

Emory Sports  
Medicine Athletic  
Training Residency

Policies and  
Procedures Manual

## Educational Goals, Objectives, and Outcomes

**Mission:** To provide athletic training residents a comprehensive educational program that enhances the knowledge and skill of an athletic trainer in the orthopaedic physician practice. We aim to develop versatile and proficient healthcare providers and leaders that can meet the challenges of a modern healthcare delivery system.

**Vision:** To become a national leader in post-professional residency program delivery in the orthopaedic physician practice setting by producing advanced orthopaedic practice clinicians.

**Goal 1:** To train the AT resident to become a knowledgeable and skilled athletic trainer within an orthopedic physician practice setting.

**Goal 2:** To incorporate the AT resident into the operating room environment, teach the role of surgical first assist, and pre- and post-operative patient care.

**Goal 3:** To further develop the AT resident into a leader in the field by increasing their multidisciplinary skills, such as communication, interdisciplinary collaboration, the business of healthcare, and teamwork.

**Goal 4:** To expose and allow the AT resident to participate in outcomes-based research within an orthopaedic setting.

### Objectives

**Objective 1:** To provide structured, comprehensive educational programming, in addition to hands-on clinical experience and preceptor mentorship, in the orthopaedic physician practice setting.

**Objective 2:** To expose the AT resident to the orthopedic operating room, preoperative, and postoperative care environments through direct observation and application of learned surgical assist skills.

**Objective 3:** To provide an environment that requires interdisciplinary collaboration amongst members of the orthopaedic physician practice team.

**Objective 4:** To involve the AT resident in mentored and independent-led scholarly activities, such as outcomes-based research and didactic teaching.

## Outcomes

**Outcome 1:** The AT resident will demonstrate the ability to correctly evaluate and assess patients, accurately document their history, physical exam, radiology findings, procedures, surgical plans, and treatment plans for a variety of musculoskeletal conditions in the orthopaedic setting.

- Pre- and post-testing
- Preceptor rotation evaluations

**Outcome 2:** The AT resident will competently function in the operating room as a first assist, demonstrate the ability to efficiently perform a pre-operative examination, position, prep and drape the patient, assist with the physician needs, and perform suturing/wound closure and application of post-operative dressings.

- Preceptor rotation evaluations
- Biannual OR staff evaluation
- Completion of aseptic training course
- Case study presentations

**Outcome 3:** The AT resident will develop or build upon existing leadership skills by exhibiting teamwork, interpersonal communication skills, and interdisciplinary collaboration.

- Preceptor rotation evaluations
- Peer rotation evaluations
- Self-evaluations
- Participation in *Crucial Conversations* book club
- Participation in *Emotional Intelligence* book club

**Outcome 4:** The AT resident will understand the process for undertaking outcomes-based research in the orthopaedic setting.

- Research contract
- Regular meetings with research mentor
- Case study presentations
- Didactic lecture evaluations
- Research presentations
- Preceptor rotation evaluations
- Self-evaluations

## **Emory Sports Medicine Athletic Training Residency Appointment Agreement**

### **Responsibilities of Athletic Training Resident:**

The primary goal of the residency is to train the certified athletic trainer (ATC) to excel at musculoskeletal examination and diagnosis in the role of a physician extender. As a physician extender, an AT assists the physician in providing appropriate professional orthopedic care to patients. The daily demands of the residency will vary according to specific schedule and the physician who is working in the Emory Sports Medicine Clinic on each day. It is critical that the AT resident is aware of the specific demands of each clinic in accordance with the specific requirements of each physician. The schedule of daily activities and expectations of the AT resident will come directly from the physician supervisor or the coordinator of the practice. Below is a partial list of the clinical and academic activities and expectations of the Emory AT resident.

### **General Program Expectations and Roles of the Emory AT resident:**

- Greet patients in waiting area in a kind, courteous, and professional manner. Escort them to the proper exam room, obtain patient history and physical exam, organize previous medical studies/reports, and present patient to the supervising physician.
- If applicable, obtain diagnostic data for that patient i.e. follow-up X-ray prior to the supervising physician seeing patient. Consult with the clinical coordinator, resident or supervising physician if you are uncertain of specific timing or needs of tests.
- Be present in room whenever possible while the supervising physician is interacting with the patient to further your education and understanding of clinical exam and diagnosis process and to assist the supervising physician in expediting the necessary steps of continued care. (i.e. MRI, bracing, PT, RX, etc.).
- Be present in clinic for post-operative dressing changes and education of patients.
- Assure that patients are satisfied with their visit and have no further questions regarding care, future plans, follow-up appointments, or other matters prior to leaving clinic. Encourage patient to schedule follow-up appointment prior to leaving clinic.
- Assure that the exam rooms are completely stocked with all supplies at the end of the day and throughout the day.
- Answer and take care of necessary patient phone calls, follow up on requests for medication refills and medical leave forms. Assist ancillary clinic personnel with other errands and miscellaneous tasks when possible.
- Give the optimal care and attention to detail while in the operating room. Greet patients in pre-op and make sure they leave with all appropriate information. Assist the surgeon and circulating nurses to optimize efficiency for each case.
- Participation in all didactic sessions organized by the program director and complete any required documentation. Keep didactic logs up-to-date and hand them in on time
- Residents must attend all Emory Sports Medicine staff meetings/training.
- Residents are expected to complete one full year of training on a full-time basis, with exceptions being time off for holidays, continuing education conferences, and sick time as designated in Emory Sports Medicine's time off policy.
- ATC Residents are to adhere to all clinic policies and procedures at all times.
- Residents must complete 3 case study presentations, 1 research presentation, and lead 1 didactic lecture.
- Maintain timely academic progression through the one year residency program.

### **Requirements for Emory Sports Medicine Residency Retention:**

Residents must obtain certification from the NBCOT or are eligible to sit for the June exam during the year of application

- i. If unable to successfully pass the June test, the ATC resident will begin with an administrative rotation
- ii. If ATC resident is unable to successfully pass the exam for the second time, the second rotation for the ATC resident will be in a support role in clinic only, with no operating room responsibilities
- iii. Furthermore, if by the third attempt, the ATC resident does not successfully pass the NBCOT exam, they will rotate strictly within the clinic and will not be exposed to the surgical component of the residency program.

Residents must attend at least 90% of the educational programming, including Journal Club, Grand Rounds, and other lectures set up by Program Director by July 1 of the year of the programs completion.

- i. Attendance will be measured by sign in sheets to each educational program.
- ii. Failure to meet this attendance requirement may result in not receiving a completion certificate at the program's end

### **Requirements for Emory Sports Medicine Residency Completion**

Residents must meet 7 of the 8 benchmarks listed below in order to complete the program:

- Resident must score a minimum average rating of 7 on last quarterly rotation evaluation
- Resident must score < 1.65 per question by the end of the year on peer evaluation
- Resident must score < 1.65 per question by the end of the year on OR evaluation
- Resident must score a minimum overall score of 16.5/25 by the final case study
- Resident must score a minimum overall score of 16.5/25 on research presentation
- Resident must demonstrate evidence of research task completion each month
- Resident must score a minimum score of 70% on residency post-test
- Resident must demonstrate an increased emotional intelligence score by the end of the year

### **Research/Education/Professional Expectations**

Attend Emory Orthopaedic Department grand rounds to review current concepts in clinical and surgical techniques in orthopaedics. Be prepared by reading the pertinent articles given out for each session. Participate in questioning concepts/ideas with physicians/therapists, and other Athletic trainers.

- Selection of a pertinent research topic on which to review literature, conduct investigative studies, analyze data collected, summarize, and prepare for publication. Utilize the Emory's patient electronic medical record and other available databases for research as well as the expertise of the Emory physicians and residents to help determine a topic. Attend research review meeting each rotation.
- Attend and participate in the weekly orthopaedic residents' grand rounds, journal clubs, and/or training sessions.

I \_\_\_\_\_ accept this position and agree to follow the guidelines of the Emory Athletic Training Residency as stated above and agree to adhere to all residency program requirements.

I have reviewed and understand the program goals, rotation goals and evaluation tools that will be utilized to ensure my progress and successful completion of this residency program.

I have also reviewed and understand the requirements for program completion. I understand that I will only receive a certificate of completion by meeting the benchmarks listed above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residency Program Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Emory Sports Medicine AT Residency Didactic Requirements

AT Residents are required to complete 5 didactic hours per week. On average, AT residents are able to obtain at least 3 hours a week from planned didactic programming. Description of planned didactic programming Additional didactic hours can be obtained via the methods listed below:

- Review of a quality research article
  - o Written summary to be submitted by Friday at 5pm of the week the hour is for
  - o The summary must include:
    - Level of evidence
    - Purpose of the study/article
    - Summary statement
    - What were the limitations and strengths of the study?
- 1 contact hour reviewing radiology/journal articles with preceptor/MD resident/MD fellow/Attending
- Elective\* Clinic observation – 1 contact hour equivalent to 1 didactic hour
- Elective\* OR Observation – 1 contact hour equivalent to 1 didactic hour

Below is a calendar depicting the average monthly planned didactic programming schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b>		PCSM Grand Rounds (1 hr)	Foot/Ankle Journal Club (1 hr) AT Resident Didactic (1 hr)		Orthopaedic Grand Rounds (1-2 hrs)
<b>Week 2</b>			AT Resident Didactic (1 hr)		Orthopaedic Grand Rounds (1-2 hrs) Professional Didactic Hour (1 hr)
<b>Week 3</b>		SM Journal Club (1 hr)	Foot/Ankle Journal Club (1 hr) AT Resident Didactic (1 hr)		Orthopaedic Grand Rounds (1-2 hrs)
<b>Week 4</b>			AT Resident Didactic (1 hr)		Orthopaedic Grand Rounds (1-2 hrs) Professional Didactic Hour (1 hr)

\* Elective indicates that it is an optional opportunity that is not part of the normally scheduled rotation schedule

## Planned Didactic Programming

<b>AT Resident Didactic Hour</b>	
<b>Description:</b>	Intimate didactic session attended solely by AT residents. A variety of orthopaedic/sports medicine topics are discussed. Talks will typically include radiology review, case review, article discussion, surgical technique and outcomes. Journal articles may be sent out in advance for preparation.
<b>Leader:</b>	AT preceptors and/or guest speakers
<b>Duration:</b>	1 hour
<b>Frequency:</b>	Once a week

<b>Foot/Ankle Journal Club</b>	
<b>Description:</b>	Didactic session attended by physicians, residents, fellows, and ATs. Lectures will alternate between case presentation and journal article discussion of surgical techniques.
<b>Leader:</b>	Foot/ankle physicians
<b>Duration:</b>	1 hour
<b>Frequency:</b>	Twice a month

<b>Orthopaedic Grand Rounds</b>	
<b>Description:</b>	Didactic session attended by ortho surgical residents and AT residents. A variety of orthopaedic surgical techniques are discussed along with surgical outcomes.
<b>Leader:</b>	AT preceptors and/or guest speakers
<b>Duration:</b>	1-2 hour(s)
<b>Frequency:</b>	Once a week

<b>Primary Care Sports Medicine Grand Rounds</b>	
<b>Description:</b>	Didactic session attended by PTs, physicians, fellows, residents, and ATs. A variety of sports medicine topics are covered and conservative treatment methods are discussed along with patient outcomes.
<b>Leader:</b>	PCSM physician mentors
<b>Duration:</b>	1 hour
<b>Frequency:</b>	1 <sup>st</sup> Tuesday of each month

<b>Sports Medicine Journal Club</b>	
<b>Description:</b>	Didactic session attended by PTs, physicians, fellows, residents, and ATs. Includes journal article discussion. Three journal articles may be sent out in advance for preparation.
<b>Leader:</b>	Sports medicine surgeons
<b>Duration:</b>	1 hour
<b>Frequency:</b>	3 <sup>rd</sup> Tuesday of each month

<b>Professional Didactic Hour</b>	
<b>Description:</b>	Intimate didactic session attended solely by AT residents. Professional topics such as communication techniques, leadership skills, emotional intelligence, and the business of healthcare are discussed. Journal articles may be sent out in advance for preparation.
<b>Leader:</b>	AT preceptors and/or guest speakers
<b>Duration:</b>	1 hour
<b>Frequency:</b>	Twice a month

# EMORY HEALTHCARE

## Policy: ATTENDANCE

Submitted By: Employee Relations

Initial Date: April 1, 2013

POLICY NO: EHC-HR-102

Approved By: Dallis Howard-Crow

Title: Chief Human Resources Officer

### POLICY:

The purpose of this policy is to ensure that the needs of patients are met, to provide staff members with expectations as it relates to attendance, and to identify consequences of not meeting expectations.

Adherence to this attendance policy is an Employee Commitment at Emory Healthcare and is a condition of employment, as timely attendance is an essential job function for every position at Emory Healthcare. Regular attendance and punctuality are essential to the proper functioning of all departments and are the responsibilities of each staff member. Emory Healthcare's responsibility for continuity of care of its patients and customers can only be fulfilled when EHC employees carry out their responsibilities by providing services during the working hours for which they are scheduled.

#### 1. Responsibilities:

- a. Except as limited by disability, illness, injury, or situation involving the triggering of EHC's leave policies, it is the responsibility of each employee to arrive at work at the beginning of his/her scheduled shift consistently, to make whatever adjustments are necessary to ensure that this occurs, and to work the entire scheduled shift.
- b. It is the responsibility of department leadership to ensure each staff member's compliance with this policy and to utilize progressive counseling/corrective action when necessary to address non-compliance. Employees may receive progressive counseling/corrective action for chronic absenteeism or tardiness or a combination of both absenteeism and tardiness.
- c. It is the responsibility of department leadership to apply this policy in a fair and reasonable manner. This responsibility includes initiating and engaging in dialogue with employees regarding the reasons for absenteeism and tardiness and giving fair consideration to any explanations provided when determining the timing and level of counseling/corrective action. Extenuating personal or familial circumstances may be considered in combination with the employee's length of service and overall attendance record when determining the timing and level of counseling/corrective action.

#### 2. Expectations:

- a. Employees are expected to maintain acceptable attendance at all times.
- b. Employees are expected to arrive for work at their scheduled start time, clock-in in a timely manner, and begin working promptly. An employee is considered tardy when s/he arrives at work after the scheduled start time and/or fails to clock-in appropriately.
- c. Except as limited by disability, injury, illness, or situation involving the triggering of EHC's leave policies, employees are expected to report to work as scheduled (including during inclement weather), and remain on duty until the end of their shift.
- d. Employees are expected to remain in their assigned work areas except during

- breaks, and to communicate with their department leadership, in advance, regarding any desired extended period away from their work areas.
- e. Staff members who are unable to report to work as scheduled for whatever reason must notify their department leadership, as soon as possible and according to the requisite established
  - f. departmental call- in procedure.

#### DEFINITIONS:

- a. Planned Absence, Tardy, or Early Departure – an absence, tardy, or early departure that is scheduled, with the approval of the supervisor, according to departmental guidelines. Planned absences or tardies are not counted in determining matters of corrective action.
- b. Unplanned Absence, Tardy, or Early Departure – an absence, tardy, or early departure that is not previously scheduled or approved in accordance with departmental guidelines. Unplanned absences and tardies are counted in determining matters of corrective action.
- c. Missed punch – Instances when an employee fails to clock in or out through the timekeeping system thus failing to properly record their actual work hours. Such instances will be treated as an unplanned tardy in determining corrective action.
- d. Occurrence – 1. An individual, single-day unplanned absence, 2. An unplanned absence of one or more consecutive days resulting from the same event. 3. Three unplanned tardies. 4. Three unplanned early departures. 5. An unplanned tardy or early departure that results in an employee missing half or more of his/her scheduled shift.
  - Examples: An employee that is out of work for one day without prior approval (unplanned) will be considered to have one occurrence.
  - An employee that is out of work for two consecutive days (unplanned) will be considered to have one occurrence.
  - An employee who unexpectedly (unplanned) leaves work early one afternoon and is absent the following day (due to the same reason) will be considered to have one occurrence.

#### PROCEDURES:

##### 1. Reporting Absences/Tardies:

- a. An employee's failure to report any absence or tardy according to the departmental call-in procedure may result in corrective action. An employee who fails to properly notify department leadership of an absence for three (3) consecutive scheduled work days is subject to employment separation due to job abandonment, absent unusual circumstances that would excuse the reporting failure.
- b. An employee's failure to notify department leadership prior to leaving early subjects the employee to corrective action, absent unusual circumstances that would excuse the reporting failure.

##### 2. Use of Comprehensive and/or Extended Illness Leave Hours for Absence/Tardies:

- a. Failure to comply with the call-in and notice procedures may prevent an employee from accessing Comprehensive Leave or Extended Illness leave hours.
- b. An absence, tardy, or early departure is either planned or unplanned. In these circumstances it may be necessary for Emory Healthcare to request a healthcare provider statement. An employee will be notified when a healthcare provider's

statement is needed. Department leadership will consider the healthcare provider's statement in determining the use of Comprehensive Leave or Extended Illness leave hours, and in evaluating the employee's ability to return to work with or without restrictions.

- c. Employees should review the appropriate Human Resources leave policies for guidance concerning illness related-absences and lengthy absences.

### 3. Application of Corrective Action:

Based on the number of unplanned occurrences in a rolling twelve-month period, the following guide will be used for evaluating attendance policy compliance and addressing concerns through the corrective action process. Corrective Action is generally progressive unless circumstances warrant circumventing one of the below steps due to severity of the employee's action(s).

- a. Four (4) unplanned occurrences in a rolling twelve month period may result in counseling of the employee by the supervisor.
- b. Five (5) unplanned occurrences in a rolling twelve month period may result in a Verbal Warning.
- c. Six (6) unplanned occurrences in a rolling twelve month period may result in a Written Warning.
- d. Seven (7) unplanned occurrences in a rolling twelve month period may result in Suspension or a Final Written Warning (in lieu of suspension).
- e. Additional unplanned occurrences in a rolling twelve month period may result in immediate termination.

It is the responsibility of department leadership to apply this policy in a fair and reasonable manner. This responsibility includes initiating and engaging in dialogue with employees regarding the reasons for absenteeism and tardiness. Leadership must give fair consideration to any explanations provided when determining the timing and level of corrective action. Extenuating personal or familial circumstances may be considered in combination with the employee's length of service and overall attendance record when determining the timing and level of corrective action. Counseling may continue in between any of the above progressive corrective action steps.

#### {NOTE:}

- Any corrective disciplinary step may be circumvented depending on the severity of the unplanned tardiness/absences.
- The number of occurrences will be prorated for full-time and part-time employees employed less than a twelve-month period. FMLA-entitling absences, tardies, or early departures are not counted as an unplanned absence and are not included in the total number of occurrences calculated to determine attendance policy non-compliance. In addition, occurrences related to medical conditions or an employee's disability may create certain exceptions to this policy and its discipline guidelines. If an employee believes s/he needs reasonable accommodation related to this absence policy, the employee should contact Human Resources. Accommodations, including excusing some disability-related absences/tardies, will be considered on an individualized basis as a form of reasonable accommodation. Emory Healthcare will not retaliate against employees for requesting an accommodation.
- Unplanned occurrences immediately preceding or following a planned holiday

or other planned time away (example: vacation) may result in accelerated corrective action.

- Unplanned occurrences during a period of time which had been previously denied by the supervisor may be treated as insubordination and may result in accelerated corrective action.
- Employees are expected to be clocked-in at their assigned work station at their scheduled start time. Employees are responsible for clocking-in in a timely and accurate manner and beginning work promptly. Instances when an employee fails to clock in or out through the timekeeping system thus failing to properly record his or her actual work hours will be treated as a tardy in determining corrective action.
- A pattern of tardiness will be considered in conjunction with absences and instances of clocking out early. Three (3) tardies count as one occurrence under the Attendance Policy.
- A pattern of clocking out before the end of an employee's shift will be considered in conjunction with absences and tardies. Three (3) instances of leaving work early (unauthorized) count as one occurrence under the Attendance Policy.

**SCOPE/APPLICABILITY:**

This policy is applicable to all EHC employees.

**RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS: ENFORCEMENT & SANCTIONS:**

Violation of this policy may lead to corrective disciplinary action, up to and including discharge.

Administrative

Departmental

## TIME OFF POLICY

### **HOLIDAYS**

Athletic Training Residents will follow the Emory Orthopaedics and Spine Center holiday schedule. The clinic will be closed the following days for observation of New Year's Day, Martin Luther King Junior Day, Memorial Day, Independence Day, Labor Day, Thursday and Friday of Thanksgiving, Christmas Eve, and Christmas Day.

### **PAID TIME OFF**

Athletic Training Residents are eligible to receive up to ten (10) days of Paid Time Off per year to be used for sickness, vacation, and/or other personal reasons. Leave requests should be submitted for approval prior to taking leave. Emory Orthopaedics and Spine will attempt to grant each Athletic Training Resident's request for time off at the time desired, however, operational demands may not always allow for the use of Paid Time Off when desired.

Athletic Training Residents will not be paid for accrued, but unused Paid Time Off at the conclusion of employment.

### **BEREAVEMENT**

In addition to PTO, AT Residents are also eligible to receive 5 days of bereavement leave. This can be used to allow the AT Resident to travel, attend, and prepare for funeral services of a loved one.

### **FAMILY AND MEDICAL LEAVE ACT OF 1993 "FMLA"**

Athletic Training Residents who are eligible under the Family and Medical Leave Act of 1993 ("FMLA") may take leave for up to six (6) work weeks during a "rolling" 12-month period measured backward from the date an employee uses any FMLA leave for any one or more of the following reasons:

- The birth of the employee's child, and to care for the newborn child during the first year after the birth;
- The placement with the employee of a child for adoption or foster care, and to care for the newly placed child during the first year after the placement;
- To care for the employee's spouse, son, daughter, or parent (but not for parent-in-law), who has a serious health condition; or
- Because of the employee's own serious health condition.

**NOTE:** The definition of a "serious health condition" is attached to the medical certification form available from Company.

If the Athletic Training Resident requires greater than 6 weeks of FMLA leave time, they are required to make up anything over 6 weeks. They will complete their missed time following the end of the 12-month Residency. This must be done to meet the requirements for completion of the Athletic Training Residency. Any FMLA leave taken for a single condition usually must be taken all at one time. An employee may take FMLA leave intermittently or by reducing his or her work schedule to care for a family member with a serious health condition or the employee's own serious health condition only if medically necessary.

Emory Orthopaedics and Spine may require the employee to provide medical certification of the serious health condition from the attending health care provider. The certification must be submitted within 15 calendar days after company requests it. Failure to provide the certification in a timely manner may result in denial of taking of leave and/or discipline up to and including termination. Copies of the appropriate medical certification form are available from Emory Orthopaedics and Spine. Emory Orthopaedics and Spine may require, at its discretion and expense, a second medical opinion. Emory Orthopaedics and Spine may require periodic re-certification on a reasonable basis. While on FMLA leave the employee is required to report monthly on the status of the condition and/or intention to return to work. Emory Orthopaedics and Spine may also require, as a condition of reinstatement, certification from a health care provider that the employee is able to resume work.

During FMLA leave, Emory Orthopaedics and Spine will maintain the employee's group insurance benefits at the same level and under the same conditions as if the employee had been actively working. While on leave, the employee is still responsible for his/her portion of the insurance premium that is normally deducted from the employee's paycheck. If payment is more than thirty (30) days late, the insurance can be cancelled. If an employee fails to return to work at the conclusion of the approved leave, he/she may be required to reimburse company for the employer's portion of the premium paid on his or her behalf during the leave.

The Athletic Training Resident must give Emory Orthopaedics and Spine thirty (30) days advance notice of the need for leave when it is foreseeable, such as for an expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or of a family member. If thirty (30) days notice is not practical, such as a medical emergency, notice must be given as soon as practical, which ordinarily means at least verbal notification to the employer within one (1) or two (2) business days of when the need for leave becomes known to the employee. Reasonable efforts must also be made to schedule foreseeable leave so as not to unduly disrupt operations, subject to the doctor's approval. Notice should be given in writing and include the following information: the reason for the requested leave, the expected duration of the leave, and the anticipated start date for the leave.

Upon timely return from FMLA-qualifying leave and proper certification, an eligible employee who has not been designated a "key" employee by Company, will be restored to his/her last position as an employee or an equivalent position with equivalent pay, benefits, and other conditions and terms of employment. A "key" employee is a

salaried FMLA-eligible employee who is among the highest paid 10 percent of employees.

An employee has no greater right to reinstatement or other benefits than if he or she had not taken FMLA leave. Therefore, if in the absence of FMLA leave the employee would have been terminated, he or she may not be entitled to reinstatement.

Direct any questions regarding eligibility, definitions, or requirements of the FMLA to the Residency Program Director

It is unlawful for an employer to interfere with, restrain, or deny the exercise of any right provided by FMLA. It is also unlawful for an employer to discriminate against an individual for opposing any practice, or because of involvement in any proceeding, related to FMLA.

### **SHORT TERM DISABILITY**

In Georgia, disability insurance, in conjunction with social security payments, state retirement, injury benefits, worker's compensation or other government disability programs can replace 60% of a worker's salary (during the year that the disability began). Payments can reach up to \$800 per week.

Employees' Choice: Employees can begin to receive short-term disability benefits after 30 days of disablement or seven continuous calendar days.

Georgia law states that employees may not use short-term disability benefits and sick leave simultaneously.

### **JURY DUTY**

Emory Orthopaedics and Spine believes that jury duty is an important civic responsibility and grants time off for service on federal, state, or local juries. Any Athletic Training Resident summoned for jury service should report it to his or her supervisor at once and provide written documentation from the Court verifying the details. Emory Orthopaedics and Spine will comply with the applicable state law regarding payment for time served by an employee as a juror. Upon release from jury duty, the employee is expected to report to work immediately.

### **MILITARY LEAVE**

Athletic Training Residents who are involved in a United States military reserve organization or the National or State Guard and are required to complete training or assignments for these roles can take unpaid military leaves of absence for these assignments. If an employee is permitted to choose the period during which the military training assignment is to be performed, he/she should speak with his/her supervisor or manager to select a period which least interferes with the conduct of business.

Athletic Training Residents called to military training or assignments should submit a copy of their orders to the Residency Program Director as far in advance as possible and should inform their supervisor of the training.

Eligible Residents returning to work from military service or training are guaranteed job restoration. To be eligible, the employee must seek reinstatement within the time limits established by federal law (see chart below) and be qualified for work.

#### **LENGTH OF DUTY**

1 to 30 days  
31 to 180 days  
180 days or more

#### **TIME LIMITS TO RETURN**

First work day 8 hours after return  
Within 14 days after service completion  
Within 90 days after service completion

Time limits to return to work may be extended for up to two (2) years if necessary due to a service-connected disability. Emory Orthopaedics and Spine will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to the company. Reasonable efforts will also be made by the employer to retrain/upgrade as required by federal law.

While on military leave for less than thirty-one (31) days, Emory Orthopaedics and Spine will maintain the employee's group insurance benefits at the same level and under the same conditions as if the employee had been actively working. If military leave extends to thirty-one (31) days or more, the employee has the option to continue coverage at his or her expense for up to twenty-four (24) months. If coverage is discontinued, the employee's group insurance benefits will be reinstated upon his or her return to work at the same level, and under the same conditions, as if the employee had been actively working, with no waiting period or exclusion of pre-existing conditions, except for service-connected disabilities.

Emory Orthopaedics and Spine is committed to complying fully with the Uniformed Services Employment and Reemployment Rights Act and ensuring equal opportunity in employment for qualified persons with military obligations. All employment practices and activities are conducted on a non-discriminatory basis.

**EMORY HEALTHCARE**  
**Policy: DRESS AND GROOMING**

**Submitted By: Employee Relations**  
**Approved By: Dallis Howard-Crow**  
**Initial Date: August 1, 2011 Title: Chief Human Resources Officer**

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**POLICY:**

To establish a dress standard for Emory Healthcare employees that outlines acceptable attire in the EHC workplace.

Emory Healthcare requires professional standards of personal appearance and hygiene. Each employee creates and contributes to the image of the entire organization. Each employee represents Emory Healthcare with his/her appearance as well as his/her actions. The personal appearance of employees contributes significantly toward the community's impression of Emory Healthcare, and has significant impact on patient and customer satisfaction levels. Appropriate employee appearance is necessary to create an environment of caring and clinical excellence.

Employees are expected to present a neat, clean and professional appearance at all times. While on duty, all EHC employees are required to wear their Emory Healthcare-issued ID badge. All employees are expected to dress appropriately professional for the Emory Healthcare environment and for their individual positions. In particular:

- Management and Business employees are expected to dress in accordance with generally accepted business standards. Management employees are expected to wear clothing that is appropriate for their professional positions.
- Employees in Support Services, Clinical Services, and Technical Services may be required to wear uniforms. If uniforms are not required, employees are expected to dress in accordance with generally accepted business standards.
- Scrubs, surgical masks and surgical caps must be worn in specified areas.

The clothes, uniforms, shoes, jewelry, perfume/cologne, hair colors, hairstyles, facial hair, tattoos and fingernails of all employees must be appropriate for the Emory Healthcare environment, must not be extreme, and must meet all health, safety, and infection control standards. Clothes and uniforms must be clean and in good repair, and must be of a length, fit and style that are appropriate for the business environment. Employees are not to select clothing for work that would only be appropriate for leisure, sports activities or social functions.

Employees in certain positions may be restricted from wearing certain types of clothing, shoes, jewelry, hair styles, or false fingernails due to safety, health and infection control concerns.

Employees are expected to practice acceptable standards of personal hygiene at all times. Personal hygiene includes care of hair, facial hair, fingernails, hands, and body odor. Hair, facial hair, and fingernails must be clean and well-trimmed.

Emory Healthcare will make appropriate efforts to accommodate the needs of employees who have legitimate health or religious reasons for seeking an exception from this policy's requirements. All requests for exemptions will be reviewed by Emory Healthcare's Chief Human Resources Officer or designee.

Individual departments may develop additional guidelines which are more restrictive than the guidelines set forth in this policy, as determined by department need, job duties, and safety concerns. Additionally, for non-campus locations where there is no regular and routine in-person patient, family, visitor contact, the chart below regarding attire only may be minimally modified to fit that setting. All other guidelines still apply. The intent is to have all staff maintain an appropriate professional appearance at all times. These modified guidelines must be in writing and approved by EHC Human Resources then communicated to staff regularly working at that location. However, staff is required to comply with all the guidelines of the overall Emory Healthcare policy when visiting the campus or any other area where patients, families, and visitors are seen.

Employees who do not follow this policy and any similar departmental and/or organizational policy may be sent home to change and/or may be subject to disciplinary action. If employees are unsure about what is acceptable, they should ask their supervisor, or department director for direction. Employee Occupational Health Services is available for consultation on questions of personal hygiene.

<b>Item</b>	<b>Acceptable</b>	<b>Unacceptable</b>
All	<ul style="list-style-type: none"> <li>- neat and clean dress and appearance</li> <li>- clothes that are in good repair</li> <li>- clothes of a length, fit and style that are appropriate for the business environment</li> <li>- clothes, shoes, jewelry, hair, facial hair and fingernails that meet health, safety and infection control requirements</li> </ul>	<ul style="list-style-type: none"> <li>- dirty or wrinkled clothes</li> <li>- torn or damaged clothes</li> <li>- clothes that are too large or too small</li> <li>- clothes that are intended for sports activities or social occasions</li> <li>- dirty hair or fingernails</li> <li>- clothes, shoes, jewelry, hair, facial hair, or fingernails that are extreme or otherwise inappropriate for the business environment</li> <li>- clothes, shoes, jewelry, hair, facial hair or fingernails that do not meet health, safety or infection control requirements</li> </ul>

Pants	<ul style="list-style-type: none"> <li>- business attire</li> <li>- uniform standards as specified in dept. standards</li> </ul>	<ul style="list-style-type: none"> <li>- sweatpants</li> <li>- warm-up suits</li> <li>- shorts</li> <li>- spandex or other form-fitting pants</li> <li>- leggings</li> <li>- stirrup pants</li> <li>- mid-calf pants</li> <li>- capri pants</li> <li>- blue jeans</li> <li>- denim clothing</li> </ul>
Shirts / Blouses	<ul style="list-style-type: none"> <li>- casual collared shirts</li> <li>- golf or polo shirts</li> <li>- sweaters</li> <li>- turtlenecks</li> <li>- shirts with Emory logo</li> <li>- length and fit in accordance with acceptable business environment</li> </ul>	<ul style="list-style-type: none"> <li>- non Emory T-shirts/sweatshirts</li> <li>- midriff-bare tops and tank tops</li> <li>- revealing, low cut or sheer blouses</li> <li>- tight or backless clothing</li> <li>- tops with straps</li> <li>- denim clothing</li> </ul>
Dresses / Skirts	<ul style="list-style-type: none"> <li>- casual dresses or skirts</li> <li>- mid-length split skirts</li> <li>- skorts</li> </ul>	<ul style="list-style-type: none"> <li>- skirts or dresses with hems above mid-thigh</li> <li>- spaghetti-strap or strap less dresses</li> <li>- sheer, low cut or revealing dresses or skirts</li> <li>- denim clothing</li> </ul>
Footwear	<ul style="list-style-type: none"> <li>- loafers</li> <li>- boots</li> <li>- flats or pumps</li> <li>- clogs, sandals/open-toed shoes (with boots or foot covers in patient care areas where bodily fluids may splash)</li> <li>- leather deck shoes</li> <li>- socks or hosiery</li> <li>- athletic shoes worn with uniforms (or if approved by manager)</li> <li>- heel height which is appropriate for the type of work performed</li> </ul>	<ul style="list-style-type: none"> <li>- bare feet</li> <li>- flip flops, thongs</li> <li>- slippers</li> <li>- athletic shoes worn with business professional attire (except to and from the building)</li> </ul>
Uniforms / Scrubs	<ul style="list-style-type: none"> <li>- uniform or scrubs if required by the department</li> <li>- flat shoes which are appropriate for interacting with patients or customers in a safe, quick manner (e.g. athletic shoes or uniform shoes)</li> </ul>	

Hair	<ul style="list-style-type: none"> <li>- Clinical Staff: short, neatly groomed, tied back, or covered hair to avoid contact with patients, visitors, and employees</li> <li>- Non Clinical Staff: neatly groomed, natural-looking colors (e.g. black, blonde, brown, red, gray, white)</li> <li>- headgear, if approved by manager</li> </ul>	<ul style="list-style-type: none"> <li>- hair allowed to come in contact with patients, visitors, or employees</li> <li>unnatural colors (e.g. purple, green, yellow, bright red)</li> <li>- extreme hairstyles (e.g. mohawks)</li> <li>headgear, not approved</li> </ul>
Jewelry	<ul style="list-style-type: none"> <li>- simple, professional appearance</li> <li>- pierced ears with no more than two earrings in each ear</li> </ul>	<ul style="list-style-type: none"> <li>- jewelry that creates a safety hazard</li> <li>- jewelry that interferes with work</li> <li>- more than two earrings in each ear</li> <li>- visible body piercings other than ears (e.g. face, head, neck, tongue)</li> </ul>
Fingernails	<ul style="list-style-type: none"> <li>- fingernails which are clean and trimmed &lt;1/4 inch past the tip of the finger to avoid harm to patients, visitors, or employees</li> <li>conservative colors of fingernail polish (e.g. red, pink, nude)</li> <li>- polish that is not chipped or scratched</li> </ul>	<ul style="list-style-type: none"> <li>- long natural (&gt; 1/4 inch past the tip of the finger) and artificial fingernails, acrylic overlays, tips, silk wraps, or any other artificial substance (except polish) for inpatient direct care providers, outpatient providers caring for severely immune-compromised patients(transplant, oncology, hematology) and food/nutrition services.</li> <li>- extreme fingernail polish colors (e.g. black, green, purple)</li> <li>- pierced jewelry in fingernails</li> </ul>
Visible Tattoos	<ul style="list-style-type: none"> <li>- tattoos which are small and inoffensive</li> </ul>	<ul style="list-style-type: none"> <li>- tattoos which are large, offensive, insulting, lewd, crude</li> <li>- tattoos which portray or represent nudity, vice or crime</li> <li>- tattoos which contain profanity</li> <li>- tattoos which reflect a negative image to our customers</li> </ul>
Accessories		<ul style="list-style-type: none"> <li>- dark sunglasses worn indoors</li> </ul>
Grooming Aids	<ul style="list-style-type: none"> <li>- light use of perfumes, colognes, or grooming aids</li> </ul>	<ul style="list-style-type: none"> <li>- strong or heavily scented perfumes, colognes, or grooming aids</li> </ul>
Nametags / Badges / Buttons / Pins	<ul style="list-style-type: none"> <li>- nametags</li> <li>- Emory Healthcare badge (required)</li> <li>certification pins, service award pins, Emory Healthcare sponsored pins and professional pins</li> </ul>	<ul style="list-style-type: none"> <li>- all other non-Emory Healthcare badges, buttons or pins</li> </ul>

## **Resident Grievance Policy**

A resident who has an unresolved significant dispute or complaint with the residency training program, his/her Program Director, or other faculty member may grieve the dispute or complaint in the manner described in the following Grievance Procedure. Once the grieving resident's participation in the relevant Emory Sports Medicine Athletic Training Residency Program ends via expiration of contract term or otherwise, the resident's right to initiate or to continue this Grievance Procedure ends, and the Grievance Procedure immediately terminates regardless of any pending status of the grievance process. If the resident's participation in the Emory Sports Medicine Athletic Training Residency Program ends while the grievance is being considered at a particular step outlined below, that consideration will immediately terminate, and any decision reached by the immediately prior decision-maker in the Grievance Procedure will be the final, non-appealable resolution of the grievance.

Note that this Grievance Procedure does not cover controversies or complaints arising out of the termination of a resident from the Emory Sports Medicine Athletic Training Residency Program during a contract period.

### **Grievance Procedure**

The Grievance Procedure has an Informal Resolution Process and a Formal Resolution Process. Each of these processes is explained below. The resident must utilize the Informal Resolution Process first, and then, if needed, advance to the Formal Resolution Process. Once the resident has used the informal and formal processes as described below, the resident cannot re-initiate the process for the same issue.

#### **A. Informal Resolution Process**

An aggrieved resident shall notify his/her Program Director, in writing, of the grievance. If the resident's grievance is with the Program Director, the resident should submit his/her grievance to the Medical Director. If the Medical Director is the subject of the grievance, the resident should submit his/her grievance to the School of Medicine Senior Administrator for the Department of Orthopaedics. If the School of Medicine Senior Administrator for the Department of Orthopaedics is the subject of the grievance, the resident should submit his/her grievance to the Chair of the Department of Orthopaedics.

This notification shall include all pertinent information and evidence that supports the grievance. The resident and the Program Director, the Medical Director, the School of Medicine Senior Administrator for the Department of Orthopaedics, the Chair as appropriate, hereinafter ("the Informal Resolution Process Decision-maker") or his/her designee shall set a mutually convenient time to meet to discuss the grievance and to attempt to reach a resolution. The aggrieved resident and the Informal Resolution Process Decision-maker should make a good

faith effort to resolve the grievance at this informal level. Additional meetings may be scheduled either with the resident or with others during the Informal Resolution Process to attempt to resolve the grievance.

The Informal Resolution Process of this Grievance Procedure shall be deemed complete when the Informal Resolution Process Decision-maker informs the aggrieved resident, in writing, of his/her decision concerning the grievance. A copy of this decision shall be sent to the Program Director, Medical Director, and Senior Administrator.

## **B. Formal Resolution Process**

Upon completion of the Informal Resolution Process, the aggrieved resident may choose to proceed to the Formal Resolution Process.

1. The aggrieved resident must start the Formal Resolution Process by presenting his/her grievance, in writing, along with all pertinent information and evidence related to the grievance, to the Program Director within fifteen (15) days of the conclusion of the Informal Resolution Process. [If the Program Director is a subject of the resident's complaint or was the Informal Resolution Process Decision-maker, the aggrieved resident should submit the written grievance to the Medical Director within the time deadline, and the Medical Director, or his/her designee, will take the actions described in this sub-section in the place of the Senior Administrator. If the Medical Director is a subject of the resident's complaint or was the Informal Resolution Process Decision-maker, the resident should submit his/her grievance to the Senior Administrator by the deadline.]

A resident's failure to submit the grievance within the fifteen-day deadline will result in the resident's waiving his/her right to proceed further with this Grievance Procedure. In this situation, the decision of the Informal Resolution Process Decision-maker would be final.

Upon timely receipt of the written grievance, the Senior Administrator or his/her designee will contact the aggrieved resident to set a mutually convenient time to meet to discuss the resident's complaint. The Senior Administrator or his/her designee will review and carefully consider the material presented by the resident. In addition, the Senior Administrator/designee may engage in any further investigation and gather and review any additional information he/she believes to be appropriate and relevant when considering the resident's complaint. Ultimately, the Senior Administrator/designee will provide the aggrieved resident with a written grievance determination within a reasonable period of time after the meeting.

2. Any individual who is unsatisfied with the Senior Administrator's written decision regarding the grievance may seek an appeal by submitting all grievance-related material and a written appeal request to the Department Chair within fifteen (15) days after receipt of the Senior Administrator's written decision. Failure to submit the grievance appeal within fifteen days after receipt of the Senior Administrator's written decision will result in the individual waiving his/her right to proceed any further with this

Formal Grievance Procedure. Upon timely receipt of the grievance appeal, the Department Chair or designee will review relevant information and may ask the aggrieved individual to meet and discuss the claims. The review and meeting, if desired, will be done within a reasonable time period, and the Department Chair or designee will thereafter make a grievance appeal determination after taking any additional desired steps to review and address the grievance appeal.

3. Any individual who is unsatisfied with the grievance appeal determination may seek a final review by submitting all grievance-related material to the Dean of the School of Medicine within fifteen (15) days after receipt of the grievance appeal determination. Upon timely receipt of the grievance, the Dean will appoint an ad hoc grievance committee comprised of at least two faculty members from School of Medicine departments not involved in the grievance, and at least one resident who is not in the department of the aggrieved resident. The Associate Dean for Graduate Medical Education shall serve as an ex officio committee member. A quorum shall be three (3) committee members. The ad hoc committee shall hold a meeting and review relevant information provided by interested individuals as soon as feasible. This meeting shall be attended by all of the individuals directly involved in the dispute. The aggrieved resident may be asked to answer questions or present any other evidence concerning the grievance. Before, during, and after the meeting, the committee may gather and review additional relevant information pertaining to the dispute. Within a reasonable period of time after meeting with the resident, the committee will render its decision and inform the aggrieved resident, Program Director, Medical Director and Senior Administrator in writing of the decision. The decision of this ad hoc committee is final, and the entire Grievance Procedure, both the Informal Process and the Formal Process, terminates upon the ad hoc committee's rendering of a decision.

## **Withdrawal Policy**

If a resident chooses to voluntarily withdraw from the residency program, both the Program Director and Medical Director must be notified in writing. Upon notification of voluntary withdrawal, the resident and Program Director will meet for an exit interview, complete outgoing paperwork, and discuss timing of the resident's last day.

## **Disciplinary Action**

The School of Medicine expects all residents to fulfill their responsibilities and conduct themselves in a competent, professional manner, and to follow the rules, regulations and policies of Emory University and affiliated hospitals, as well as federal and state law. In the event a resident falls short of these expectations, and/or engages in misconduct, violates rules, or fails to satisfactorily perform in the training program, the resident will be counseled and/or disciplined for his/her actions or inactions. This Section outlines some of the common disciplinary actions available to each residency training program. Typically the steps involved in corrective discipline of a resident include one or all of the following: verbal warnings, written warnings, probation, suspension, and termination. However, depending on the circumstances of the resident and his/her misconduct or other inappropriate action, the School of Medicine may choose any of the described disciplinary actions for a single infraction including immediate termination from the training program without first providing the resident lesser disciplinary actions. All discipline received by a resident will be taken into account in determining whether the resident will receive a reappointment offer.

### **7.01 Administrative Notice:**

Administrative Notice is a remedial action by which a resident is temporarily relieved of clinical duties without pay for violation of university, institutional, or departmental policy pertaining to administrative matters. Examples of inappropriate action triggering an administrative notice include, but are not limited to, failure to maintain an active medical license in the GME office, failure to provide evidence of training in basic life support techniques, failure to obtain PPD tests, and failure to provide OGME with a copy of his/her medical school diploma or ECFMG certificate. Administrative Notice is not necessarily considered censure, and the Chair or Program Director will decide whether it will become a part of the resident's permanent academic file.

The department Chair, Program Director, or their designee may impose an Administrative Notice upon a resident for failure to appropriately discharge his/her administrative responsibilities. Administrative Notice may not be invoked for deficiencies in academic performance, patient care, or any other non-program related administrative action or conduct, as those deficiencies should be addressed through verbal warnings, written warnings, probation, suspension, and/or termination. The resident may not appeal his/her receipt of an Administrative Notice.

The resident will be notified promptly of his/her placement on Administrative Notice. Such notice shall, if possible, be hand-delivered (with the resident signing and dating a copy to acknowledge receipt) or sent by certified mail (return receipt requested) to the resident's address of record. The department Chair, Program Director, or their designee will also, if possible, verbally inform the resident of the action. The Administrative Notice shall clearly delineate the resident's area(s) of deficiency and establish a reasonable period of time no longer than 10 calendar days within which the resident must correct his/her deficiencies. During the period of Administrative Notice, the resident is relieved of all clinical responsibilities without pay. Failure to appropriately address the areas of deficiency in the appropriate time frame as outlined in the letter of notification is considered grounds for additional disciplinary action, up to and including termination from the residency program.

### **7.02 Verbal Warning**

A verbal warning, which may be given to a resident by a departmental Chair, Program Director, or other faculty member, is designed to identify a resident's minor or initial infraction of policies, standards, or expectations. The warning should be firm and fair, with the faculty member assuring that the resident understands the policies, standards, and expectations. A written record of the date and content of the discussion, as well as the underlying situation which precipitated the warning, shall be maintained in the resident's academic file.

### **7.03 Written Warning (Letter of Reprimand)**

A written warning may be issued only by a resident's department Chair or Program Director. A written warning is appropriate when a prior verbal warning has not resulted in the needed improvement or when the initial misconduct violation or performance inadequacy indicates a need for action stronger than a verbal warning. The written warning should note the unacceptable conduct or action that caused the warning, as well as the program's improvement expectations. The written warning must be signed by the resident and a copy given to him/her. A copy must be placed in the resident's academic file.

### **7.04 Probation**

A department Chair or Program Director may place on probation a resident who is unable to meet the academic expectations of the training program (failing to progress at the expected pace), who experiences a serious lapse in complying with the responsibilities of the program, or for other serious misconduct and/or performance problems. A department Chair or Program Director should notify the Associate Dean for Graduate Medical Education or his/her designee before placing a resident on probation.

Probation is usually the second step of a series of disciplinary actions for a resident. Usually a resident will have one or more counseling sessions or receive a verbal or

written warning about his/her deficiency prior to being placed on probation. In placing the resident on probation the Chair or Program Director should:

- Review the policies and expectations of the program;
- Identify the area of deficiency;
- Identify the improvement(s) that must be achieved during the probation period;
- Identify the length of the probationary period; and
- Inform the resident what action(s) may be taken if the stated improvements are not met in the established time frame.

A resident will receive this probation notification in writing. Copies of the probation notice will be placed in the residents' academic file and in his/her administrative file located in the Office of Graduate Medical Education. A probation period occurring during training will be noted in all letters of reference.

### **7.05 Suspension**

The Dean of the School of Medicine or his designee, department Chair, and Program Director have the authority to suspend a resident for the most serious violations of policies, rules, laws and misconduct, performance problems, and/or recurring administrative lapses such as violations of medical records requirements. Prior to suspending a resident from the training program, the department Chair or Program Director must notify the Associate Dean for Graduate Medical Education or his/her designee. In addition, the Program Director will inform the OGME, in writing, of the cause for suspension, the length of suspension, whether the time lost while on suspension will be added to the resident's training requirements at the conclusion of his/her program, and any other pertinent information.

When suspending a resident, the Program Director or his/her designee must inform the resident, in writing, of the following:

- Action(s) that precipitated the decision to suspend the resident;
- The length of the suspension;
- The fact that the resident will not be paid while on suspension;
- The fact that the suspension will NOT be counted toward the completion of the training time required to be eligible for board examination(s);
- An indication of what the resident may/may not do while on suspension (for example, no moonlighting);
- The program's expectations for the resident upon his/her return from suspension.

Copies of the suspension notice will be placed in the resident's academic file and in his/her administrative file located in the Office of Graduate Medical Education. Suspensions will be noted in all letters of references.

## **7.06 Termination**

If a residency appointment is terminated during the appointment period, the terminated resident may appeal the decision by following the procedures outlined in Section 33, "Hearing and Appellate Review Procedures for Termination of a Resident."

Withdrawal from the residency program will also result in termination, as the resident employment is contingent upon participation in the program.

## **Scholarship Policy**

We do not provide scholarship opportunities for our athletic training residents.

## **Program Costs**

Athletic training residents are responsible for covering the costs associated with obtaining Georgia licensure, maintaining BLS certification, and applying for the OTC exam.