4. Plan and implement a comprehensive rehabilitation/reconditioning program for injuries/illnesses sustained by physical active individuals.
5. Plan, coordinate, and supervise all administrative components of an athletic training program including those pertaining to (1) health care services, (2) financial management, (3) athletic training room management, (4) personnel management, and (5) public relations
6. Be able to provide health care information and counsel physical active individuals, parents, and coaches on matters pertaining to the physical, psychological, and emotional health and well being of the physical active individual. Interpret the role the Certified Athletic Trainer as a health care provider, promote athletic training as a professional discipline, and provide instruction in athletic training subject matter areas.
7. Possess current CPR/First Aid certification.
8. Acceptance of the responsibility to stay abreast of current theory and practice in the field of athletic training through continuing education, conference and symposium attendance, and be willing to share knowledge and skills learned to enhance the profession.
9. Demonstrate a strong professional ethic and desire to contribute to the athletic training profession.

A student who is admitted to the ATP but is unable to fulfill these technical standards, with or without reasonable accommodation, will not be able to complete the ATP.

I certify that I have read and understand the technical standards for selection 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

Signature of Examining Health Care Provider

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 have contacted the Office of Student Support Services to determine what accommodations are 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

Signature of Examining Health Care Provider

Date