

# STUDENT CONTRACT

## UNLV ATHLETIC TRAINING EDUCATION PROGRAM

*As an athletic training student in the Athletic Training Education Program (ATEP) at the University of Nevada, Las Vegas, students must agree to abide by the following expectations to retain a position in the program. Students will be given a copy of this contract to keep in their ATEP folder. Review each statement and initialize in the space provided to acknowledge your understanding.*

I understand that I am required to have a pre-participation screening completed by a physician along with a copy of my immunization record. I understand that I must submit these documents to the Program Director (Dr Rubley) by January 31 during my first semester of the ATEP in the spring and that I may not continue beyond the first month of the ATEP until this is completed and submitted.

Student initials: \_\_\_\_\_

I understand that I must complete the following classes by the semesters outlined below, or as amended by the program director (Dr. Rubley):

Spring 1<sup>st</sup> semester: SIM 102, SIM 150, KIN 245

Fall 2<sup>nd</sup> semester: SIM 386, SIM 390, SIM 270

Spring 2<sup>nd</sup> semester: SIM 387, SIM 480, SIM 271

Fall 3<sup>rd</sup> semester: SIM 456, SIM 481, SIM 470

Spring 3<sup>rd</sup> semester: SIM 471, SIM 495

Student initials: \_\_\_\_\_

I understand that I must maintain a cumulative UNLV GPA of 2.8 at all times and that if I fail to maintain this GPA I will be placed on academic probation from the ATEP and my graduation may be delayed.

Student initials: \_\_\_\_\_

I understand that I must complete all assigned clinical proficiencies in a timely manner as assigned by the Program Director (Dr. Rubley) and the Clinical Coordinator (Ms. Tritsch). I understand that if I do not complete the clinical proficiencies on time I will receive an incomplete in the corresponding clinical class(es).

Student initials: \_\_\_\_\_

I understand that I must report for athletic training in-service orientation during the first week of August each semester. I understand that failing to return during this time will result in an official infraction notice.

Student initials: \_\_\_\_\_

I understand that I am required to work as an athletic training student for a **minimum** of 5 semesters consisting of a **minimum** of 100 hours during my first semester, and a **minimum** of 200 hours each subsequent semester; during my education at UNLV.

Student initials: \_\_\_\_\_

I understand that if I do not work the **minimum** number of hours per semester I will receive a failing grade in the subsequent clinical class(es).

Student initials: \_\_\_\_\_

I understand that if I receive a failing grade in one of my clinical classes I will be removed from the ATEP!

Student initials: \_\_\_\_\_

I understand that I must submit my signed hour sheet to the Clinical Coordinator no later than 5 P.M. on first and third Wednesday of each month.

Student initials: \_\_\_\_\_

I understand that if I fail to turn in my hours by the required date, the hours **will not** count towards the minimum semester hour requirement.

Student initials: \_\_\_\_\_

I understand that I will have a mandatory conference at least 2 times per semester with the Program Director (Dr. Rubley) to review my mid-semester evaluation and for academic advising.

Student initials: \_\_\_\_\_

I have been given a copy of the UNLV ATEP personal appearance policy and will abide by the policy at all times.

Student initials: \_\_\_\_\_

I understand the UNLV Athletic Training Policies and Procedures and will abide by policies and procedures at all times.

Student initials: \_\_\_\_\_

I have been given a copy of the UNLV ATEP Student Handbook and will abide by the handbook at all times.

Student initials: \_\_\_\_\_

I have been given a copy of the UNLV ATEP student illness policy and will abide by the policy at all times:

Student initials: \_\_\_\_\_

I understand the absence request policy, and will give a **minimum of 48 hours** written notice to my ACI when I need to miss a practice or event. If I am missing a game or event, I understand that it is **my responsibility** to find an equally (or more) qualified individual to perform my duties. I understand that taking a day off for academic reasons requires the 48-hour minimum notice.

Student initials: \_\_\_\_\_

I understand that if it becomes necessary to request an extended leave of absence I must request it in writing from the Program Director (Dr. Rubley) and it must be approved before my leave of absence begins. I understand that a leave of absence may delay my date of graduation.

Student initials: \_\_\_\_\_

I understand that if I am employed, my employment **must not** conflict with my athletic training clinical responsibilities. If my employment conflicts with my athletic training clinical responsibilities **I will adjust my employment schedule** around my athletic training clinical responsibilities.

Student initials: \_\_\_\_\_

I understand that I may be given an infraction notice for violations of policies, procedures, or exhibiting inappropriate behavior.

Student initials: \_\_\_\_\_

I understand that if I obtain any infraction as an athletic training student, I will have a meeting with the Program Director (Dr. Rubley) and the Clinical Coordinator (Ms. Tritsch). I understand that subsequent infractions have further consequences in addition to meeting with the Program Director (Dr. Rubley) and the Clinical Coordinator (Ms. Tritsch). I understand that infraction notices accumulate throughout my education in the UNLV ATEP and they are **never** expunged from my record.

2 Infractions: Suspension from the ATEP for 1 week

3 Infractions: Suspension from the ATEP for 2 weeks

4 Infractions: Suspension from the ATEP for 1 month

5 Infractions: Dismissal from the ATEP

Student initials: \_\_\_\_\_

I understand that the Program Director (Dr. Rubley) and the Clinical Coordinator (Ms. Tritsch) will **ask** for my input on which clinical assignments I have each semester; but the Program Director (Dr. Rubley) and the Clinical Coordinator (Ms. Tritsch) have the **final determination** on which clinical assignment I receive.

Student initials: \_\_\_\_\_

I understand that some clinical assignments are not on the UNLV campus (high schools and other internships). I understand that if I am assigned to any of these clinical experiences **I must provide** my own transportation to and from the facility and that the UNLV ATEP or the Department of Kinesiology **will not** reimburse me for any travel expenses I incur.

Student initials: \_\_\_\_\_

I understand that my ACI will evaluate me 2 times each semester.

Student initials: \_\_\_\_\_

I understand that I will evaluate my ACI 2 times each semester.

Student initials: \_\_\_\_\_

I understand that I will evaluate myself 2 times each semester.

Student initials: \_\_\_\_\_

I understand that I may be put on probation or terminated from the ATEP at any time during my 5 semesters for failure to progress academically or clinically, for accumulation of infraction notices, or for inappropriate behavior as outlined by the UNLV ATEP personal appearance policy, the UNLV Athletic Training Policies and Procedures, and the UNLV ATEP student handbook.

Student initials: \_\_\_\_\_

## STATEMENT OF AGREEMENT

I have read the expectations herein set forth by the UNLV Athletic Training Educational Program Student Contract and have initialized the statements with the understanding that I will abide by these expectations to retain my position as a student in the educational program. I understand that failure to comply with these expectations may result in a probationary period and possible termination from the ATEP.

Student Name: \_\_\_\_\_

(Print Legibly)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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