

**Messiah College**  
**Athletic Training Program**  
**Technical Standards for Admission**

The Athletic Training Program at Messiah is a rigorous and demanding program that places specific requirements and demands on the students enrolled in the program. One goal of the program is to prepare graduates to enter a variety of employment settings and to render care to a wide variety of individuals who are physically active. The technical standards identified are designed to develop essential qualities necessary for athletic training students to achieve the knowledge, skills, competencies, and proficiencies characteristic of an entry level athletic trainer. In addition, these standards assure that students can meet the requirements of the program's accrediting agency (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 athletic training student will not be admitted into 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 Athletic Training Program must demonstrate:

1. the mental capacity to organize, analyze, synthesize, and apply concepts and problem solve to formulate assessment and therapeutic judgments 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 judgments and treatment information effectively.
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 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 that they believe that, with certain accommodations, they can meet the standards.

Messiah College's Technical Standards support personnel will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

Support personnel are available in the Office of Disability Services located in the Murray library, office 115. Amy Slody, J.D., is the Director of Disability Services.

(Please read below carefully before signing your name. Complete 9 or 10, but not both.)

9. I, \_\_\_\_\_ (printed name), have read and understand the above technical standards as described. I also believe that I can meet these technical standards without accommodations. (I am not aware of any learning disabilities, physical disabilities, etc.).

\_\_\_\_\_,(Student Signature) \_\_\_\_\_(Month/Day/Yr)

10. I, \_\_\_\_\_, (printed name), have read and understand the above technical standards as described. I believe I can meet these technical standards with accommodation or assistance. (I am aware that I may have a disability, and may need accommodation(s) to meet the program's technical standards).

\_\_\_\_\_,(Student Signature) \_\_\_\_\_(Month/Day/Yr)

11. If the student completes number 10 above indicating a change in status, or the need for accommodation or assistance, was follow-up referral accomplished?

\_\_\_ Yes \_\_\_ No

Date: \_\_\_\_\_

Did the student contact the Office of Disability Services?

\_\_\_ Yes \_\_\_ No

Date: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: