I. Course Description:
KIN 541 is a practicum course required for graduate athletic training students and is taken in the spring of the student’s first year. This course requires students to meet face-to-face once a week for one hour and 50 minutes for 16 weeks. Instruction/review is given on clinical examination and diagnosis of the lower and upper extremity, and general medical conditions. Course requirements include oral proficiencies and required clinical work (clinical hour log of 20-30 weekly hours, evaluations-preceptor, student, site, and journal reflection questions). Required clinical work is submitted at the completion of four-week rotations. Each oral proficiency (total of seven) requires one hour and thirty minutes of outside-of-class preparation. Outside-of-class, students complete a formal interview with a preceptor for the requested season sport for the next year. In addition, students also create and present a concept map of a peer-reviewed journal article. The course fee is $67.00.

Prerequisites: Admittance to Athletic Training Major. Successful completion of KIN 521.

II. Intended Learning Outcomes/Goals/Objectives (Program/Student Learning Outcomes):

This academic program, along with its courses, is in compliance and supports the vision, mission, goals and core values of the College of Education and Stephen F. Austin State University. It is this philosophy and vision that helps to distinguish our graduates from those of other institutions.

PROGRAM LEARNING OBJECTIVES: The *following are addressed within this course:

*1. Demonstrate a sound understanding of evidence-based practice concepts and their application by using a systematic approach to ask and answer clinically relevant questions that affect patient care.

*2. Demonstrate an ability to develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients’/patients’ overall health and quality of life while incorporating the importance of nutrition and physical activity in maintaining a healthy lifestyle and in preventing chronic disease (e.g., diabetes, obesity, cardiovascular disease).

3. Demonstrate the ability to perform clinical examination skills in order to accurately diagnosis and effectively treat their patients while applying clinical-reasoning skills throughout the physical examination process. The development of these skills requires a thorough understanding of anatomy, physiology, and biomechanics in order to assimilate data, select the appropriate assessment tests, and formulate a differential diagnosis.

4. Demonstrate a sound understanding and application of the knowledge, planning, and skills in the evaluation and immediate management of the acute care of injuries and illnesses.

*5. Demonstrate proficiency in the understanding and application of therapeutic interventions that include therapeutic modalities, therapeutic rehabilitation, and therapeutic medicines designed to maximize the patient’s participation and health-related quality of life.

6. Demonstrate the ability to recognize the role of mental health in injury and illnesses using interventions to optimize the restoration of participation and to refer these individuals as necessary.

7. Demonstrate an understanding of risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management.

8. Assess the development of a desire for professional development, ethical behaviors and responsibilities through a progression of clinical rotations, participation with professional organizations, and understanding of effective supervision and management in the athletic training clinic.

*9. Complete the Board of Certification (BOC) requirements for eligibility of the national board examination through the completion of the competencies and proficiencies as set forth and endorsed by the NATA-EC, BOC, and the CAATE.
COMPETENCY / STUDENT LEARNING OBJECTIVES:

2020 CAATE Standards

Standard 59
Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.

Standard 60
Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

Standard 64
Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:
  • Use data to drive informed decisions
  • Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
  • Maintain data privacy, protection, and data security
  • Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)
  • Use an electronic health record to document, communicate

Standard 70
Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:
  • Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
  • Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
  • Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
  • Cervical spine compromise
  • Traumatic brain injury
  • Internal and external hemorrhage (including use of tourniquet and hemostatic agents)
  • Fractures and dislocations (including reduction of dislocation)
  • Anaphylaxis (including administering epinephrine using automated injection device
  • Exertional sickling, rhabdomyolysis, and hyponatremia
  • Diabetes (including use of glucometer, administering glucagon, insulin)
  • Drug overdose (including administration of rescue medications such as naloxone)
  • Wounds (including care and closure)
  • Testicular injury
  • Other musculoskeletal injuries

Standard 71
Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:
  • Obtaining a medical history from the patient or other individual
  • Identifying comorbidities and patients with complex medical conditions
  • Assessing function (including gait)
  • Selecting and using tests and measures that assess the following, as relevant to the patient’s clinical presentation:
    - Cardiovascular system (including auscultation)
    - Endocrine system
    - Eyes, ears, nose, throat, mouth, and teeth
    - Gastrointestinal system
    - Genitourinary system
    - Integumentary system
    - Mental status
    - Musculoskeletal system
    - Neurological system
    - Pain level
    - Reproductive system
    - Respiratory system (including auscultation)
    - Specific functional tasks
  • Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated
Standard 73
Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:
• Therapeutic and corrective exercise
• Joint mobilization and manipulation
• Soft tissue techniques
• Movement training (including gait training)
• Motor control/proprioceptive activities
• Task-specific functional training
• Therapeutic modalities
• Home care management
• Cardiovascular training

Standard 77
Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients’ treatment, compliance, progress, and readiness to participate.

| CIP-3 | Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making appropriate recommendations for individual safety and activity status. |

| CIP-4 | Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient’s goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan. |
| CIP-4a | upper extremity |
| CIP-4b | lower extremity |
| CIP-4c | head |
| CIP-4d | neck |
| CIP-4e | thorax |
| CIP-4f | spine (upper) |

| CIP-5 | Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol. |

| CIP-6 | Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care (eg, CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding). |

| CIP-7 | Select and integrate appropriate psychosocial techniques into a patient’s treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk, and/or relaxation. |

| CIP-8 | Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer’s role of informed patient advocate in a manner consistent with current practice guidelines. |

| CIP-9 | Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statutes that regulate privacy of medical records. This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing. |
III. Course Assignments, Activities, Instructional Strategies, use of Technology:

Class will meet every other week. Please refer to the course progression for exact dates.

Assignments:

A.) Clinical Hours - 10% of total grade:

**ALL CLINICAL HOURS WILL BE TURNED IN ON PAPER FORM**

- Rules and regulations during clinical experiences will adhere to the Graduate Entry-Level Athletic Training Policy and Procedures Manual.
- Absences, tardiness, or laziness will not be tolerated.
- Around 300 hours should be accumulated in order to successfully complete this course - this averages approximately 20 hours per week.
- Hours NOT obtained under a certified athletic trainer, or Texas state credentialed athletic trainer WILL NOT count towards the minimum hours set by the curriculum.

**Please total all hours accumulated at the end of each rotation.**

B.) Assignment- 10% of total grade

*Students will be responsible for developing and presenting, to the class, a concept map over a peer-reviewed journal article. Instructions on developing a concept map and ample practice time will be given in class prior to the due date of presentations.

The concept map will be worth 30 points and should be made in PowerPoint as one slide. Each concept map should be original, authentic, and unique to the person and "individually made”. The presentation should be sent to Dr Watts 48 hours before the due date and in PDF form. The rubric below details the grading criteria for the concept map presentation. Each student will present their concept map in class.

<table>
<thead>
<tr>
<th>Category</th>
<th>Points</th>
<th>10</th>
<th>8</th>
<th>5</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is very well thought out and supports the aspects of article. Reflects high level of critical thinking</td>
<td>Is well thought out and adequately supports the article. Application of critical thinking is apparent. Is mostly accurate.</td>
<td>Supports the article Has limited application of critical thinking Has no clear goal</td>
<td>Provides inconsistent information for the article. Has no apparent application of critical thinking Has no clear goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td></td>
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<tr>
<td>Information is clearly focused in an organized and thoughtful manner Information is constructed in a logical pattern to support the treatment/prevention approach AMA citation utilized appropriately for both concepts and propositions</td>
<td>Information is focused but may lack organization in areas, but not considered significant to the understanding of the map Information supports the treatment/prevention approach but may not be logical in all areas AMA citation utilized appropriately for most concepts and propositions</td>
<td>Model has a focus but might stray from it at times Information appears to have a pattern, but the pattern is not consistently carried out in the model Information loosely supports the treatment/prevention approach AMA citation utilized appropriately, but not for both concepts and propositions</td>
<td>Content is unfocused and haphazard Information does not support the treatment approach Information has no apparent connection to treatment/prevention approach AMA citation not utilized appropriately for either concepts or propositions</td>
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<tr>
<td><strong>Presentation</strong></td>
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<td></td>
</tr>
<tr>
<td>Presentation captures audience attention Presentation is organized and well laid out Evidence is explained and connected to topic and approach Implications of evidence to field of athletic training and/or other stakeholders are articulated</td>
<td>Presentation often captures audience attention Presentation lacks organization in some areas Evidence is explained and connected in some areas to topic and approach Implications of evidence to field of athletic training and/or other stakeholders are articulated in some areas</td>
<td>Presentation does not capture audience attention Presentation lacks organization in multiple areas Evidence is not explained and connected in multiple areas to topic and approach Implications of evidence to field of athletic training and/or other stakeholders are not articulated in multiple areas</td>
<td>Presentation is choppy and hard to follow Presentation has no clear organization Evidence is not explained and connected to topic and approach Implications of evidence to field of athletic training and/or other stakeholders are not articulated</td>
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</tbody>
</table>
C.) Proficiencies - 50% of total grade:

- Refer to Graduate Athletic Training Policy and Procedures Manual or KIN541 D2L accessible via MySFA.
- There will be four main proficiency topics and within each topic will be a number of skills the students must demonstrate. Topics include: Emergency Care, General Medical Conditions, Upper and Lower Limb Injury evaluation, and the application of Therapeutic Modalities.
- It is the responsibility of the student to practice and complete all of the skills listed for each proficiency assessment within the documented timeframe. All final assessments can be scheduled with either a preceptor or an AT faculty member.
- For each proficiency, you will be given two opportunities to successfully pass (80%) the final assessment to show competency of that specific skill. ALL 3rd attempts will be graded as a “Fail”.
- Proficiencies should be practiced with a peer, and a Preceptor before attempting the final proficiency. The final proficiency evaluation must be scored with a Preceptor, Course Instructor or GATP faculty member.

D.) Evaluations – 30% of total grade:

- At the completion of each clinical site rotation, the preceptor will perform an evaluation on all athletic training students under their supervision (25%).
- The ATS evaluation is to be given to the preceptor well in advance of the evaluation due date.
- A completed ATS evaluation form must have: the preceptor’s signature and date and the ATS’ signature and date to verify that both parties discussed the evaluation and scores provided to the ATS.
- It is your responsibility to turn in all completed evaluation forms to the course instructor at the next class meeting following the clinical experience.
- Evaluations of the clinical site and the preceptor will be performed by the athletic training student at the conclusion of each experience (5%). These are administered via survey monkey.

IV. Evaluation and Assessments (Grading):

**GRADING SCALE**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
<th>Clinical Hours</th>
<th>Proficiencies</th>
<th>Assignments</th>
<th>Evaluations</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% - 90%</td>
<td>A</td>
<td>10%</td>
<td>50%</td>
<td>10%</td>
<td>30%</td>
<td>Refer to Attendance policy in Section VIII - Student Ethics and Other Policy Information.</td>
</tr>
<tr>
<td>89% - 80%</td>
<td>B</td>
<td></td>
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</tr>
<tr>
<td>79% - 70%</td>
<td>C</td>
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<tr>
<td>69% - 60%</td>
<td>D</td>
<td></td>
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<td></td>
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<tr>
<td>&lt;60%</td>
<td>F</td>
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</tbody>
</table>

Grades will be calculated according to the percentages as noted above. Points will be given for hours, evaluations, proficiencies, and assignments.

V. Tentative Course Outline/Calendar:

<table>
<thead>
<tr>
<th>WEEK OF</th>
<th>DISCUSSION</th>
<th>REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 1.21</td>
<td>Introduction; Syllabus, Introduce Proficiency #1 Clinical Evaluation of Thigh, Hip, &amp; Pelvis, International Classification of Functioning, Disability, &amp; Health (ICF)</td>
<td></td>
</tr>
<tr>
<td>2 – 1.28</td>
<td>CE of Thigh, Hip, Pelvis, Quizzes from ICF e-tool Due;</td>
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</tr>
<tr>
<td>3 – 2.4</td>
<td>Proficiency #1 due, Introduce Prof #2 Health Promotion and Prevention, ICF - How to use? Checklist; Scenarios</td>
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</tr>
<tr>
<td>4 – 2.11</td>
<td>Concept Mapping Basics</td>
<td></td>
</tr>
<tr>
<td>5 – 2.18</td>
<td>Proficiency #2 due, Introduce Prof #3 Clinical Evaluation of the Lumbar and Sacrum, Communication: Patient Care &amp; Professionals</td>
<td></td>
</tr>
<tr>
<td>6 – 2.25</td>
<td>Sport Requests Due, Concept Mapping</td>
<td></td>
</tr>
</tbody>
</table>
| 7 – 3.3 | Proficiency #3 due, Introduce Prof #4 General Medical Conditions - Clinical Evaluation | *
| 8 – 3.10 | **SPRING BREAK** | |
| 9 – 3.17 | Name of Article for Concept Map Due, NURSING SIMS @ NURSING BUILDING | |
| 10 – 3.24 | Proficiency #4 due, Introduce Prof #5 Clinical Evaluation of the Lower Extremity | |
| 11 – 3.31 | CE of Cervical/Head & Face, Concept Mapping | |
| 12 – 4.7 | Proficiency #5 due, Introduce Prof. #6 Clinical Evaluation of Cervical / Head & Face | |
| 13 – 4.14 | TBA | |
| 14 – 4.21 | Proficiency #6 due, Introduce Prof. #7 Clinical Evaluation of Shoulder | |
**Professionalism**

**CLASS POLICIES:**

- VII. Confidential and anonymous, MySFA. Although the instructor will be able to view the names of students who complete the survey, in the Perkins College of Education, the course evaluation process has been simplified and is completed electronically through PCOE. Evaluation data is used for a variety of important purposes including:
  - Course and program improvement, planning, and accreditation;
  - Instruction evaluation purposes;
  - Making decisions on faculty tenure, promotion, pay, and retention.

As you evaluate this course, please be thoughtful, thorough, and accurate in completing the evaluation. Please know that the PCOE faculty is committed to excellence in teaching and continued improvement. Therefore, your response is critical!

In the Perkins College of Education, the course evaluation process has been simplified and is completed electronically through MySFA. Although the instructor will be able to view the names of students who complete the survey, all ratings and comments are confidential and anonymous, and will not be available to the instructor until after final grades are posted.

**VI. Course Evaluations:**

Near the conclusion of each semester, students in the Perkins College of Education electronically evaluate courses taken within the PCOE. Evaluation data is used for a variety of important purposes including:

1. Course and program improvement, planning, and accreditation;
2. Instruction evaluation purposes; and
3. Making decisions on faculty tenure, promotion, pay, and retention.


**Other Suggested Outside References:**

- Campus Pipeline student account
- Journal of Athletic Training
- NATA News
- SWATA Listserv subscription

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**VII. Student Ethics and Other Policy Information:** Found at [https://www.sfasu.edu/policies](https://www.sfasu.edu/policies)

**Rules of Etiquette for KIN 522:**

- We are all here to accomplish one task - learn.
- No laughing at another.
- No personal remarks of insult, insinuation of inferiority, inferred gestures of stupidity. If this occurs, I will personally ask you to leave the classroom for the day.
- Please hold anything of that nature for beyond the classroom.
- If you are looking down on someone, it should only be because you are helping him/her up. (Paraphrased quote of a famous person).
- Please ask a question even if you feel you should know the answer. Who knows, someone else may be thinking the same thing.
- If we do not know the answer (namely me), we'll table it till next class and all will help in providing a response.
- If you do not want to ask a question in class, email it to me, or bring a list typed to maintain anonymity.

**CLASS POLICIES:**

- Refer to SFA GATP Policies and Procedures Manual.

**Professionalism – in the classroom and at clinical sites**

- As a student of the GAT program, you will be held accountable for maintaining an appropriate Code of Conduct at all times - in the classroom and at clinical sites.

- Examples may include but are not limited to:
  - Failure to follow the proper chain of communication within the GATP. All inquiries / issues regarding the clinical component of the course should be reported directly to the Clinical Coordinator(s).
  - Failure to respect the rights, welfare and dignity of all individuals associated with the GATP - peers, preceptors and faculty within the GATP and Department of Kinesiology and Health Sciences.
  - Failure to be professional in your language, your appearance and demeanor.
  - Failure to use proper professional email etiquette with any involved party of SFA / GATP.
  - Unauthorized use of technology ie: Cell phones / computers / tablets in the classroom or at clinical sites.
  - Sitting around doing nothing while at Clinical Sites.
  - No homework should be done while at the Clinical Site. Practicing Proficiencies is permitted.
  - Excessive absences / tardiness in the classroom or at clinical sites - Refer to the Attendance Policy 6.7 -
  - Failure to maintain athlete / patient / clinical site confidentiality.
  - Failure to take responsibility for your own learning. If you do not know, ask…never assume or plead “I didn’t know.”
Technology:

- Cell phones, tablets, or computers may be utilized during class, BUT only for the use of the course. TEXTING is not permissible, nor tolerated. I reserve the right to view your screen at any time. If cell phones are used for class, they should be set to silent or turned off and in a pocket or backpack/bag before class begins. If you are expecting an family emergency call, please notify the instructor at the beginning of the class, and excuse yourself from the classroom.
Attendance:
☐ It is a necessity. Due to the intensive nature and content presentation of this course, absences could affect the results of your course grade.

Athletic Training Technical Standards Policy:
☐ Each student must read, understand, and sign the SFA Athletic Training Technical Standards Policy prior to participation in any clinical assignment related to this course. Any student who may need reasonable accommodations to meet the technical standards of this program should notify the course instructor and the Head Athletic Trainer as soon as possible.

Class Attendance and Excused Absence: Policy 6.7
Regular, punctual attendance, documented participation, and, if indicated in the syllabus, submission of completed assignments are expected at all classes, laboratories, and other activities for which the student is registered. Based on university policy, failure of students to adhere to these requirements shall influence the course grade, financial assistance, and/or enrollment status. The instructor shall maintain an accurate record of each student’s attendance and participation as well as note this information in required reports and in determining final grades. Students may be excused from attendance for reasons such as health, family emergencies, or student participation in approved university-sponsored events. However, students are responsible for notifying their instructors in advance, when possible, for excusable absences. Whether absences are excused or unexcused, a student is still responsible for all course content and assignments. Students with accepted excuses may be permitted to make up work for up to three weeks of absences during a semester or one week of a summer term, depending on the nature of the missed work. Make-up work must be completed as soon as possible after returning from an absence.

Academic Accommodation for Students with Disabilities: Policy 6.1 and 6.6
To obtain disability related accommodations, alternate formats and/or auxiliary aids, students with disabilities must contact the Office of Disability Services (ODS), Human Services Building, and Room 325, 936-468-3004 as early as possible in the semester. Once verified, ODS will notify the course instructor and outline the accommodation and/or auxiliary aids to be provided. Failure to request services in a timely manner may delay your accommodations. For additional information, go to http://www.sfasu.edu/disabilityservices/.

Student Academic Dishonesty: Policy 4.1
Abiding by university policy on academic integrity is a responsibility of all university faculty and students.

Definition of Academic Dishonesty
Academic dishonesty includes both cheating and plagiarism. Cheating includes, but is not limited to:
- using or attempting to use unauthorized materials on any class assignment or exam;
- falsifying or inventing any information, including citations, on an assignment; and/or;
- helping or attempting to help another in an act of cheating or plagiarism.

Plagiarism is presenting the words or ideas of another person as if they were one’s own. Examples of plagiarism include, but are not limited to:
- submitting an assignment as one's own work when it is at least partly the work of another person;
- submitting a work that has been purchased or otherwise obtained from the Internet or another source; and/or,
- incorporating the words or ideas of an author into one’s paper or presentation without giving the author credit.

Penalties for Academic Dishonesty
Penalties may include, but are not limited to reprimand, no credit for the assignment or exam, re-submission of the work, make-up exam, failure of the course, or expulsion from the university.

Student Appeals
A student who wishes to appeal decisions related to academic dishonesty should follow procedures outlined in Academic Appeals by Students (6.3).

Withheld Grades: Policy 5.5
At the discretion of the instructor of record and with the approval of the academic unit head, a grade of WH will be assigned only if the student cannot complete the course work because of unavoidable circumstances. Students must complete the work within one calendar year from the end of the semester in which they receive a WH, or the grade automatically becomes an F, except as allowed through policy [i.e., Active Military Service (6.14)]. If students register for the same course in future semesters, the WH will automatically become an F and will be counted as a repeated course for the purpose of computing the grade point average.

Student Code of Conduct: Policy 10.4
Classroom behavior should not interfere with the instructor’s ability to conduct the class or the ability of other students to learn from the instructional program. Unacceptable or disruptive behavior will not be tolerated. Students who disrupt the learning environment may be asked to leave class and may be subject to judicial, academic or other penalties. This policy applies to all instructional forums, including electronic, classroom, labs, discussion groups, field trips, etc. The instructor shall have full discretion over what behavior is appropriate/inappropriate in the classroom. Students who do not attend class regularly or who perform poorly on class projects/exams may be referred to the iCare: Early Alert Program at SFA. Information regarding the iCare program is found at https://www.sfasu.edu/judicial/earlyalert.asp or call the office at 936-468-2703.

Additional Information:
Code of Ethics for the Texas Educator:
The Texas educator shall comply with standard practices and ethical conduct toward students, professional colleagues, school officials, parents, and members of the community and shall safeguard academic freedom. The Texas educator, in maintaining the dignity of the profession, shall respect and obey the law, demonstrate personal integrity, and exemplify honesty and good moral character. The Texas educator, in exemplifying ethical relations with colleagues, shall extend just and equitable treatment to all members of the profession. The Texas educator, in accepting a position of public trust, shall measure success by the progress of each student toward
realization of his or her potential as an effective citizen. The Texas educator, in fulfilling responsibilities in the community, shall cooperate with parents and others to improve the public schools of the community. This chapter shall apply to educators and candidates for certification.

Please go to TAC 247.2 – Code of Ethics and Standard Practices for Texas Educators. This can be found at https://texreg.sos.state.tx.us/public/readtacExt_ViewTAC?tac_view=4&tl=19&pt=7&ch=247&rl=Y

To complete Certification/Licensing Requirements in Texas related to public education and other professional settings, you will be required to:

1. Candidates must undergo a criminal history background check prior to clinical teaching and prior to employment as an educator. The public school campuses are responsible for completing the criminal background check. A person who is enrolled or planning to enroll in a State Board for Educator Certification-approved educator preparation program or planning to take a certification examination may request a preliminary criminal history evaluation letter regarding the person’s potential ineligibility for certification due to a conviction or deferred adjudication for a felony or misdemeanor offense.

   A Preliminary Criminal History Evaluation is a non-mandatory, non-binding evaluation of an individual’s self-reported criminal history. In addition, the agency obtains your name-based Texas criminal history information. The service is provided to the requestor for a non-refundable fee. The requestor will receive an evaluation letter by email from agency staff advising of potential ineligibility for educator certification.

   You are eligible to request a Preliminary Criminal History Evaluation if:
   - You enrolled or planning to enroll in an educator preparation program or
   - You are planning to take a certification exam for initial educator certification, and
   - You have reason to believe that you may be ineligible for educator certification due to a conviction or deferred adjudication for a felony or misdemeanor offense.

   You are not eligible for a preliminary evaluation of your criminal history if you do not have a conviction or deferred adjudication for a felony or misdemeanor offense.

   In addition, you must complete the fingerprinting process when you apply for certification. Participation in the evaluation does not preclude you from submitting to a national criminal history review at the time you apply for your educator certification. Your criminal history will be reviewed and you may be subject to an investigation based on that criminal history, including any information you failed to submit for evaluation.

   Additional information can be found at https://tea.texas.gov/Texas_Educators/Investigations/Preliminary_Criminal_History_Evaluation-FAQs/.

2. Provide one of the following primary ID documents: passport, drivers license, state or providence ID cards, a national ID card, or military ID card to take the TExES exams (additional information available at www.texas.ets.org/registrationBulletin/http://www.texas.ets.org/registrationBulletin/). YOU must provide legal documentation to be allowed to take these mandated examinations that are related to certification/licensing requirements in Texas. If you do not have legal documentation, you may want to reconsider your major while at SFASU.

3. Successfully complete state mandated a fingerprint background check. If you have a history of criminal activity, you may want to reconsider your major while at SFASU.

   For further information, contact the Office and Accountability at 936-468-1282 or edprep@sfasu.edu.

VIII. Other Relevant Course Information:

   - Please ask QUESTIONS.
   - Remember, practice makes perfect.
   - Establish study groups.
   - Do not leave studying to the last minute.