

DIVISION SCOPE OF SERVICE

Division: MOUNTAIN
Classification: CERTIFIED ATHLETIC TRAINER
Applicant Name:

<p>Certified Athletic Trainer: The Certified Athletic Trainer must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p> <p>Definition of Care or Service: The Certified Athletic Trainer collaborates with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. Scope of service may include:</p> <ul style="list-style-type: none"> • Apply protective or injury-preventive devices, such as tape, bandages, and braces • Recognize and evaluate injuries • Responsible for aiding physicians in procedures as needed • Develop and carry out rehabilitation programs for injured athletes • Plan and implement comprehensive programs to prevent injury and illness among athletes • Perform administrative tasks, such as keeping records and writing reports on injuries and treatment programs • Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians. <p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities <p>Supervision:</p> <ul style="list-style-type: none"> • Indirect supervision by Department Director or designee <p>Evaluator: Department director, Director/Manager of case management / care coordination or designee</p> <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p> <p>Qualifications:</p> <ul style="list-style-type: none"> • Bachelor's Degree or higher in Science and/or health-related courses from an accredited college or university • Certified as an Athletic Trainer • American Heart Association health care provider BLS Certification • Athletic Trainer License for the state they are practicing in <p>NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p> <p>State Requirements:</p> <ul style="list-style-type: none"> • Athletic Trainer License for the state they are practicing in <p>Experience:</p> <ul style="list-style-type: none"> • 1 yr experience as an Athletic Trainer <p>Competencies: The Certified Athletic Trainer will demonstrate:</p> <ul style="list-style-type: none"> • Safe and effective operation of therapy equipment
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- Consistently obtains quality diagnostic outputs
- Maintains equipment in good working order
- Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and evaluation
 - Uses at least two ways to identify patients before treating or performing a procedure
 - Verifies that the requested procedure correlates with the patient's clinical history, presentation and physician order
- Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
 - Accesses the patient medical record appropriately
 - Documents in the medical record according to the facility standard/policy
 - Uses Performance Improvement Plan to improve patient safety
- Compliance: complies with department policy and procedures, safety/inspection control plans/OSHA guidelines, employee handbook, and standards of regulatory bodies (JCAHO, Medicare, CARF, etc.)
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

Board of Certification for the Athletic Trainer: <http://www.bocatc.org/state-regulation>

Certification Verification: <http://www.bocatc.org/athletic-trainers#certification-verification>

Alaska License <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/AthleticTrainers.aspx>

Idaho License <https://dopl.idaho.gov/att/>

Utah License <https://dopl.utah.gov/athletic-trainer/>

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Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name: _____

Signature: _____

Date: _____