

# LIBERTY UNIVERSITY – ATHLETIC TRAINING PROGRAM (MSAT)

## Instructions for HIPAA Training – REQUIRED

1. Click on the link provided:

- <https://www.hipaatraining.com/hipaa-training-for-healthcare-providers>

2. Scroll down the Webpage until you see the following box:

### HIPAA Awareness Training for Healthcare Providers

Our HIPAA Awareness training course is meant to satisfy the training requirement under HIPAA and provides an emphasis on HIPAA Privacy but with an overview of the other parts of HIPAA such as HIPAA Security as well. **Everyone must take this course to satisfy the training requirement under HIPAA.**


This course contains the following lessons:


- Introduction to HIPAA
- Transactions, Code Sets, and Identifiers
- Privacy
- Security
- ARRA/HITECH Act and Omnibus Rule
- Implementation
- Final Exam

 **\$29.99**

 [Click Here for Texas HB 300](#)

3. Add to your cart and check out:

 Your Cart

Product Description	Quantity	Price	SubTotal
 HIPAA Awareness Training for Healthcare Providers	<input type="text" value="1"/>	\$29.99	\$29.99

Sub Total: **\$29.99**  
Sales Tax: **TBD**  
Total: **\$29.99**


[Continue Shopping](#) [Update Cart](#) [Checkout](#)

## LIBERTY UNIVERSITY – ATHLETIC TRAINING PROGRAM (MSAT)

4. You will setup a username and password for your online account: **WRITE IT DOWN!!**

UserName	<input type="text"/>
Password	<input type="password"/>
Confirm Password	<input type="password"/>

5. Use “*Liberty Athletic Training Program*” as the company name then finish the payment process.

We accept:		Please use the name and billing address that appears on your credit card statement. After passing the final exam, you will be prompted for the name you want on the certificate(s) so it can be different from this name.	
			
Credit Card Number	<input type="text"/>	Country	United States <input type="text"/>
Name on Credit Card	<input type="text"/>	Address1	<input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/>	Address2	<input type="text"/>
Card Security Code	<input type="text"/>	City	<input type="text"/>
		State/Province	---Select a State---
		ZipCode	<input type="text"/>
		Telephone	<input type="text"/>
		Email	<input type="text"/>

Authorize Payment

6. Upon Completion of the HIPAA Training Online Course, you will receive an Official “Certificate of Completion”.
- You must upload a PDF copy of your Official “Certificate of Completion” to the LU Athletic Training Final App Link provided to you by the LU ATP Director – by the Date Requested prior to the start of Summer I Term for Master of Athletic Training Degree Program!! **AND**
  - You must provide a hard copy of your Official “Certificate of Completion” to the LU ATP Program Director and/or Co-Clinical Coordinator(s) – by the Date Requested prior to the start of Summer I Term for Master of Athletic Training Degree Program!! **OR**
  - You must email a PDF copy of your Official “Certificate of Completion” to the LU ATP Program Director and/or Co-Clinical Coordinator(s) – by the Date Requested prior to the start of Summer I Term for Master of Athletic Training Degree Program!!