**DECLARATION OF UNDERSTANDING**

**I have carefully read the Bridgewater State University (BSU) Athletic Training Education Student Handbook. By signing below, I affirm that I both understand the policies and procedures described herein, and agree to fully comply with all program policies and procedures. I further understand that failure to adhere to program policies and procedures may result in involuntary withdrawal from the Athletic Training Program.**

**Student’s Name (please print)**

**Student’s Signature Date**

With each statement below, please use your initials to identify that you understand and agree to fully comply with the statement:

 I understand and agree that I must successfully complete both academic requirements as well as clinical requirements in order to meet BSU graduation requirements and CAATE Standards.

 I understand and agree that I will need to meet standards set forth by the academic program to progress in clinical education. These requirements may include, but are not limited to: grade requirements; clinical proficiency requirements; documentation of physical exam, immunization, current CPR/AED and first aid; and annual blood-borne pathogen training.

 I understand and agree that my clinical placements may be off campus and that I will be responsible for transportation and the costs incurred to and from these clinical sites.

 \_I understand and agree that in order to meet BSU graduation and CAATE requirements that I may need to complete courses during the fall, winter, spring and/or summer.

 I understand and agree that some of my courses may be hybrid or full on-line courses and therefore, I am responsible to have the technological skills to be successful in completing these types of courses.

 I understand and agree that if I should fail an athletic training major course, I will be responsible to re-take the course. This may have ramifications including, but not limited to: financial, sitting for the BOC examination and postponing my anticipated graduation date.

 \_I understand and agree that as per BSU University ATP Policy, CAATE Guidelines and Massachusetts Board of Registration of Allied Health Professionals, 259 Code of MA Regulations, section 2.01 ―students who are pursuing a supervised course of study in an accredited or approved education program leading to a degree in athletic training may practice athletic training, commensurate with their level of education, as part of a clinical affiliation that is a component of their educational program‖. I therefore, understand that I may not perform any skill that has not been previously taught and evaluated by an approved Preceptor deemed by the BSU ATP.