

**LIBERTY UNIVERSITY – ATHLETIC TRAINING PROGRAM (MSAT)**

**LU Graduate ATP Handbook Signature Page – REQUIRED**

**Directions:** Please provide your *initials* on each line below to verify that you have read, fully understand, agree to adhere to and uphold the following policies as outlined within this LU Graduate Athletic Training Program Handbook.

- \_\_\_\_\_ Retention Standards Policy, Service Project Policy, Competence Exam Policy, & Remediation Policy (pp. 30-32, & Appendix I)
- \_\_\_\_\_ Health & Safety Policy, Communicable Disease Policy, & Injury and Illness Policy (pp. 33-36).
- \_\_\_\_\_ ATS Responsibilities (pp. 38-39).
- \_\_\_\_\_ Patient-Encounters Requirements Policy prior to graduation (pp. 46-49).
- \_\_\_\_\_ Sexual Harassment & Social Media Policy (pp. 49-50).
- \_\_\_\_\_ Technical Standards for Admission Policy (pp. 55-57 & Appendix B).
- \_\_\_\_\_ ATS Acceptable Patient Interaction Agreement Policy, ATS Confidentiality Agreement, HIPAA & FERPA Training Policy (pp. 40, 58-65, & Appendix C).
- \_\_\_\_\_ ATS Direct Supervision Policy (pp. 59, 68-70, & Appendix D).
- \_\_\_\_\_ OSHA clinical practice regulations, BBP Training Policy, BBP Post-Exposure Plan (pp. 77-82, & Appendix G).

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**LU ATP Athletic Training Student:** I, \_\_\_\_\_ acknowledge receipt of the Liberty University Graduate Athletic Training Program Handbook. I have read the handbook and understand its contents fully. I understand that I am expected to adhere to the policies, procedures, expectations, rules, and regulations of the Liberty University Athletic Training Education Program as outlined in this document. If I don't uphold the policies, procedures, expectations, rules, and regulations outlined in this handbook, I understand it will jeopardize my status in Liberty University's Athletic Training Program and is grounds for immediate dismissal from the LU ATP.

**Legal Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/20\_\_

**Witness' Signature:** Providing my Legal Signature below confirms that I certify that I have witnessed the legal signature, on the date provided above, by the LU ATP Athletic Training Student.

**Legal Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/20\_\_

**(Printed FULL Legal Name):** \_\_\_\_\_

**\*Please initial, sign/date, and return this page as well as any additional pages requiring signatures within this LU Graduate ATP Handbook to the LU ATP Program Director and/or one of the Co-Clinical Coordinators through the appropriate application submission processes.**