Admission Requirements

Competitive Admission is required for the Graduate Athletic Training Program. Applicants will NOT be admitted to the Jackson College of Graduate Studies until THEY HAVE BEEN ACCEPTED TO THE GRADUATE ATHLETIC TRAINING PROGRAM. Application forms and instructions can be downloaded from the program’s web page at http://sites.uco.edu/ceps/dept/Professional-Studies-Programs/khs/athletic-training/index.asp or by contacting the program director. Student wishing to transfer into the program from another graduate program must be aware of the program’s the transfer policies.

Applicants must fulfill the following requirements to be considered for admission to the program. Submit the following directly to the Program Director in one envelope.

1. Completed application form
2. Two recommendations submitted on program’s recommendation form with attached letters of support.
   a. One letter each from: professor/instructor, and one from an athletic trainer, physician or allied-health provider.
3. Submit a Statement of Goals regarding your athletic training future or philosophy
4. Submit Official Undergraduate transcript(s) in sealed envelope:
   a. Only students that have graduated from a U.S. accredited degree granting 4-year institution will be accepted. (International students must first meet the University’s International Admission Requirements before being considered for the Graduate Athletic Training Program acceptance.)
   b. Meet Kinesiology and Health Studies Departmental requirement of 2.75 GPA overall or a 2.75 GPA in the last 60 hours attempted. Documented on transcript.
5. List prerequisites courses on application chart. Must have completed at least 19 Semester Hours from the following list of prerequisites or transferable equivalent: UCO Course code and titles listed.
   - HLTH 3493 Treatment of Athletic Injury 3 SH
   - BIO 2504 Human Anatomy & Lab 3-4 SH
   - BIO 2604 Human Physiology & Lab 3-4 SH
   - PHED 3503 Physiology of Exercise 3-4 SH
   - PHED 3333 Mech Princ/Analysis of Movement/Kins 3 SH
   - HLTH 3412 Nutrition for Sport & Fitness 3 SH
   a. Courses must have been taken in the last 10 years and must have earned a grade of “C” or better for course to be accepted.
b. A candidate with a deficient prerequisite course may be extended special consideration for conditional admittance if otherwise qualified. Probationary plan will be developed by the program director to correct deficiency within first year of program. Early admission may not be granted based on needed completion of prerequisites but extended to the March date.

c. **Additional courses required as perquisites for applicants in Dec. 2020:**
   - UG Statistics or undergraduate research course
   - Biology
   - Physics with lab
   - Chemistry with lab
   - Fitness or Conditioning Assessment/Prescription
   - Medical Terminology
   - Psychology[Introduction and/or sports psychology]

6. Submit a signed Technical Standards document verifying that the student can meet or exceed the minimum mental, physical, emotional, communicative and intellectual abilities necessary for athletic training.

7. Pass a physical examination signed by a licensed medical physician (or designee) accompanied with signed released form so the program director can keep medical information on file.
   a. Physical Exam must be on Graduate Athletic Training Program Physical Form.

8. Provide Immunization records with HBV. This is an admissions requirement for the University and TB Test is required to start clinical rotation in the Fall semester

9. Submit Professional Rescuer CPR and First Aid cert. or equivalent (Submit copy of cards or certificate).

Once all application materials are received and reviewed by the program director and the selection committee, applicant will be notified if an interview will be granted. Selected applicant Must complete an on-campus or phone interview with Selection Committee.

**Only after being accepted and admitted to Graduate Athletic Training Program should candidate apply to Jackson College of Graduate Studies.** Review the Jackson College of Graduate Studies information and requirements.

- Submit paper or online application for admission to the Jackson College of Graduate Studies (NUC 404 or [http://sites.uco.edu/graduate/index.asp](http://sites.uco.edu/graduate/index.asp) with and ~$65.00 application fee.

**Admission Requirements**

**Important:**

- All accepted undergraduate candidates will be “Admitted Incomplete” until official transcripts are received by the GATP demonstrating completion of undergraduate degree.
- Sealed official transcript(s) must be submitted to the GATP program director first, as part of the application process. Official transcript(s) must be submitted to the Graduate College for admittance. Additional transcript(s) can be submitted directly or the student can coordinate with the program director to forward originals to the Graduate College.

**Mailing Address:**

Mr. Ed Sunderland, M.S., LAT, ATC  
Program Director  
Graduate Athletic Training Program  
KHS, Box 189  
University of Central Oklahoma  
Edmond, OK  73034

**Phone:** 405-974-5239  
**FAX:** 405-974-3805  
**Email:** jsunderland@uco.edu

**Post Admission Requirements during the Pre-Professional Level**

Post Admission requirement completion is mandatory for participation in the Professional Level I Clinical Program. Students will be required to participate in the July semester academic program as well as completing the Pre-Professional Level "Clinical Orientation and Observation" between the July session and fall semester as part of the pre-semester
course requirement for KINS 5413 Clinical Education for Assessment of Athletic Injuries. Students that have been accepted, admitted and enrolled in the July semester but fails to complete the Post Admission and Pre-Professional Level requirements because of some unforeseeable circumstance, will be placed on probation for one semester or until the requirements are met! (See Probation Procedure) Probation may limit the student’s participation in the Professional Level I Clinical Program. There are costs involved to complete these requirements as well as the need for transportation to and from clinical sites for the Pre-Professional Level orientation and observation.

**Post Admission Requirements:**

1. Pass KINS 5313 and KINS 5623 with a “B” or better.
2. Complete all psychomotor skill proficiencies. If all proficiencies are not completed, a grade of “I” – Incomplete will be given and the students will not be allowed to enroll in the professional level courses.
3. Reviewed with program director, the program’s policy and procedure manual, academic advisement and graduation requirements.
4. Pay $150.00 Annual Program Fee.
   a. Uniform and Program Badge
   b. Personal Clinical Equipment, CPR mask, scissors, etc.
5. Submit application for Apprentice Athletic Trainer License with the Oklahoma State Board of Medical License and Supervision, ~~~~$35.00.
   a. [http://www.okmedicalboard.org](http://www.okmedicalboard.org)
   b. Criminal background check, ~~$35.00.
6. Purchase Student Liability Insurance through the University’s Bursar Office - $15.00 – student must provide receipt to program director.
7. **Drug testing for certain clinical sites may need to be conducted during the July or pre fall semester timeframe at an approximate cost ~~~~$60. This may be scheduled at a later date – check with the program director.** (Drug testing may be through the clinical site (or designee) or Concentra or tied to the Nursing Program’s yearly testing.)
8. TB and Flu Shots – Some clinical rotations will require these. Costs will be ~~~~$30.00 each (May be delayed until fall semester.)
9. Join the NATA – Become a student member: ~$80.00. This is a yearly fee.
19. Subscribe to ATrack – online student tracking website - $45 yearly or $80 Lifetime.

**Special Circumstances:**

1. As part of the Post Admission requirements the student will be required to pass a Criminal Background Check. If they fail the background check they will not be able to receive an Apprenticeship Athletic Training License and will be removed for the program
2. As part of the clinical program the student will be required to pass a Drug Test. If the student fails the drug test they will be placed on probation and until such time follow-up drug tests are negative. These tests will be at the expense of the student. They will be required to attend counseling at the Counseling Center on campus (or similar facility) until completion of treatment plan. Failing of Drug test will limit the clinical sites the student could be assigned and prolong completion of the clinical program.

The above Post Admission requirements Must be met during the July semester. Each student will then be required to complete the Pre-Profession Level Requirement of approximately two weeks of “Clinical Orientation and Observation” during fall preseason sports as a pre-semester requirement of KINS 5413. A Pass / Fail grade will be assigned to KINS 5413 and must be completed before a Professional Level I clinical assignment starts in the fall semester. Transportation and travel costs will be the responsibility of the student.

The following must be completed as part of the Pre-Professional Level requirements. See clinical coordinator for details.

- Clinical Site Orientation at High School or College AT facilities
- Clinical Observation - approximately two weeks in early August – fall preseason sports. May vary yearly.
  - 4 hours per day, 5 days per week approximately 20 hours per week
  - Hours, days and weeks will vary depending on the preseason schedule of the high schools and college. See clinical coordinator for schedule details.
- Clinical Rotations– high school and college athletic training facilities
- Pre-Professional Level Foundational Behaviors of Professional Practice Evaluation Form completed.
- Formalized Modality instruction sheet

**International Students Admission** (See Graduate College Catalog for details)

[www.uco.edu/graduate](http://www.uco.edu/graduate)

Due to the amount of time needed to process an international application, admission application deadlines are in place and are strictly observed:

- **Fall semester July 1st**
- **Spring semester November 1st**
- **Summer semester April 1st**
All students for whom English is a second language must present evidence of proficiency in the English language as required by the Oklahoma State Regents for Higher Education. The applicant must submit a score of 550 or higher on the Test of English as a Foreign Language (TOEFL) paper examination or 213 computer examination. UCO will also accept an International English Language Testing System (IELTS) score of 6.5 in the place of the TOEFL. See Graduate College catalog for specific details.
COPIES OF REQUIRED FORMS

1. Technical Standards Form
2. Recommendation Forms
3. Immunization Form
4. Medical Physical Examination Form
5. Medical Release Form
To be upload to application

MASTER OF SCIENCE IN ATHLETIC TRAINING
Graduate Athletic Training Program
Department of Kinesiology and Health Studies

(Print Clearly)

Candidate’s Full Name: ________________________________
Date of Application: ____________________________

Technical Standards Form

The Graduate Athletic Training Program at University of Central Oklahoma 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 Graduate Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of a Professional athletic trainer, as well as meet the expectations of the program’s accrediting agency the Commission on Accreditation of Athletic Training Programs.

The following abilities and expectations must be met by all students admitted to the Graduate 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 into the program. Also, there is no guarantee that if a student can meet these standards that they will be admitted the GATP. Once admitted to the program these technical standards are requirements for progression and retention for each professional level.

Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC certification exam.

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

1. The cognitive capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm. Cognitive ability will be measured by undergraduate GPA of 2.75 in last 60 hours, grade of “C” or better in required prerequisite courses and the student’s references assessment of intellectual abilities.

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. Neuromuscular, sensory, and psychomotor abilities will be measured by the passing of a physical exam by a licensed physician and to answer/demonstrate athletic training skills during the interview. (See Information and Requirements for more information on the ranking criteria.)

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. Students must be able to understand and speak the English language at a level consistent with competent professional practice. Communicative and interpersonal skills will be measured by the student’s undergraduate grades in English and other communication courses, ability to verbally communicate during the interview, by the Statement of Goals/Philosophy to assess writing ability and by the personal letters of references.

4. The ability to record the physical examination results and a treatment plan clearly and accurately. Ability to write will be measured by grades in academic courses requiring writing, Statement of Goals/Philosophy used as a writing sample and application materials.

5. The capacity to maintain composure and continue to function well during periods of high stress. The student’s ability to work under stressful situations will be assessed by direct questions related to this area during the interview and by letters of references indicating abilities in this area.

6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced. The student’s ability to commit to a goal and complete projects will be measured by the undergraduate transcript, GPA and letters of references indicating abilities in this area.

7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations. Student’s ability to adapt to changing situations will be assessed by direct questions in the interview and from letters of references indication of the student’s ability in this area.

8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient
Candidates for selection to the athletic training program will be required to verify they understand and meet these technical standards.

The GATP will assess each student’s ability to meet the above standards by using the student’s passing of physical examination by a licensed physician, undergraduate transcript(s), GPA, written Statement of Goals/Philosophy and by statements made in the letters of references. Also the student will be asked specific questions related to the standards requirements during the interview. (See Information and Requirements for more information on the ranking criteria.)

Each candidate must certify that they have read and understand the technical standards for selection listed above, and they believe to the best of their knowledge that they meet each of these standards. They must understand that if they are unable to meet these standards they will not be admitted into the program.

“The University of Central Oklahoma complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Students with disabilities who wish special accommodations must make their request to the Assistant Director of Disability Support Services at (405) 974-2549.”

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. I understand that if I am unable to meet these standards I will not be admitted into the program. Also I understand that the technical standards are part of the progression and retention requirements of the GATP Clinical program. If at any time during the program that my mental, physical, intellectual, emotional, sensory or communicative abilities change, I may not be able to continue in the program or be eligible for the BOC Certification.

________________________________________  ______________
Signature of Applicant                    Date
Send forms to Program Director in sealed signed Envelopes

RECOMMENDATION FORM INSTRUCTIONS

1. Two Recommendations Must be provided with GATP Application:
   a. One from Professor/Instructor that you had in class
   b. One from Athletic Trainer/Physician/PT/or Allied-Health provider
      (No Personal recommendations – Must be someone you worked under)

2. Recommendations Must be on the GATP Recommendation Form. Provide each reference with the GATP Form. Additional Letter on person’s Letter head is highly recommended.

3.

4. Each recommender is to complete the Likert Scale Rating form and additional letter, put both in a sealed envelope with candidates name on the front and signature over the envelope’s flap on the back.

5. Recommender is to give the sealed, signed envelope back the candidate to include with application materials. Only sealed and signed envelopes will be accepted!

6. Completed application materials with the two Recommendation Forms enclosed Must be send to the program director’s office postmarked by the deadline date.
MASTER OF SCIENCE IN ATHLETIC TRAINING
Graduate Athletic Training Program
Department of Kinesiology and Health Studies

RECOMMENDATION FORM
(Please make copies as needed)

Candidate’s Name: ____________________________

Instructions: Please rate the above candidate using the following Likert Scale. This information will be used as part of the Competitive Admission Process.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
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<td>5</td>
<td>Superior Exceeds expectation, abilities superior to peers, exceptional traits/qualities</td>
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<tr>
<td>4</td>
<td>Above Average Above expectations, abilities above peers, good traits/qualities</td>
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<tr>
<td>3</td>
<td>Average Meets expectations, abilities equal to peers, normal traits/qualities</td>
</tr>
<tr>
<td>2</td>
<td>Below Average Below expectations, abilities below peers, undesirable traits/qualities</td>
</tr>
<tr>
<td>1</td>
<td>Inadequate Does not possess sufficient abilities, unacceptable traits/qualities</td>
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<tr>
<td>0</td>
<td>Not Observed Have not observed, insufficient data to render a judgment</td>
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### Questions Related to Essential Functions of an Athletic Trainer

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<th>Function</th>
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For Program Use Only

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Signature: ____________________________ Date: ____________________________
Name: (Print) ____________________________ Title: ____________________________
Address: ____________________________ City: ____________________________ ST: ____ ZIP: ________
MASTER OF SCIENCE IN ATHLETIC TRAINING
Graduate Athletic Training Program
Department of Kinesiology and Health Studies

RECOMMENDATION FORM
(Please make copies as needed)

Candidate’s Name:

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Signature: ___________________________ Date: _____________

Name: (Print) _________________________ Title: _________________________

Address: ________________________________ City: ________________ ST: __ ZIP: ___________
Physical Examination and Immunization Information

The purpose of the physical examination is to assess the overall health of the candidate as well as to assess the candidate’s ability to meet the “Essential Functions or Technical Standards,” required to be an athletic trainer - allied-health care provider. The physical exam may indicate any conditions or findings that may interfere with the candidate’s ability to meet the “Technical Standards.” If additional assessments are needed to evaluate mental, physical, emotional, sensory, intellectual and decision-making abilities, the attending physician is to refer the candidate to the appropriate medical provider at your earliest convenience. The candidate’s physical exam and the other reports may be needed by the Office of Disability Support Services if accommodations are requested.

Information Links:
https://www.uco.edu/graduate/admissions/index.asp

IMMUNIZATION REQUIREMENTS

Oklahoma Statutes, Title 70 sec. 3244 requires all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against Hepatitis B (three doses) and measles, mumps and rubella (MMR - two doses). For most students, immunization records are included in high school transcripts or validated by transfer college transcripts. If you have encountered a registration hold for immunizations, you may submit your immunization records by mail, in person, or fax: UCO Admissions; 100 North University Drive, Box 99; Edmond, OK 73034-5209; FAX: 405-974-3841. If you cannot verify your immunizations you will need to be re-immunized. Medical, religious and moral exemptions are allowed by law and such requests must be made in writing. All new international students must also provide proof of a negative TB test. TB testing and chest x-rays must be conducted in the United States. Meningitis, MMR and Hepatitis B immunizations from an international student’s country of origin are acceptable; immunization records must be translated into English.

https://www.uco.edu/graduate/admissions/index.asp

Immunizations Required by State Law

<table>
<thead>
<tr>
<th>Vaccination *Meningitis</th>
<th>Who must comply?</th>
<th>Compliance Requirements</th>
<th>Compliance Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps, Rubella, TWO DOSES</td>
<td>All new students born After January 1, 1957</td>
<td>Proof of vaccination with 2 doses of vaccine; or lab test demonstrating immunity; or, signed Certificate of Exemption</td>
<td>End of fourth week of classes</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>All new students</td>
<td>Proof of completion of a Hep B Series or signed Certificate of Exemption</td>
<td>Minimum of first 2 Shots by 6th week of class; completion of series by 4th week of the student’s second semester</td>
</tr>
<tr>
<td>**Tuberculosis Skin Test</td>
<td>All new students</td>
<td>Proof of negative test results</td>
<td>If test result positive, must have chest x-ray verification that student does not have TB</td>
</tr>
</tbody>
</table>

*Specific Information regarding immunization for meningitis: Oklahoma Law requires that first time enrollees who reside in on-campus student housing be vaccinated against meningococcal disease UNLESS, 1) the individual signs a written waiver that he/she has reviewed the information
provided by UCO regarding meningitis immunization and has chosen not to be immunized, or, 2) in the case of a minor, the individual's parent or guardian must sign the waiver.

**Specific Information regarding TB skin test:** Oklahoma Health Department requires that TB testing must be conducted in the United States (NO exceptions). The UCO campus health center can provide this for you prior to completing your enrollment.

_all required immunizations are available at UCO Student Health Center._

FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN A HOLD BEING PLACED ON ENROLLMENT.

Copy **Must** be sent to GATP Program Director: the program director will forward it to the graduate college upon acceptance into the program.

Mr. Ed Sunderland, M.S., LAT, ATC
Program Director
Graduate Athletic Training Program
Box 189 KHS
University of Central Oklahoma
100 North University Dr.
Edmond, OK 73034
(405) 974-5239 Office (405) 974-3805 FAX
Dear Health Care Provider:

As a requirement for the University of Central Oklahoma Graduate Athletic Training Program (GATP,) this candidate (print name) must pass a pre-admission physical examination. The physical exam is to be recorded on the enclosed GATP Physical Examination Form provided. Also, each candidate must have his / her immunization records reviewed.

The purpose of the examination is to assess the overall health of the candidate as well as to assess the candidate’s ability to meet the “Essential Functions or Technical Standards,” required to be an athletic trainer - allied-health care provider. Please indicate any conditions or findings that may interfere with the candidate’s ability to meet the “Technical Standards” listed below. If additional assessments are needed to evaluate mental, physical, emotional, sensory, intellectual and decision-making abilities, please refer the candidate to the appropriate medical provider at your earliest convenience. The candidate’s physical exam and the other reports may be needed by the Office of Disability Services.

Candidates for admission to the Graduate Athletic Training Program Must demonstrate the following abilities:

1. The mental capacity to assimilate, analyze, synthesize, integrate 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. 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. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Thank you for your time and cooperation in this matter. If you should have any questions, please contact me at (405) 974-5239.

Sincerely,

Mr. Ed Sunderland, M.S., LAT, ATC
Program Director
Graduate Athletic Training Program
(PLEASE PRINT CLEARLY)

DATE_________________________ GENDER __M__ / __F__ PERSONAL ID#__________________

FULL NAME_________________________________________________________ DATE OF BIRTH__________ AGE________

PERMANENT ADDRESS, ____________________________________________________________________________ PERMANENT PHONE (________)

CITY________________________ ST________ ZIP________ CELL PHONE (________)

PARENT/GUARDIAN NAME, _______________________________________________________________________

PARENTS/GUARDIAN ADDRESS, ___________________________________________________________________

( IF DIFFERENT)

EMERGENCY NAME / PHONE, ______________________________________________________________________

INSTRUCTIONS: FOR THE FOLLOWING QUESTIONS, PLEASE CHECK “YES” OR “NO”. IF “YES” - GIVE APPROXIMATE DATE AND DETAILS.

<table>
<thead>
<tr>
<th>INJURY / ILLNESS</th>
<th>yes</th>
<th>no</th>
<th>If yes, specify details</th>
<th>INJURY / ILLNESS</th>
<th>yes</th>
<th>no</th>
<th>If yes, specify details</th>
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<tbody>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td></td>
<td>Appendicitis</td>
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<tr>
<td>High Blood Pressure</td>
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<tr>
<td>Migraines</td>
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<td></td>
<td>Spleen Injury</td>
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<td>Asthma</td>
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<td>Concussion</td>
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<tr>
<td>Tuberculosis</td>
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<td></td>
<td>Glasses/Contacts</td>
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<tr>
<td>Cancer</td>
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<td>Impaired Vision</td>
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<tr>
<td>Arthritis</td>
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<td>Impaired Hearing</td>
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<tr>
<td>Diabetes</td>
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<td>Eye Injury/Disease</td>
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<tr>
<td>HIV/Hepatitis</td>
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<td>Kidney Injury/Disease</td>
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<tr>
<td>Epilepsy</td>
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<td>Muscle Injury/Disease</td>
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<tr>
<td>Fainting</td>
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<td>Bone Injury/Disease</td>
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<tr>
<td>Hernia</td>
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<td></td>
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<td>Joint Injury/Disease</td>
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</tbody>
</table>

Men: Do you have any testicular pain? (If so, please describe) ___________________________________________

Women: Do you have any menstrual problems? (If so, please describe) ________________________________

Are you allergic to any drugs? (If so, please list) ___________________________________________________

Have you been hospitalized for any reason? (If so, please describe) ________________________________

Do you have a disability? (If so, please describe) __________________________________________________

I, the undersigned, hereby acknowledge and affirm that the above information is true and accurate to the best of my knowledge; and that no answers or information have been willfully withheld. If any of the statements or information listed above is FALSE or has been omitted on purpose, I fully understand that I may be suspended from the Graduate Athletic Training Education Program at UCO ___________________________________________ Date ________________________

( FOR EXAMINING PHYSICIAN ONLY)


GENERAL ASSESSMENT | NM | AB | NM | AB | COMMENTS | NM | AB | COMMENTS
<table>
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<tr>
<td>Eyes</td>
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<td>Neck</td>
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<tr>
<td>Ears</td>
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<td>Shoulders</td>
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<tr>
<td>Nose</td>
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<td>Elbows</td>
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<tr>
<td>Neck/Throat</td>
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<td>Forearm/Wrist</td>
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<tr>
<td>Chest/Lungs</td>
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<td></td>
<td>Hand/Fingers</td>
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<tr>
<td>Heart</td>
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<td></td>
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<td>Spine/Hips</td>
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<tr>
<td>Abdomen</td>
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<td></td>
<td></td>
<td></td>
<td>Knees</td>
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<tr>
<td>Genitalia/Hernia</td>
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<td></td>
<td></td>
<td></td>
<td>Ankles</td>
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<tr>
<td>Skin</td>
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<td></td>
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<td>Foot/Toes</td>
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</tbody>
</table>

Immunization Records

Pass without restrictions; I have reviewed the candidate’s immunization records, medical history and conducted a physical examination and see no reason why this person cannot fulfill the Technical Standards of the GATEP at UCO. ____________________________________________ Date ____________________________

Pass with restrictions; This person can fulfill the Technical Standards of the GATEP only with special needs or assistance. ____________________________________________ Date ____________________________

Fail; This person cannot meet the Technical Standards of the GATEP at UCO. ____________________________________________ Date ____________________________

Deferred/Referred for further evaluation/testing REASON(S): ____________________________________________ Date ____________________________

Physician’s Signature ____________________________ Date ____________________________ Physician’s Phone Number ____________________________

Note: If, “Pass with Restrictions” or “Failed” is recorded, please attach a letter of explanation with the Physical Form.
## Immunization Record

Name: ___________________________________________  Male: ______  Female: ______

Social Security # or ID #: __________________________ Date of Birth: __________________

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER OR ATTACH COPIES OF OFFICIAL IMMUNIZATION CAN BE PROVIDED INSTEAD

All information must be in English

### REQUIRED (Mandatory) Immunization for University Students: Two Doses of MEASLES, MUMPS AND RUBELLA (MMR) vaccine and three doses of Hepatitis B.

Vaccine | Enter date each immunization was given
--- | ---
Measles (Month, Day, Year) | #1 | #2 | ● Measles, mumps and rubella (MMR) vaccine is not required for college students born before January 1957.  
● The first MMR vaccine must have been given no earlier than 4 days before the first birthday. The 2nd dose of MMR vaccine or of measles vaccine must have been administered at least 28 calendar days after the 1st dose.  
● In lieu of immunization, written evidence of laboratory tests showing range of immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate.

Measles (Month, Day, Year) | #1 | #2

Measles (Month, Day, Year) | #1 | #2

Hepatitis B (Month, Day, Year) | #1 | #2 | #3

### RECOMMENDED (Other) Immunizations

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>#1</th>
<th>#2</th>
<th>OPV/IPV</th>
<th>#1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A (Month, Day, Year)</td>
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<tr>
<td>Tetanus-Diphtheria (Month, Day, Year)</td>
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<td>#3</td>
<td>#4</td>
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<tr>
<td>Meningococcal</td>
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<tr>
<td>Quadrivalent polysaccharide vaccine</td>
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</table>

### Tuberculosis Screening (Required for all International Students and must be performed at the UCO Student Health Center or another U.S. facility – Absolutely NO Exceptions.

1. PPD (Mantoux) within the past 6 months  
   Result: __________

2. If PPD is positive (10mm or greater), chest X-ray required.
   X-Ray results:  
   Normal ______  Abnormal ______

3. If previously treated for TB, please submit copies of medical records indicating treatment

To the Health Professional

Please review the requirements, administer the needed immunizations, and sign below to validate.

Signed ___________________________  Title ___________________________  Date ________________
Release of Medical/Health information

I, __________________________________________(Candidate’s Name)
grant permission to the University of Central Oklahoma, Graduate Athletic Training Program, program
director and faculty and staff to receive and have access to my medical records/medical information
for the purpose of evaluation related to the application process for the Graduate Athletic Training
Education Program. Medical Records will be kept confidential in the program director’s office and in
the student’s secure digital folder.

The following information may be released:
[ ] Immunization/Vaccination Records
[ ] Health History and Medical Physical Exam, including all tests and studies
[ ] Other______________________________________________

To any licensed physician, other licensed practitioner, hospital, clinic, or other medically related
facility: I authorize the release of my medical records to the University of Central Oklahoma.
Requested information is to be used solely for the purpose of program admission and may be used to
assess my request for reasonable accommodation.

Print Full Name: _______________________________________________

DOB: __________________________ Last 4 digits of SS# or UCO ID #: _________________________

_____________________________ Date

Candidate’s Signature

_____________________________ Date

Witness Signature

Records to be sent to:
Mr. Ed Sunderland, M.S., LAT, ATC
Program Director
Graduate Athletic Training Program
Box 189 KHS
University of Central Oklahoma
100 North University Dr.
Edmond, OK  73034
(405) 974-5239 Office     (405) 974-3805 FAX

This information is being disclosed to the above individual/organization for the above stated purpose from records whose
confidentiality may be protected by Federal Law.