

LIBERTY UNIVERSITY ATHLETIC TRAINING PROGRAM

Athletic Training Program Handbook Signature Page

Please **initial** in each line to verify your understanding of the following policies. If you have any questions concerning the following policies please refrain from initially until your questions have been answered by the Program Director.

_____ Health & Safety Policy, Communicable Disease Policy, Injury and Illness Policy (p. 28)

_____ Social Media & Sexual Harassment Policy (p. 47 & 48)

_____ Confidentiality, HIPAA, FERPA Training Policy (p. 92-98)

_____ Acceptable Patient Interaction Policy, ATS Direct Supervision, Policy Remediation policy (p. 93, 103, 26, 341)

_____ OSHA clinical practice regulations & BBP Training Policy (p. 123-129)

_____ BBP Post-Exposure Plan (p.127-129)

I, _____, acknowledge receipt of the Liberty University ATS Handbook. I have received and read the handbook and understand its contents fully. I understand that I am expected to follow the rules and regulations of the Liberty University Athletic Training Education Program outlined in this document. If I don't uphold the expectations, rules, and responsibilities outlined in this handbook, I understand it will jeopardize my status in Liberty University's Athletic Training Program.

LU ATP ATS Signature: _____ **Date:** ___/___/20___

(Printed Name): _____

***Please upload the completed form to either the Annual Documentation application or the Initial or Full Application.**