By signing below, I, _____________________________ indicate that I have read, understand, and agree to abide by all of the policies and requirements of the University of New Mexico Athletic Training Education Program outlined in the UNM-ATEP: Athletic Training Student Handbook. The UNM-ATEP Program Policies Annual Agreement must be renewed each year.

**Initial each line** indicating that you have read, understand, and agree to abide by each policy and requirement.

_____ I am aware of the program’s requirements for admittance, retention, progression, and graduation.

I am aware of the program’s didactic and clinical education requirements including, but not limited to:

______ Passed & Current Background Check (APS)
______ Professional Conduct Policy
______ Technical Standards for Program Admission and Retention
______ Communicable Disease Policy
______ University of New Mexico Sports Medicine Blood Borne Pathogens Policy
______ Immunization Records Review / Requirements
______ Professional and Academic Requirements
______ Clinical Education Requirements / Policies
______ Monetary Remuneration Policy
______ Therapeutic Equipment Safety Policy
______ Direct Supervision Policy

I am specifically aware of the program’s professionalism requirements including, but not limited to:

______ Board of Certification Standards of Professional Practice
______ National Athletic Trainers’ Association Code of Ethics
______ New Mexico Athletic Trainer Practice Act
______ Professional Appearance Policy
______ Patient and Student Confidentiality
______ The Pathfinder-UNM Student Handbook

_____ I understand that violation of the UNM-ATEP policies and / or requirements carries consequences as outlined in the UNM-ATEP: Athletic Training Student Handbook.

_____ I authorize that the UNM-ATEP Faculty can provide my academic information to the Commission on Accreditation of Athletic Training Education and the Board of Certification.

Athletic Training Student Signature / Print Last Name _____________________________ Date _____________________________