



Board of Certification, Inc.

PRACTICE ANALYSIS, 7TH EDITION

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Report of Findings from the 2015 Athletic Trainer Practice Analysis Study

Document prepared by:

James P. Henderson, PhD

Senior Psychometrician

Castle Worldwide

6001 Hospitality Ct.

Suite 100

Morrisville, NC 27560 USA

www.castleworldwide.com

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Address inquiries in writing to Board of Certification, 1415 Harney St. Suite 200, Omaha, NE 68102.

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EXECUTIVE SUMMARY

INTRODUCTION

The Board of Certification, Inc. (BOC) was incorporated in 1989 to provide a certification program for entry-level Athletic Trainers. The BOC establishes and regularly reviews both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers. The BOC has the only accredited certification program for Athletic Trainers in the United States. The BOC's mission is to provide exceptional credentialing programs for healthcare professionals to ensure protection of the public.

Athletic trainers are healthcare professionals who collaborate with physicians. The services provided by Athletic Trainers comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA) as a healthcare profession. Individuals become eligible for BOC certification through a bachelor's or master's professional athletic training program accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

Consistent with its mission and to ensure that the examination bears a close relationship to current practice, the BOC conducts periodic studies of the profession. Doing so maintains close alignment with best practices in certification. The BOC identified a qualified group of Certified Athletic Trainers to meet with Castle Worldwide, Inc. (Castle) for two days in Omaha, Nebraska, to define performance domains, tasks and the knowledge and skill required for the competent performance of the tasks. The group delineated these elements of the role through intense analysis of the practice of newly certified Athletic Trainers, with particular attention to the divergent ways that it applies in different settings and with different patient conditions.

The purpose of BOC certification is to identify for the public those individuals who possess proficiency at a level that is required for entry to the athletic training profession. The BOC examination serves regulatory purposes in nearly all jurisdictions of the United States. For these reasons, it is essential that the examination have practice-related validity. Accordingly, the analysis concentrated on entry-level practice. Collecting data in a validation survey from a large sample of newly certified Athletic Trainers, the study identified the point in time that Athletic Trainers are expected to perform the tasks (Performance Expectation), the amount of harm that an inability to perform the tasks competently might bring about (Consequence) and how often newly certified Athletic Trainers perform the tasks (Frequency). The practice analysis consisted of the following major phases:

- I. Initial Development and Validation. The panel of Certified Athletic Trainers identified the essential domains, tasks, knowledge and skill. Based on this work, Castle developed a validation survey.

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- II. Pilot Study. A sample of 200 newly certified Athletic Trainers was invited to review and validate the work of the panel by means of a pilot of the validation survey. The input of participants in this project was used to identify a number of changes in the survey and data collection strategy.
- III. Validation Study. A large sample of newly certified Athletic Trainers was invited to participate in the BOC's large-scale national validation survey. The names and contact information for participants in the survey were drawn from BOC certification databases. A qualified group of participants representative of newly certified Athletic Trainers provided data in this phase.

The Practice Analysis Task Force provided oversight for the practice analysis study and wrote the literature reviews published as part of it. The task force is listed here:

NAME	RESPONSIBILITY
Christine Odell, PhD, ATC	Chair
Paul Bruning, DHA, ATC	Healthcare Administration and Professional Responsibility
Darryl Conway, MA, ATC	Immediate and Emergency Care
Peggy Houglum, PhD, ATC	Therapeutic Intervention
David Ruiz, MS, ATC, Cert. MDT	Examination, Assessment and Diagnosis
Jay Sedory, MEd, ATC, EMT-T	Injury and Illness Prevention and Wellness Promotion
Ericka Zimmerman, EdD, ATC, CES, PES	Program Director

The panel of experts appointed by the BOC defined the essential framework of the practice analysis study. The panel and other project personnel are listed here:

NAME	LOCATION
Esther Chou, MEd, L-AT, CSCS	Virginia
Jill Dale, MS, ATC	New York
Tiffany Duran, MS, LAT, ATC	Texas
Linda Fabrizio Mazzoli, MS, ATC, PTA, PES	Pennsylvania
Jena Hansen-Honeycutt, MS, LAT, ATC, PES	California
David Manning, MS, ATC, LAT	New Mexico
Marty Matney, MBA, AT/L, ATC, PTA/L, CEAS	Washington
Dani Moffit, PhD, ATC	Idaho
Kiley Nave, MEd, ATC	Florida
Forrest Pecha, MS, LAT, ATC, CSCS, OTC	Idaho
Kelvin Phan, MEd, ATC, PES	West Virginia
Daniel Sunday, MS, ATR, ATC	Wisconsin/Minnesota
Bridget Spooner, MS, LAT, ATC	Pennsylvania
Jessica Viana, MEd, LAT, ATC	New Jersey
Rebecca Wardlaw, MA, LAT, ATC	Nebraska
Amanda Webster, ATC	South Carolina
Nathan Welever, MS, AT/L, ATC	Washington

EXECUTIVE SUMMARY

BOC STAFF

Denise Fandel, MBA, CAE, Executive Director

Shannon Leftwich, MA, ATC, Director of Credentialing and Regulatory Affairs

CASTLE STAFF

James P. Henderson, PhD, Senior Psychometrician

The practice analysis study began with a preliminary review of documents and preparatory discussions in June and July 2014 and a meeting October 3-5, 2014, in Omaha, Nebraska, of the practice analysis panel. Assisted by Castle, the panel outlined domains, tasks and knowledge and skill statements that are essential to the proficient performance of newly certified Athletic Trainers. The validation survey resulting from this meeting was assessed by means of a pilot project, with changes incorporated as approved by the Practice Analysis Task Force. A large-scale validation study conducted March 18 through April 20, 2015, provided information that was used to assess the appropriateness of the domains and tasks as delineated by the panel of experts.

The panel of experts reviewed and reached consensus on the target audience definition. After this discussion, panelists expressed clear understanding that the purpose of certification was to ensure proficiency for the newly certified Athletic Trainer. The panel then focused on the existing content outline, in place since 2010, and the updates that would ensure its currency and adequacy for the upcoming five-year period. Through facilitated discussion, participants reached consensus on five domains appropriately expected of newly certified Athletic Trainers.

The domains are as follows:

- I. Injury and Illness Prevention and Wellness Promotion;
- II. Examination, Assessment and Diagnosis;
- III. Immediate and Emergency Care;
- IV. Therapeutic Intervention; and
- V. Healthcare Administration and Professional Responsibility.

For each domain, panel experts worked in separate focus groups to draft tasks, which the whole group then reviewed and refined through a consensus process. The participants' diversity led to discussions that challenged terminology, phrasing and every aspect of the draft statements, with the resulting consensus on revisions representing a position that all members of the panel believed to be valid. The panel also developed a set of knowledge and skill statements for each task, making refinements and reaching consensus through additional small-group work and whole-group discussion.

Based on the work of the expert panel and in consultation with the BOC Practice Analysis Task Force and BOC staff, Castle developed an online questionnaire to be completed by BOC Certified Athletic Trainers. The purpose of the questionnaire was to collect data on the tasks that were developed by the panel of experts. The questionnaire phase of the practice analysis study was important because Certified Athletic Trainers should have input into the delineation of their field. The process for reviewing the survey with the BOC Practice Analysis Task Force and staff resulted in revisions and led to the pilot study that involved a sample of 200 recently certified Athletic Trainers. Castle collected data from this group from January 29 through February 18,

2015, with sufficient responses ($\geq 15\%$ of ratings for tasks and domains) from 31 participants. Castle summarized the ratings and other data (Appendix B) and made recommendations to the BOC Practice Analysis Task Force, which approved several minor modifications to the survey. The experience of collecting pilot data also led to a number of suggestions for collecting data, and the BOC and Castle implemented these changes together.

VALIDATION STUDY

The sampling plan for the large-scale validation study was quite simple—all individuals who had been certified in 2013 and working back in time to 2009 certificants until the desired sample size was achieved ($n = 5,000$) all were included and invited to participate in the study. Castle survey administration staff sent an invitation letter by email to this group on March 18, 2015, and data were collected through midnight on April 20. Castle monitored responses and sent email follow-up correspondence as appropriate.

To be included in the data set for analysis, respondents had to provide at least 15% of the ratings requested. Ultimately, Castle received 903 qualified, usable responses for most tasks. The 18% response rate accounting for this group is substantial, especially considering the survey's length and complexity. Also, the rate compares favorably to the level of participation for most practice analysis studies.

The BOC had two objectives for collecting demographic data from survey participants: to ensure that the people who participated in evaluating the domains and tasks were qualified to do so by virtue of their standing as newly certified Athletic Trainers and to support generalization from respondents to the newly certified population. To assess these objectives, the survey included 17 demographic questions, consistent with previous BOC surveys.

Responses to the demographic portion of the survey provide information that may be used to understand the characteristics of respondents. The substantial majority of the group was female. More than 85% of the respondents indicated that they were between 20 and 30 years of age. About one-third of the respondents are in the Midwestern states, although all regions were well represented. Respondents were largely of Caucasian descent. About one-third reported a bachelor's degree with athletic training as their major. About half report having a master's degree, but the major field was divided between athletic training and other disciplines.

Given the sampling strategy, it is not surprising that almost 80% of the respondents have been certified for five years or less. About 85% of the respondents have been in practice for five years or less. A small percentage of respondents are qualified in other fields in healthcare. When respondents hold credentials in other fields, the largest number are in physical therapy and emergency medical technology. The most frequent work settings are secondary schools (athletic training), universities and colleges (athletic training), and clinics and hospitals (athletic training).

Respondents were asked the number of Athletic Trainers who are employed in their current work setting. Overwhelmingly, most settings employ from one to five Athletic Trainers. Only about 15% indicated that they were the first Athletic Trainer to be employed in their workplace. The largest number of respondents reported their title as Athletic Trainer. About three-fourths of the respondents reported that there was an Emergency Action Plan in place at the time they were first employed in their current position. Given the request to report the portion of their work time that is devoted to athletic training, about half of the respondents reported that these responsibilities are 90% or more of their jobs. Well more than half reported that they spend more than 70% of their time in the delivery of patient care.

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Most respondents reported that they do not supervise anyone who provides direct patient care, although about 30% do, to varying degrees. Finally, the survey asked respondents to provide information about their annual earnings from their work in athletic training. More than half of the respondents indicated that their athletic training income is between \$30,000 and \$50,000 annually.

Validation of the Domains and Tasks

Respondents were asked to evaluate each task using scales for Performance Expectation, Consequence and Frequency. A three-point scale was used for Performance Expectation, with the most desired response being "2" (within the first six months after certification). The Consequence scale employed five units (1 to 5), with a "5" indicating the potential for extreme harm. A five-point scale (1 to 5) was used for the Frequency scale, with a response of "5" representing the highest rating. The scales are listed below as a reference:

- **Performance Expectation:** At what point are newly certified Athletic Trainers first expected to perform the domain or task?
- **Consequence:** To what degree may the newly certified Athletic Trainer's lack of proficiency to perform duties in each domain or task be seen as causing harm to stakeholders? (Harm may be seen as physical, psychological, emotional, legal, financial, etc.)
- **Frequency:** Frequency refers to how often newly certified Athletic Trainers perform duties in each domain or task, considering a one-year period.

After rating the tasks, participants in the survey were asked to evaluate the domains as a whole, considering all tasks in the domain taken together. The evidence that newly certified Athletic Trainers are expected to perform the domains within the first six months after earning certification is very strong, with at least 88% of respondents attaching a "2" for all domains. See Table 1.1 for the details.

Domain	N	1	% 1	2	% 2	3	% 3
Injury and Illness Prevention and Wellness Promotion	898	5	0.6%	844	94.0%	898	5
Examination, Assessment and Diagnosis	840	4	0.5%	811	96.5%	840	4
Immediate and Emergency Care	819	5	0.6%	758	92.6%	819	5
Therapeutic Intervention	799	2	0.3%	755	94.5%	799	2
Healthcare Administration and Professional Responsibility	788	4	0.5%	696	88.3%	788	4

Performance Expectation: 1 = Not at all, 2 = Within first six months, 3 = Only after first six months

Consequence ratings suggest that the third domain (Immediate and Emergency Care) has the greatest criticality (substantial harm), and the degree to which harm might result from improper performance for the other domains ranges close to moderate. Domain-level responses for Consequence are summarized in Tables 1.2 and 1.3.

Examination, Assessment and Diagnosis is the domain that entry-level Athletic Trainers perform most frequently. Immediate and Emergency Care is performed about monthly, and the other domains are performed on at least a weekly basis. See Tables 1.4 and 1.5 for the detail on Frequency ratings.

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Table 1.2. Counts and Percentages for Consequence of Domains

Domain	N	1	% 1	2	% 2	3	% 3	4	% 4	5	% 5
Injury and Illness Prevention and Wellness Promotion	873	47	5.4%	181	20.7%	386	44.2%	194	22.2%	65	7.4%
Examination, Assessment and Diagnosis	820	35	4.3%	96	11.7%	297	36.2%	284	34.6%	108	13.2%
Immediate and Emergency Care	795	24	3.0%	44	5.5%	102	12.8%	256	32.2%	369	46.4%
Therapeutic Intervention	781	30	3.8%	206	26.4%	416	53.3%	110	14.1%	19	2.4%
Healthcare Administration and Professional Responsibility	767	77	10.0%	241	31.4%	308	40.2%	104	13.6%	37	4.8%

Consequence: 1 = No harm, 2 = Minimal harm, 3 = Moderate harm, 4 = Substantial Harm, 5 = Extreme Harm

Table 1.3. Descriptive Statistics for Consequence of Domains

Domain	N	Median	Mean	SE Mean	Std Dev
Injury and Illness Prevention and Wellness Promotion	873	3	3.1	0.00	1.0
Examination, Assessment and Diagnosis	820	3	3.4	0.00	1.0
Immediate and Emergency Care	795	4	4.1	0.00	1.0
Therapeutic Intervention	781	3	2.8	0.00	0.8
Healthcare Administration and Professional Responsibility	767	3	2.7	0.00	1.0

Consequence: 1 = No harm, 2 = Minimal harm, 3 = Moderate harm, 4 = Substantial Harm, 5 = Extreme Harm

Table 1.4. Counts and Percentages for Frequency of Domains

Domain	N	1	% 1	2	% 2	3	% 3	4	% 4	5	% 5
Injury and Illness Prevention and Wellness Promotion	870	4	0.5%	41	4.7%	201	23.1%	255	29.3%	369	42.4%
Examination, Assessment and Diagnosis	816	4	0.5%	9	1.1%	23	2.8%	104	12.7%	676	82.8%
Immediate and Emergency Care	793	6	0.8%	202	25.5%	336	42.4%	135	17.0%	114	14.4%
Therapeutic Intervention	780	3	0.4%	7	0.9%	60	7.7%	204	26.2%	506	64.9%
Healthcare Administration and Professional Responsibility	769	7	0.9%	48	6.2%	141	18.3%	187	24.3%	386	50.2%

Frequency: 1 = Never, 2 = Once per year, 3 = Once per month, 4 = Once per week, 5 = Daily

Table 1.5. Descriptive Statistics for Frequency of Domains

Domain	N	Median	Mean	SE Mean	Std Dev
Injury and Illness Prevention and Wellness Promotion	870	4	4.1	0.0	0.9
Examination, Assessment and Diagnosis	816	5	4.8	0.0	0.6
Immediate and Emergency Care	793	3	3.2	0.0	1.0
Therapeutic Intervention	780	5	4.5	0.0	0.7
Healthcare Administration and Professional Responsibility	769	5	4.2	0.0	1.0

Frequency: 1 = Never, 2 = Once per year, 3 = Once per month, 4 = Once per week, 5 = Daily

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Reliability Analysis for Domains

Reliability, reported in Table 1.6, was measured by estimating internal consistency (Cronbach's alpha) using the respondents' ratings for Consequence and Frequency for the tasks in each domain or subdomain. This procedure calculates the extent to which the task ratings within a domain consistently measure what other tasks within that performance domain measure. Reliability coefficients range from 0 to 1 and should be above 0.70 to be judged as adequate. The reliability coefficients obtained for this study were strong, especially for Therapeutic Intervention, and were almost as strong for Examination, Assessment and Diagnosis.

Table 1.6. Reliability

Reliability	Consequence	Frequency
Injury and Illness Prevention and Wellness Promotion	0.86	0.71
Examination, Assessment and Diagnosis	0.92	0.83
Immediate and Emergency Care	0.88	0.78
Therapeutic Intervention	0.93	0.88
Healthcare Administration and Professional Responsibility	0.81	0.58

CONCLUSION

The process for developing the outline of domains, tasks and knowledge and skill statements was drawn from established methodology for practice analysis studies. Panelists were well informed about the professional expectations of newly certified Athletic Trainers, and they participated in group discussions to clarify understanding, negotiate language and express opinions about all elements of the system. This work provided a strong basis for the validation study to follow.

Demographic data collected in the validation study indicate that respondents were qualified to participate in the survey and were aligned to the major characteristics of newly certified Athletic Trainers. They are distributed across practice settings, regions and other variables in ways that are consistent with previous BOC surveys.

Almost across the board, task validation data indicate strong support for the inference that tasks are valid with respect to entry-level practice. Additionally, ratings indicate that tasks are consequential to the safety and effectiveness of athletic training services and that they are performed often by newly certified Athletic Trainers. The only real disparity in opinion concerned the first two tasks in Healthcare Administration and Professional Responsibility, where it may be said that Athletic Trainers are responsible for the tasks but that not all settings require newly certified Athletic Trainers to perform them directly. Ratings for domains indicate their validity to the practice of Certified Athletic Trainers.

The purpose of the practice analysis study was to develop a current outline of domains, tasks and knowledge and skill statements that characterize the work of newly certified Athletic Trainers and define what proficiencies they should be expected to possess. Data collected in the validation study support the conclusion that this purpose was achieved and that the BOC may use the outline as the basis for its certification examination.

AT Scopes (FL, IL, NY, OH, PA, TX)

FLORIDA

468.701 Definitions.--As used in this part, the term:

- (1) "Athlete" means a person who participates in an athletic activity.
- (2) "Athletic activity" means the participation in an activity, conducted by an educational institution, a professional athletic organization, or an amateur athletic organization, involving exercises, sports, games, or recreation requiring any of the physical attributes of strength, agility, flexibility, range of motion, speed, and stamina.
- (3) "Athletic injury" means an injury sustained which affects the athlete's ability to participate or perform in athletic activity.
- (4) "Athletic trainer" means a person licensed under this part.
- (5) "Athletic training" means the recognition, prevention, and treatment of athletic injuries.
- (6) "Board" means the Board of Athletic Training.
- (7) "Department" means the Department of Health.
- (8) "Direct supervision" means the physical presence of the supervisor on the premises so that the supervisor is immediately available to the trainee when needed.
- (9) "Supervision" means the easy availability of the supervisor to the athletic trainer, which includes the ability to communicate by telecommunications.

ILLINOIS

(225 ILCS 5/3) (from Ch. 111, par. 7603)

(Section scheduled to be repealed on January 1, 2026)

Sec. 3. Definitions. As used in this Act:

- (1) "Department" means the Department of Financial and Professional Regulation.
- (2) "Secretary" means the Secretary of Financial and Professional Regulation.
- (3) "Board" means the Illinois Board of Athletic Trainers appointed by the Secretary.
- (4) "Licensed athletic trainer" means a person licensed to practice athletic training as defined in this Act and with the specific qualifications set forth in Section 9 of this Act who, upon the direction of his or her team physician or consulting physician, carries out the practice of prevention/emergency care or physical reconditioning of injuries incurred by athletes participating in an athletic program conducted by an educational institution, professional athletic organization, or sanctioned amateur athletic organization employing the athletic trainer; or a person who, under the direction of a physician, carries out comparable functions for a health organization-based extramural program of athletic training services for athletes. Specific duties of the athletic trainer include but are not limited to:
 - A. Supervision of the selection, fitting, and maintenance of protective equipment;
 - B. Provision of assistance to the coaching staff in the development and implementation of conditioning programs;
 - C. Counseling of athletes on nutrition and hygiene;
 - D. Supervision of athletic training facility and inspection of playing facilities;

- E. Selection and maintenance of athletic training equipment and supplies;
- F. Instruction and supervision of student trainer staff;
- G. Coordination with a team physician to provide:
 - (i) pre-competition physical exam and health history updates,
 - (ii) game coverage or phone access to a physician
 - (ii) game coverage or phone access to a physician or paramedic,
 - (iii) follow-up injury care,
 - (iv) reconditioning programs, and
 - (v) assistance on all matters pertaining to the health and well-being of athletes.
- H. Provision of on-site injury care and evaluation as well as appropriate transportation, follow-up treatment and rehabilitation as necessary for all injuries sustained by athletes in the program;
- I. With a physician, determination of when an athlete may safely return to full participation post-injury; and
- J. Maintenance of complete and accurate records of all athletic injuries and treatments rendered.

To carry out these functions the athletic trainer is authorized to utilize modalities, including, but not limited to, heat, light, sound, cold, electricity, exercise, or mechanical devices related to care and reconditioning.

NEW YORK

§8351. Definition.

As used in this article "athletic trainer" means any person who is duly certified in accordance with this article to perform athletic training under the supervision of a physician and limits his or her practice to secondary schools, institutions of postsecondary education, professional athletic organizations, or a person who, under the supervision of a physician, carries out comparable functions on orthopedic athletic injuries, excluding spinal cord injuries, in a health care organization. Supervision of an athletic trainer by a physician shall be continuous but shall not be construed as requiring the physical presence of the supervising physician at the time and place where such services are performed.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

§8352. Definition of practice of athletic training.

The practice of the profession of athletic training is defined as the application of principles, methods and procedures for managing athletic injuries, which shall include the preconditioning, conditioning and reconditioning of an individual who has suffered an athletic injury through the use of appropriate preventative and supportive devices, under the supervision of a physician and recognizing illness and referring to the appropriate medical professional with implementation of treatment pursuant to physician's orders. Athletic training includes instruction to coaches, athletes, parents, medical personnel and communities in the area of care and prevention of athletic injuries.

The scope of work described herein shall not be construed as authorizing the reconditioning of neurologic injuries, conditions or disease.

OHIO

[ATHLETIC TRAINERS SECTION]

4755.60 Definitions. As used in sections 4755.60 to 4755.65 and 4755.99 of the Revised Code:

(A) "Athletic training" means the practice of prevention, recognition, and assessment of an athletic injury and the complete management, treatment, disposition, and reconditioning of acute athletic injuries upon the referral of an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry, a dentist licensed under Chapter 4715. of the Revised Code, a physical therapist licensed under this chapter, or a chiropractor licensed under Chapter 4734. of the Revised Code. Athletic training includes the administration of topical drugs that have been prescribed by a licensed health care professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code. Athletic training also includes the organization and administration of educational programs and athletic facilities, and the education of and consulting with the public as it pertains to athletic training.

(B) "Athletic trainer" means a person who meets the qualifications of this chapter for licensure and who is employed by an educational institution, professional or amateur organization, athletic facility, or health care facility to practice athletic training.

(C) "The national athletic trainers association, inc." means the national professional organization of athletic trainers that provides direction and leadership for quality athletic training practice, education, and research.

(D) "Athletic injury" means any injury sustained by an individual that affects the individual's participation or performance in sports, games, recreation, exercise, or other activity that requires physical strength, agility, flexibility, speed, stamina, or range of motion. Effective 4/10/01

PENNSYLVANIA

§ 18.502. Definitions

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs - An athletic training education program that is accredited by a Board-approved Nationally recognized accrediting agency.

Athletic training services -The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a licensed athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any medication or controlled substance.

BOC - The Board of Certification, Inc., a National credentialing organization for athletic trainers.

Direction - Supervision over the actions of a licensed athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Licensed athletic trainer - A person who is licensed to perform athletic training services by the Board or the State Board of Osteopathic Medicine.

Physically active person - An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral - An order from a licensed physician, dentist or podiatrist to a licensed athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription - A portion of the written protocol or a separate document from a supervising physician, which includes an order to treat approved individuals in accordance with the protocol.

Written protocol - A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the licensed athletic trainer, and describes the manner and frequency in which the licensed athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and licensed athletic trainer, that the licensed athletic trainer follows when not directly supervised onsite by the supervising physician.

TEXAS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 451.001. Definitions.

In this chapter:

- (1) "Athletic injury" means an injury sustained by a person as a result of the person's participation in an organized sport or sport-related exercise or activity, including interscholastic, intercollegiate, intramural, semiprofessional, and professional sports activities.
- (2) "Athletic trainer" means a person who practices athletic training, is licensed by the department, and may use the initials "LAT," "LATC," and "AT" to designate the person as an athletic trainer. The terms "sports trainer" and "licensed athletic trainer" are equivalent to "athletic trainer."
- (3) "Athletic training" means the form of health care that includes the practice of preventing, recognizing, assessing, managing, treating, disposing of, and reconditioning athletic injuries under the direction of a physician licensed in this state or another qualified, licensed health professional who is authorized to refer for health care services within the scope of the person's license.
- (4) "Board" means the Advisory Board of Athletic Trainers.
- (5) "Commission" means the Texas Commission of Licensing and Regulation.
- (6) "Department" means the Texas Department of Licensing and Regulation.
- (7) "Executive director" means the executive director of the department.

BOC PROFESSIONAL PRACTICE AND DISCIPLINE GUIDELINES
Effective March 22, 2007
Updated January 1, 2014



*Certainty for the
BOC Certified Athletic Trainer*



**BOARD OF CERTIFICATION
FOR THE ATHLETIC TRAINER**

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Introduction

The *BOC Professional Practice and Discipline Guidelines and Procedures* are intended to inform BOC Certified Athletic Trainers, BOC exam applicants, consumers of athletic training services and members of the public of the disciplinary guidelines and procedures.

Section 1: Professional Practice and Discipline Committee

1.1 Function and Jurisdiction of the Professional Practice and Discipline Committee

The Professional Practice and Discipline Committee (referred to herein as "PPD Committee") is responsible for the oversight and adjudication of the *BOC Professional Practice and Discipline Guidelines and Procedures* (referred to herein as *Procedures*) and the *BOC Standards of Professional Practice*, which consists of the Practice Standards and the Code of Professional Responsibility. The PPD Committee has jurisdiction over all BOC Certified Athletic Trainers (referred to herein as AT or ATs) and both current and prospective BOC exam applicants.

1.2 Powers and Duties of the PPD Committee

The PPD Committee shall be authorized and empowered to:

- 1.2.1 Review and decide cases involving alleged violations of the *BOC Standards of Professional Practice* and impose sanctions as appropriate;
- 1.2.2 Review sanctions imposed for failure to comply with recertification requirements pursuant to Section 10;
- 1.2.3 Regularly report to the BOC Executive Director on the operation of the PPD Committee;
- 1.2.4 Propose amendments to the *Procedures*, subject to review and approval of the BOC Executive Director and BOC Legal Counsel, and adoption by the BOC Board of Directors; and
- 1.2.5 Adopt such other rules or procedures as may be necessary or appropriate to govern the internal operations of the PPD Committee.

1.3 Selection and Term Limits

The BOC Board of Directors, by a majority vote, shall appoint five persons who are ATs in good standing and two members of the public for a three year term to the PPD Committee with the ability to serve no more than a maximum of three consecutive terms. The terms shall be staggered. The BOC Board of Directors shall designate one AT member to serve as the Chair of the PPD Committee. The term for the Chair will be three years with the ability to serve no more than a maximum of two consecutive terms as Chair. The Chair must have previously served on the PPD Committee. The Chair will only vote when there is a tie vote among the other PPD Committee members.

When a vacancy on the PPD Committee occurs as a result of resignation, unavailability or disqualification, the BOC Executive Director shall designate a new member in coordination and compliance with the BOC Nominating Committee.

Section 2: Investigation

2.1 Filing a Complaint

Individuals shall report possible violations of the *BOC Standards of Professional Practice* in a written and signed statement addressed to the BOC. This statement shall identify the persons alleged to be involved and the facts concerning the alleged conduct in as much detail as possible and should include any available documentation. You may file a complaint on the BOC website, www.bocatc.org, or you may contact the BOC office to obtain a complaint form.

The BOC may undertake an investigation or initiate a disciplinary proceeding without a complaint in the event it receives or discovers information indicating that a violation of the *BOC Standards of Professional Practice* may have occurred.

2.2 Procedures for Investigation

2.2.1 Preliminary Review

The BOC shall review all complaints and information concerning a possible violation of the *BOC Standards of Professional Practice*. In making a determination of whether to proceed, the BOC shall make such inquiry regarding the underlying facts as it deems appropriate. If the BOC chooses not to investigate a complaint, no file shall be opened and the Complainant shall be notified of the BOC's decision.

2.2.2 Investigation

If, upon completion of its preliminary review, the BOC determines that the information and allegations, if true, describe facts that would constitute a violation of the *BOC Standards of Professional Practice*, the BOC shall initiate an investigation. Notice: Upon initiation of an investigation, the BOC shall notify the Respondent as well as the Complainant that it has decided to conduct an investigation. This notification shall be in writing and shall include a description of the allegations or information received by the BOC and may request additional information from the Respondent and/or Complainant. The identity of the Complainant will remain confidential to the extent consistent with a proper and thorough investigation. The Respondent and/or Complainant shall have 15 calendar days from the date notification is sent to respond in writing to the complaint. The BOC may extend this period up to an additional 15 calendar days upon request, provided sufficient justification for the extension is given prior to the expiration of the original deadline.

2.2.2.1 Response: Upon receipt of a response admitting the allegations in the complaint, the BOC shall refer the matter to the PPD Committee and the Respondent may request, or be requested to, enter into a Consent Agreement as outlined in Section 4. All other responses will be considered in the investigation.

2.2.3 Probable Cause Determination Procedures

Upon the completion of its investigation, the BOC shall determine if there is probable cause to believe grounds for discipline exist and shall either:

2.2.3.1 Dismiss the case due to insufficient evidence, the matter being insufficiently serious, or other reasons as may be warranted;

2.2.3.2 Begin preparation and processing of a Charge against the Respondent in accordance with Section 3; or

2.2.3.3 Offer a Consent Agreement as outlined in Section 4.

Section 3: Charge

3.1 Charge

A Charge letter shall be prepared by the BOC. The Charge letter shall contain a statement of the factual allegations constituting the alleged violation and the standard or code allegedly violated. The Charge letter shall also include a recitation of the Respondent's rights and shall enclose a copy of these *Procedures*.

3.2 Service of the Charge Letter

The Charge letter shall be transmitted to the Respondent by certified mail or tracked courier, return receipt requested.

3.3 Response

The Respondent shall have 30 calendar days from the date of receipt or delivery of the Charge in which to respond to the allegations, provide comments regarding appropriate sanctions or request a hearing. The BOC may extend this period up to an additional 15 calendar days upon request, provided sufficient justification for the extension is given prior to the expiration of the original deadline. All responses shall be in writing. Hearings are available only if the Respondent disputes the truth of the factual allegations underlying the Charge.

3.4 Failure to Respond

If the Respondent fails to respond within the period provided by Section 3.3, the Respondent shall be deemed to be in default and the allegations set forth in the Charge shall be deemed admitted. In such circumstance, the BOC shall serve upon the Respondent a notice of default specifying the form of discipline (see Section 8), if any, to be imposed and informing the Respondent of his/her right of appeal.

3.5 Consent Agreement

If the Respondent does not dispute the factual allegations outlined in the Charge letter, the Respondent shall be requested to enter into a Consent Agreement as outlined in Section 4.

Section 4: Consent Agreements

4.1 Consent Agreement

At any time during a disciplinary proceeding, the BOC may execute a Consent Agreement with the Respondent. A Consent Agreement is a voluntary and legally binding agreement between the BOC and the Respondent which formally resolves a Charge or investigation without further proceedings. Consent Agreements may be initiated by either the BOC or a Respondent. Consent Agreements may be entered into only with the consent of the Respondent, the PPD Committee and the Executive Director.

Any remedy, penalty or sanction that is otherwise available under these *Procedures* may be achieved by Consent Agreement, including long-term suspension. A Consent Agreement is not subject to review or appeal and may be modified only by a writing executed by all parties to the original Consent Agreement. A Consent Agreement may be enforced by either party in an action at law or equity.

4.2 Offer of Consent Agreement

The BOC may propose entry into a Consent Agreement at any time during the disciplinary process, including but not limited to the conclusion of an investigation, at the time of service of a Charge letter, upon receipt of the Response to the Charge letter, or during the Hearing or Appeals process. Every Consent Agreement shall contain and describe in reasonable detail:

- 4.2.1 The act or practice which the Respondent is alleged to have engaged in or omitted;
- 4.2.2 The standard(s) or code(s) that such act, practice or omission to act is alleged to have been violated;
- 4.2.3 A statement that the Respondent does not contest the factual allegation(s) and violation(s) as outlined by 4.2.1 and/or the BOC's findings regarding the factual allegations;
- 4.2.4 The proposed action to be taken and a statement that the Respondent consents to the proposed action; and
- 4.2.5 The Respondent's waiver of all right of appeal within the BOC or the judicial system or to otherwise challenge or contest the validity of the Consent Agreement.

4.3 Publication

Although Consent Agreements typically remain confidential, the BOC may determine that circumstances exist in which publication is warranted. The terms of each Consent Agreement will specify the degree of confidentiality accorded each agreement.

Section 5: Conviction of a Crime or Professional Discipline

5.1 Duty to Report Criminal Charge, Conviction or Professional Discipline

5.1.1 Duty to Report Criminal Charge

An AT or BOC applicant who is charged with a serious crime as defined in Section 5.3.1 below, shall notify the BOC of such charge within 10 calendar days after the date on which the Respondent is notified of the charge.

5.1.2 Duty to Report Criminal Conviction or Professional Discipline

An AT or BOC applicant who is convicted of any crime (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs), or who becomes subject to any professional discipline, shall notify the BOC in writing of such conviction or professional discipline within 10 calendar days after the date on which the Respondent is notified of the conviction or professional discipline.

5.2 Commencement of Disciplinary Proceedings Upon Notice of Charge, Conviction or Professional Discipline

Upon receiving notice that an AT or BOC applicant has been charged with a serious crime (as defined in Section 5.3.1) or convicted of a crime other than a serious crime or has been subject to professional discipline other than suspension (as defined in Section 5.3.2), the BOC shall commence an investigation. If the conviction is for a serious crime or if a Respondent has received a professional suspension, the BOC shall obtain the record of conviction or proof of suspension and initiate disciplinary proceedings against the Respondent as provided in Section 3. If the Respondent's criminal conviction or professional suspension is either admitted or proved as provided in Section 5.4, the Respondent shall have no right to a hearing before the Hearing Panel.

5.3 Conviction of Serious Crime or Professional Suspension – Immediate Suspension

Upon receiving notification of a Respondent's conviction of a serious crime or professional suspension, the BOC may, at its discretion, issue a notice to the convicted or suspended AT or BOC applicant directing that the Respondent show cause why the Respondent's right to use the ATC® certification mark should not be immediately suspended or BOC exam eligibility be denied pursuant to Section 8.

5.3.1 Serious Crime Defined

The term serious crime as used in these rules shall include: 1) any felony; 2) a misdemeanor related to public health, patient care, athletics or education. This includes, but is not limited to: rape; sexual or physical abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an AT to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity; and/or an attempt, conspiracy, aiding and abetting, or solicitation of another to commit such an offense.

5.3.2 Definition of a Professional Suspension

A professional suspension as used herein shall mean the Respondent's license to provide athletic training or other healthcare services has been suspended or barred by a governmental or industry self-regulatory authority.

5.4 Proof of Conviction or Professional Discipline

Except as otherwise provided in these *Procedures*, an original or authenticated copy of a certificate or other writing from the clerk of any court of criminal jurisdiction indicating that an AT or applicant has been convicted of a crime in that court, or an original or authenticated copy of a letter or other writing from a governmental or industry self-regulatory authority to the effect that an AT or applicant has been subject to professional discipline or suspension by such authority, shall constitute conclusive proof of the existence of such conviction or such professional discipline for purposes of these disciplinary proceedings.

5.5 Applicants with Prior Criminal Conviction or Professional Discipline

A BOC applicant who has a prior conviction of any crime (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs), or who has been subject to any professional discipline, shall select "Yes" to Question 1 and/or Question 2 of the Affidavit section of the BOC Exam Application.

5.5.1 Commencement of Disciplinary Proceedings upon Notice of Prior Conviction or Professional Discipline to Determine Exam Eligibility

The BOC Applicant shall submit an explanation of the events that led to the conviction and copy of court document(s), including, but not limited to, an arrest report, sentence recommendation, proof of compliance of all court requirements and proof of payment for all related fines. The Committee may request additional documentation at any time during the proceedings.

5.5.1.1 The Committee will review each case to determine exam eligibility.

5.5.1.2 The Committee may grant exam eligibility and if necessary, may impose discipline once the Applicant is certified. Possible forms of discipline are outlined in Section 8.

5.5.1.3 The Committee may deny exam eligibility. If exam eligibility is denied the Applicant has 30 calendar days to appeal. See Section 7 for appeal procedures.

5.5.2 Predetermination of Applicant Eligibility

Individuals with a conviction and/or professional discipline may request a predetermination of eligibility at any time by submitting documentation, as outlined in 5.5.1, prior to submitting an application. Upon review, the Committee will provide the individual written notification of exam eligibility. In the event that additional information is discovered regarding the conviction and/or professional discipline the notification is null and void. The notification does not guarantee exam eligibility.

Section 6: Hearings

Hearings are conducted only in cases where the Respondent disputes the truthfulness of the facts underlying the Charge. Respondents wishing to have a hearing must request a hearing in writing in Response to the Charge Letter. Hearings are conducted orally by telephone conference call. A hearing may be conducted in person at the BOC office in Omaha, Nebraska, if the BOC determines that exceptional circumstances exist which warrant such a hearing.

6.1 Notice

The BOC shall:

- 6.1.1 Forward any Response containing a valid request for a hearing and the Charge letter to the Hearing Panel;
- 6.1.2 Schedule a hearing before the Hearing Panel; and
- 6.1.3 Send by certified mail, return receipt requested, or tracked courier, a Notice of Hearing to the Respondent.
 - 6.1.3.1 The Notice of Hearing shall include a statement of the date and time of the hearing. The BOC will endeavor to schedule the hearing on a mutually agreeable time and date.

6.2 Designation of a Hearing Panel

Upon receipt of a request for a hearing that complies with the requirements of Section 3.3, above, the BOC Executive Director shall appoint a Hearing Panel. The Panel shall comprise five members, including three ATs and two members of the public. The BOC Executive Director shall designate one of the AT members to serve as the Chair for the Hearing Panel. The Chair shall only vote in the event of a tie among the other Hearing Panel members.

- 6.2.1 The Hearing Panel may be established as a standing Panel.
- 6.2.2 The BOC Executive Director may also appoint up to eight non-voting substitute members.
- 6.2.3 When a vacancy of a full member occurs in the Hearing Panel as a result of resignation, unavailability or disqualification, the BOC Executive Director shall designate a substitute member to serve in the full member's place.

6.3 Procedure and Proof

- 6.3.1 The Hearing Panel shall maintain an audio-taped or written transcript of the proceedings.
- 6.3.2 The BOC and the Respondent or their agent(s) may make opening statements, present documents and testimony, examine and cross-examine witnesses under oath, make closing statements and present written briefs as scheduled by the Hearing Panel.
- 6.3.3 The Hearing Panel shall determine all matters relating to the hearing by majority vote. The hearing shall be conducted on the record. Formal rules of evidence shall not apply. Relevant evidence may be admitted.

6.4 Decision

- 6.4.1 Decisions by the Hearing Panel shall be in writing and shall include, as appropriate, factual findings, conclusions of law and any form(s) of discipline applied.
- 6.4.2 Decisions by the Hearing Panel shall be transmitted to the Respondent by certified mail or tracked courier, return receipt requested.

6.5 Expenses

Each party shall bear its own travel, legal and other expenses related to the hearing.

Section 7: Appeals

The Respondent may appeal a decision by the Hearing Panel, a decision rendered by the PPD Committee regarding the imposition of discipline, or an entry of default by the BOC. Consent Agreements and any Orders accompanying them, are not subject to appeal. All appeals are based on the record before the Hearing Panel or PPD Committee. New or additional evidence is permitted only in exceptional circumstances and in the interests of justice.

7.1 Appeals Procedure

- 7.1.1 An appeal must be postmarked within 30 calendar days of the Respondent's receipt of a Hearing Panel or PPD Committee decision or a BOC entry of default through the submission of a written appeal statement to the BOC Executive Director. The appeal statement must set forth the grounds on which the appeal is based and the specific relief requested.
- 7.1.2 The BOC Executive Director may file a written response to the appeal statement of the Respondent.
- 7.1.3 The Appeals Panel shall render a decision on the record without oral hearing, although written briefing may be submitted.

7.2 Designation of Appeals Panel

Upon receipt of a valid appeal statement, the BOC Board of Directors shall select three of its members to serve on an Appeals Panel. The Appeals Panel shall include at least one Athletic Trainer Director and one Public Director.

7.3 Decision

The decision of the Appeals Panel shall be rendered in writing. A decision by the Appeals Panel shall contain, as appropriate, factual findings, conclusions of law and any form(s) of discipline applied. It shall be transmitted to the Respondent by certified mail or tracked courier, return receipt requested.

The Appeals Panel decision shall be final. The Appeals Panel may make the following decisions:

- 7.3.1 Affirm PPD Committee/Hearing Panel decision; or
- 7.3.2 Reverse the PPD Committee/Hearing Panel decision; or
- 7.3.3 Refer the case back to the PPD Committee/Hearing Panel for further investigation and resolution with full right of appeal; or
- 7.3.4 Modify the decision but not in a manner that would be more adverse to the Respondent; or
- 7.3.5 Vacate an entry of default by the BOC.

Section 8: Forms of Discipline

A violation of the *BOC Standards of Professional Practice* may result in one or more of the Forms of Discipline listed below. In imposing discipline, the BOC may consider any aggravating and/or mitigating circumstances, including the underlying facts, decision and discipline imposed in any previous disciplinary or criminal proceeding before the PPD Committee, Hearing Panel, Appeals Panel or any other regulatory body or court. All forms of discipline may be appealed as set forth in Section 7.

8.1 Suspension

The BOC may suspend certification in an Order of Suspension. The Order of Suspension shall state clearly and with reasonable particularity the grounds for suspension. The Order of Suspension also shall state the time at which the Respondent may petition for reinstatement under Section 12 of these

Procedures. It shall be standard procedure to publish Suspensions. Should the PPD Committee and/or BOC Executive Director determine that there is cause to believe that a threat of immediate and irreparable injury to the health of the public exists, the PPD Committee and/or BOC Executive Director shall immediately place the Respondent's certification on Suspension prior to a final disciplinary decision.

8.1.1 Should an Individual voluntarily surrender certification as outlined in a Consent Agreement (Section 4), the certification is **Suspended**.

8.1.2 Should an individual have a petition for reinstatement from suspension denied two times, the certification is permanently **Revoked**.

8.2 Denial of Eligibility

The BOC may deny a BOC applicant eligibility to sit for the BOC exam either permanently or for a specified period of time in an Order of Denial. The Order of Denial shall state clearly and with reasonable particularity the grounds for the denial of eligibility.

8.3 Private Censure

The BOC may issue a Private Censure. A Private Censure shall be an unpublished written reprimand from the BOC to the Respondent.

8.4 Public Censure

The BOC may issue a Public Censure. A Public Censure shall be a written reprimand from the BOC to the Respondent. It shall be standard procedure to publish Public Censures.

8.5 Probation

The BOC may place a Respondent on Probation. Probation may include the setting of conditions that must be met in a specific period of time not to exceed three years. A Respondent on probation is required to complete an Annual Probation Report. A report form is provided at the time the Probation is issued.

8.6 Sanctions

The BOC may issue sanctions that include but are not limited to one or more of the following:

8.6.1 Mandatory audit participation of a specified reporting period;

8.6.2 Educational course requirements to be completed and reported by a specified date;

8.6.3 Other training, treatment and/or corrective action;

8.6.4 Payment of unpaid certification fee(s);

8.6.5 Annual reporting of a specified number of continuing education units to be submitted by a specified date.

Section 9: Impaired Practitioner *(section effective January 1, 2008)*

With regard to its charge to protect the public, it is the policy of the BOC to discipline and/or restrict the practice of any BOC Certified Athletic Trainer with an impairment that prevents him or her from practicing athletic training with reasonable skill.

9.1 Definitions

9.1.1 "Impaired practitioner" is defined as a person with a physical or mental condition, including deterioration through aging, loss of motor skill, or excessive use or abuse of drugs including alcohol, that prevents one from practicing athletic training with reasonable skill and safety to patients. *(Modified from definition of American Medical Association, 1972)*

- 9.1.2 Types of impairments may include, but are not limited to:
 - 9.1.2.1 Substance abuse;
 - 9.1.2.2 Personality disorders – disruptive behavior;
 - 9.1.2.3 Physical impairments;
 - 9.1.2.4 Psychological impairments.
- 9.1.3 “Governing authority” is defined as the entity responsible for overseeing the practice regulations of the Athletic Trainer in question. In many cases the governing authority will be identified in the regulatory legislation of the state, province or jurisdiction in which the Athletic Trainer practices.
- 9.1.4 “Reasonable skill” is defined as entry-level competence.

9.2 Scope of BOC Responsibilities

- 9.2.1 Restrictions or discipline primarily shall be the responsibility of the governing authority; in general, the BOC will respond to the governing authority’s actions.
- 9.2.2 The BOC shall act in the public’s interest by forwarding all complaints or allegations of impairment to the appropriate governing authority.
 - 9.2.2.1 The BOC will accept the determination of the governing authority of the validity of a complaint or allegation of impairment.
- 9.2.3 In the event the governing authority disciplines or restricts the practitioner’s ability to provide AT services, the BOC generally shall likewise discipline or restrict the practitioner’s certification.
 - 9.2.3.1 Certification restrictions or discipline shall be established by the BOC in a manner consistent with the restrictions or sanctions rendered by the state governing authority. These restrictions may include:
 - 9.2.3.1.1 Imposition of discipline as outlined in Section 8.
- 9.2.4 Where the governing authority has sanctioning authority, the BOC may restrict or discipline a practitioner’s certification in the absence or presence of restriction or discipline by the governing authority.
- 9.2.5 In the absence of a governing authority, the BOC shall follow the *BOC Professional Practice and Discipline Guidelines and Procedures* with regard to complaints or allegations of impairment.

9.3 Reporting Guidelines

- 9.3.1 Early intervention for the impaired practitioner may enhance recovery and will protect the safety of the public. Thus, reporting should occur when there is a reasonable suspicion of impairment.
- 9.3.2 Decreased clinical judgment, inappropriate behavior or diminished psychomotor skills are the hallmarks of impairment and generally should lead to reporting.
- 9.3.3 Strict adherence to the definition of impaired practitioner should be followed; however, illnesses, disabilities or other conditions that do not hamper the practitioner’s ability to competently practice as an AT should not be reported.
- 9.3.4 Reporting of an impaired practitioner may occur through:
 - 9.3.4.1 Self-reporting;
 - 9.3.4.2 Reporting from another practitioner;
 - 9.3.4.3 Reporting from a patient;
 - 9.3.4.4 Reporting from other sources with personal knowledge or reasonable suspicion of impairment.
- 9.3.5 Upon the development of a reasonable suspicion of impairment, complaints or allegations of impairment should be directed or sent promptly to the governing authority, with a copy to the BOC. Where there is no governing authority, complaints or allegations of impairment should be directed or sent promptly to the BOC.

9.4 Purpose and Application of Discipline and Restrictions

- 9.4.1 Protect the public.
- 9.4.2 In response to action by an appropriate governing authority or on its own initiative, the BOC shall impose discipline or restrictions necessary to protect the public.
- 9.4.3 BOC discipline and/or restrictions shall be clearly associated with the practitioner's behavior demonstrating incompetence or the potential for endangerment to the public.
- 9.4.4 Protect the individual.
- 9.4.5 Discipline and/or restrictions shall not unduly restrict/penalize an individual in areas of practice where he/she is safely and competently performing duties or providing a service.
- 9.4.6 Discipline and/or restrictions shall afford the practitioner the opportunity for rehabilitation or retraining if possible or practicable. The practitioner may be required to participate in a recovery program related to the impairment. This program may be established by the employer, state or private sector but must be approved by the governing authority or the BOC.
 - 9.4.6.1 Where a discipline includes mandatory participation in a recovery program, it is the responsibility of the impaired practitioner to enroll in the recovery program.
 - 9.4.6.1.1 Recovery or treatment programs must include:
 - 9.4.6.1.1.1 A monitoring system to track progress of the impaired practitioner.
 - 9.4.6.1.1.2 The submission of reports of compliance and progress to the governing authority.
 - 9.4.6.1.2 The BOC may require evidence or verification that the practitioner has completed a treatment program related to the impairment.
- 9.4.7 Following completion of any program or treatment requirements and demonstration of competence to practice, the BOC will adjust the certification status appropriately.

9.5 Professional Review and Monitoring

- 9.5.1 Upon receipt of a report or decision of impairment by the governing authority, the BOC will follow the *BOC Professional Practice and Discipline Guidelines and Procedures* to determine the appropriate discipline or restrictions that may be imposed upon the practitioner.
- 9.5.2 The BOC shall maintain confidentiality regarding impaired practitioners consistent with the law, its ability to investigate the reported alleged impairment and public safety.
- 9.5.3 Restrictions or discipline must be based on facts related to the impairment. Evidence of the impairment must be based on the absence of a level of competence to practice athletic training in a manner that protects the safety of the public.
 - 9.5.3.1 If the AT is unable to practice competently and safely, practice restrictions must be established that will enable the AT to do so or the AT's BOC certification will be suspended. Appropriate restrictions may limit the practice setting, clientele or other job duties that may be performed by the AT.
- 9.5.4 Where the governing authority has ordered specific testing of the practitioner such as physical examination, psychological examination and/or drug testing, the BOC may require the submission of copies of any reports generated from the examinations/testing or confirmation from the governing authority as to the results.
- 9.5.5 Once it is identified that testing of the practitioner is needed, it is the responsibility of the practitioner to obtain the tests required by the governing authority.
- 9.5.6 The BOC shall establish a system for monitoring the impaired practitioner to ensure the practitioner is in compliance with sanctions or restrictions.
 - 9.5.6.1 The monitoring system may be overseen by the employer or the governing authority; however, the practitioner is required to report any changes in status to the BOC.
 - 9.5.6.2 Compliance with the monitoring system shall be a condition of BOC certification.

Section 10: Required Action After Suspension

After the entry of Suspended, the Respondent shall promptly terminate any and all use of the ATC® certification mark and, in particular, shall not use the ATC® certification mark in any advertising material, announcement, letterhead or business card. The Respondent is required to return his/her BOC certification card to the BOC office within 10 calendar days of receipt of the order via traceable mail. Once the use of the ATC® certification mark has been terminated the Respondent may not:

- 10.1 Represent him/herself to the public as a practicing Certified Athletic Trainer or use the certification marks ATC® or C.A.T. following his/her name; or
- 10.2 Serve as an item writer for the BOC exam; or
- 10.3 Serve as a supervisor of students who are satisfying the athletic training requirements for certification eligibility.

Section 11: Status Definitions

The following status definitions are effective as of January 1, 2012.

11.1 Certified

Certification is in good standing. Individuals may practice as authorized by the BOC.

11.2 Expired

- 11.2.1 Certification is voluntarily resigned for reasons unrelated to disciplinary proceedings. ATs with an Expired status may not represent themselves as Certified Athletic Trainers or use the ATC® certification mark.
- 11.2.2 Certification is forfeited due to non-compliance with BOC certification fee and/or continuing education requirements. Respondents with an Expired status may not represent themselves as Certified Athletic Trainers or use the ATC® certification mark.

11.3 Suspended

Certification is not in good standing as a result of the imposition of a disciplinary action or the BOC Executive Director's decision that there is cause to believe that a threat of immediate and irreparable injury to the health of the public exists. Respondents with a Suspended status may not represent themselves as a Certified Athletic Trainer or use the ATC® certification mark.

11.3.1 Revoked

Certification is Suspended and individual has had two petitions for reinstatement denied; the certification is permanently revoked. Respondents with a Revoked status may not represent themselves as a Certified Athletic Trainer or use the ATC® certification mark.

Section 12: Reinstatement

12.1 Reinstatement After Expired

Failure to comply with fee, continuing education and/or emergency cardiac care requirements are direct violations of the *BOC Standards of Professional Practice* and result in an Expired status. The following steps are necessary for reinstatement:

- 12.1.1 The AT must complete a reinstatement application and pay the required fee.
- 12.1.2 The BOC may require an AT in Expired status to sit for the BOC certification exam.

12.2 Reinstatement After Suspended

Respondents whose certification was suspended for disciplinary reasons under Section 8 of these Guidelines must petition for reinstatement before returning to practice. Such petition shall be submitted in writing and shall be accompanied by any supporting documentation the Respondent wishes to provide to the Reinstatement Panel. A petition fee may be assessed.

12.2.1 Designation of Reinstatement Panel

Upon receipt of a valid petition for reinstatement from Suspended status, the BOC Executive Director shall appoint a Reinstatement Panel. The Panel shall comprise five members, including three ATs and two members of the public. The BOC Executive Director shall designate one of the AT members to serve as the Chair for the Reinstatement Panel. The Chair shall only vote in the event of a tie among the other Reinstatement Panel members.

12.2.1.1 The Reinstatement Panel may be established as a standing Panel.

12.2.1.2 The BOC Executive Director may also appoint up to eight non-voting substitute members.

12.2.1.3 When a vacancy of a full member occurs in the Reinstatement Panel as a result of resignation, unavailability or disqualification, the BOC Executive Director shall designate a substitute member to serve in the full member's place.

12.2.2 Investigation

Immediately upon receipt of a petition for reinstatement, the BOC will initiate an investigation. The petitioner shall cooperate in any such investigation. Once the investigation is concluded, a report of the investigation shall be submitted to the Reinstatement Panel. The report shall contain the results of the investigation, information regarding the petitioner's past disciplinary record and any recommendation regarding reinstatement.

12.2.3 Successive Petitions

If the petition is denied, the Reinstatement Panel shall set a date upon which the Respondent may file a second petition for permission to reapply for reinstatement. The Reinstatement Panel will not consider petitions for permission to reapply for reinstatement from Respondents whose petitions have been denied twice. Once a Respondent has had two petitions denied, his/her certification status is Revoked. Denials of petitions for permission to reapply are not appealable under these Guidelines.

12.2.4 Conditions or Restrictions on Reinstatement

If the reinstatement petition is granted, the Reinstatement Panel may impose disciplinary sanctions as outlined in Section 8 following reinstatement. The Reinstatement Panel also may impose other conditions on reinstatement, including but not limited to a requirement that the Respondent sit for the BOC certification exam.

Section 13: Confidentiality of Proceedings

13.1 Confidentiality

Except as otherwise provided in these *Procedures*, all proceedings conducted pursuant to these *Procedures* shall be confidential and the records of the PPD Committee, Hearing Panel, Appeals Panel, Reinstatement Panel, BOC Legal Counsel and BOC staff shall remain confidential and shall not be made public.

13.2 Exceptions to Confidentiality

The subject matter and status of proceedings conducted pursuant to these *Procedures* may be disclosed if:

- 13.2.1 The proceeding is predicated on criminal conviction or professional discipline as defined herein;
or
- 13.2.2 The Respondent has waived confidentiality; or
- 13.2.3 Such disclosure is required by legal process of a court of law or other governmental body or agency having appropriate jurisdiction; or
- 13.2.4 The proceeding involves a consumer or consumers of athletic training services, wherein the BOC may contact the consumer(s) and/or the Respondent's current and/or former employer(s) to request documents relevant to the proceeding; or
 - 13.2.4.1 The Respondent receives a form of discipline that is published. In such cases, all AT state regulatory bodies shall be notified and an announcement included in one or more publications of interest to persons engaged in, or otherwise interested in, the profession of athletic training. The BOC may also disclose its final decision to state regulatory bodies and others as it deems appropriate, including, but not limited to, persons inquiring about the status of a Respondent's certification, employers and the general public.

Section 14: General Provisions

14.1 Definitions

14.1.1 Respondent

For the purpose of these *Procedures*, "Respondent" shall mean a Certified Athletic Trainer, BOC applicant or BOC potential applicant who is the subject of a disciplinary complaint or proceeding.

14.1.2 Complainant

For the purpose of these *Procedures*, "Complainant" shall be any individual or organization who provides the BOC with information or allegations indicating that a violation of the *BOC Standards of Professional Practice* may have occurred.

14.2 Disqualification

PPD Committee, Hearing Panel, Appeals Panel and Reinstatement Panel members may not serve in any situation where their impartiality might reasonably be questioned or in which they have an apparent or actual conflict of interest. PPD Committee, Hearing Panel, Appeals Panel and Reinstatement Panel members shall refrain from participating in any proceeding in which they, a member of their immediate family, their employer or an organization to which they belong, have any interest. PPD Committee, Hearing Panel, Appeals Panel and Reinstatement Panel members may not consider any matter that came before them during their tenure on another BOC committee or panel. PPD Committee, Hearing Panel, Appeals Panel and Reinstatement Panel members may serve in only one capacity at a time.

14.3 Quorum

A quorum of the PPD Committee, a Hearing Panel, an Appeals Panel or a Reinstatement Panel consists of three full-voting members, one of which must be the public member. PPD Committee, Hearing Panel, Appeals Panel and Reinstatement Panel action shall be determined by a majority vote.

14.4 Waiver and Release

As a condition of certification and application, ATs and applicants agree to release, discharge and exonerate the BOC, its officers, directors, employees, committee members and agents from any and

all liability of any nature and kind, arising out of any investigation, evaluation and/or communication regarding the individual's eligibility, certification or recertification. The foregoing waiver and release shall apply with equal force and effect to any person furnishing documents, records or other information to the BOC relating to the AT or applicant's eligibility, certification or recertification.

14.5 Notice and Service

Except as may otherwise be provided in these Procedures, notice shall be in writing and the giving of notice and/or service shall be sufficient when made either personally or by US regular mail, US certified mail or overnight mail sent to the last known address of the Respondent according to the records of the BOC.

14.6 Liberal Construction of Procedures

Time limitations are administrative and the BOC reserves the right to grant extensions for good cause, as determined by the BOC in its sole discretion. A Respondent's failure to observe time limits without proof of good cause may result in the forfeiture of rights or remedies under these Procedures. These Procedures shall be liberally construed for the protection of the public, the BOC, its ATs and applicants. No investigation or procedure shall be deemed invalid or insufficient by reason of any non-prejudicial irregularity or deviation.

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O (402) 559-0091
F (402) 561-0598
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