# **Transfer Student Policy and Procedure**

All students wishing to transfer to Emporia State University AT-P must first meet all of the Pre-Professional, Phase I requirements. Upon admission to the ESU AT-P, the student may petition that prior course work and clinical experiences be considered as equivalents of courses and or clinical experiences within the ESU Athletic Training Program. The following are policies and procedures that will be followed in order to consider transfer students prior work.

### Petition Procedures:

- 1. The transfer student must submit in writing his/her request for accepting previous coursework and clinical experiences. Included in this document should be the following: Name of course, credit hours, professor, institution offered, and name of the ESU course it will be substituting.
- 2. An ATC Verification of Supervision form for all previous clinical experiences to include number of clinical hours supervised.
- 3. A copy of published course descriptions of all courses.
- 4. A detailed copy of a course syllabus for all courses or a letter from the instructor describing in complete detail of the course content.
- 5. A maximum of nine (9) core course credit hours may be transferred to ESU's AT Program.

#### Course Acceptance Procedures:

The AT-P will review each of the course descriptions and syllabi. The program director will then compare the course to the ESU course and determine if they are comparable. The following criteria will be evaluated: credit hours, content, and laboratory experiences. If the course does not have comparable credit hours, content, and laboratory experiences the course will not be substituted for the ESU course and the student will follow the normal athletic training curricular plan. If the course has comparable criterion to the ESU course the student the transfer student will be given the opportunity to "test out" of the course by completing a comprehensive examination. Upon successfully passing (scores above 80%) the comprehensive exam, the transfer student will then be placed within the curricular plan where appropriate. If the transfer student fails the exam (scoring below 80%) then he/she will have to take the ESU AT Program course.

## Clinical Experience Acceptance Procedures:

The program director will review each of the ATC Verification of Supervision forms and will then compare the clinical experience to the ESU clinical experience and determine if they are comparable. The following criteria will be evaluated: assignment, responsibilities, clinical setting, and type of supervision. If the course does not have comparable assignments, responsibilities, clinical settings or supervision the clinical experience will not be substituted for the ESU clinical experience and the student will follow the normal athletic training field experience rotation plan. If the clinical experience has comparable criterion to the ESU clinical experience the student will then be placed within the curricular plan where appropriate.



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### **Notes:**

- Only competencies that have been evaluated by an ESU AT Program approved clinical
  instructor (ACI) can be transferred into the ESU AT Program. Documented competencies
  that have been completed at another institution by a BOC certified athletic trainer with
  one year or more experience can be used to test out at ESU.
  - Students need to provide documentation of the completed competencies with a letter of support from the certified athletic trainer with his/her signature and certification number.
  - Students will then be given an opportunity to perform the proficiency with an ESU ACI for evaluation. If the proficiency is completed successfully (80% or better) the student will be given credit for that proficiency.
  - O The transfer student's academic record (courses taken) must support that learning-over-time has occurred before the student will be allowed to test out on a proficiency.

The ESU AT Program has the right to accept or reject any prior coursework or clinical experience in accordance with the above procedures.



# **ATC Verification of Supervision**

I		(printed name of supervising ATC) attest that I	
have had direct supervision over		(printed name	
of student) from	to	(dates of supervision).	
During this time, a total of	ho	ours of clinical experience were gathered.	
Signature of Supervisor		Date	
BOC#		_	
State License #		-	