The Athletic Training Program at Washburn University is a selective admissions program which requires academic excellence and commitment to the development of clinical practice. Prior to submission of the initial application, candidates must complete a guided observation under the direct supervision of an athletic trainer (AT) practicing the profession of athletic training. The purpose of the observation is to allow students to gain a first hand impression of athletic training and make an informed decision regarding their pursuit of athletic training as a major course of study. Additionally, it provides for a practicing athletic trainer to observe and comment on a candidate’s character, enthusiasm, and interactions.

The following policies apply to the candidate observation:

1. 20 hours of directly supervised observation must be completed prior to the submission of a candidate’s initial application to the ATEP.
   - A minimum of 15 hours must be completed in a “traditional” athletic training setting under an AT working in the college/university or high school setting.
   - These hours must be observation of preparatory times and/or practices or competitions.
   - These hours may be completed at Washburn University or at another institution of the candidates choosing, but must be completed under the direct supervision of a board certified, state licensed AT.
   - It is the candidate’s responsibility to contact and arrange the observation. (Please note regarding observations at Washburn University: It is unlikely that several candidates can complete the observation at the same time. Observations at Washburn may be arranged through Clinical Coordinator, Karen Garrison (karen.garrison@washburn.edu) on a first come, first serve basis.
   - Hours must be completed within the previous calendar year from the date of initial application and must be completed in a block of time (within 1 month from start of observation to completion).

2. The observation hours must be tracked on the candidate observation form and signed by the candidate and the supervising AT. The completed form should be submitted with the initial application materials.
   - If multiple locations / AT’s are observed, the candidate should submit an observation form for each location.

3. The supervising AT should complete the candidate rating form and either mail directly to the ATEP or place it in a sealed envelope with a signature across the seal and return it to the applicant for inclusion in their application packet.
   - If multiple locations / AT’s are observed, the each supervising AT should submit a candidate rating form.
Candidate Name: ________________________________

Name of AT Observed: ________________________________

Location of Observation: ________________________________

Athletic Training Setting observed: [  ] College/University [  ] High School [  ] other (describe): ________________________________

Please use the grid below to document your observation date & time:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity Observed</th>
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<tbody>
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</tbody>
</table>

Total Hrs. Observed: ________________

Signature of Candidate: ________________________________ Date: __________

I hereby verify that the above named AT program candidate has completed an observation of the clinical aspects of the athletic training profession under my supervision.

Signature of Supervising AT: ________________________________ Date: __________
Observation Reflection: To be answer by the AT Program Candidate.

Briefly describe the activities you observed being performed by the supervising AT.

Based on your observations, describe your impression of the athletic training profession.

Based on observations of the professional behaviors of the supervising AT, what qualities and characteristic do you possess and how do they relate to athletic training practice?
# Washburn University – Department of Kinesiology
## Athletic Training Education Program
### Supervising AT Rating Form

**Candidate Rating:** To be completed by the supervising Athletic Trainer.
Upon completion please either mail to: ATEP Program Director, Washburn University, Dept. of KN, 1700 College, Topeka, KS 66621 or place it in a sealed envelope with a signature across the seal and return it to the applicant for inclusion in their application packet.

Candidate Name: __________________________

Athletic Trainer Name & Credentials: ___________________________________________________________

BOC #: __________________________ State Lic #: __________________________

Employer Name & Address: ________________________________________________________________

Clinical Practice Location (if different from employer): _______________________________________

Phone number: __________________________ E-mail: __________________________

May we contact you by phone or email regarding this candidate?  [ ] Yes  [ ] No

Please rate the following characteristics of the AT candidate using the following scale:

**KEY:**
- **4-Outstanding behavior/skill displayed.** Student performed in an outstanding/exceptional manner in this area.
- **3-Professional behavior/skill displayed.** Student performed at a professional entry-level.
- **2-Acceptable behavior/skill displayed.** Student performed the minimum requirements of a student.
- **1-Unacceptable behavior/skill displayed.** Student needs continued improvement.
- **NR – Unable to Rate**

<table>
<thead>
<tr>
<th>Personal Appearance</th>
<th>NR</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maturity</td>
<td>NR</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Self-Confidence</td>
<td>NR</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>NR</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Reliability/Timeliness</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
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<td>Enthusiasm for AT Profession</td>
<td>NR</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Please comment on the ratings above and provide any additional information regarding this candidate’s potential for success in the profession of athletic training. (please use the back as necessary.)

Signature of Supervising AT: __________________________    Date: _____________