APPENDIX A: SAMPLE DISCIPLINARY NOTICE

Union University
Athletic Training Education Program

Disciplinary Notice

This disciplinary notice is being issued to ________________ for the following infraction of the Athletic Training Student Handbook for Union University:

☐ Insubordination to Athletic Training and/or Athletic Department Faculty/Staff
☐ Failure to Report to an Assigned Clinical Rotation
☐ Missed Event (Practice/Game) Without Prior Approval from PRECEPTOR
☐ Dress Code Violation
☐ Frequent Tardiness
☐ Incomplete/Untimely Completion of ATEP Records/Forms
☐ Unexcused Absence at Required ATEP Meeting/In-Service
☐ Inappropriate Professional Behavior and/or Relations with Student-Athletes
☐ Other (Explain):

________________________________________________________________________

One of the following disciplinary actions will occur as a result of this notice:

☐ Meet with the Program Director and Clinical Coordinator (and PRECEPTOR if necessary) to discuss infraction – this disciplinary notice remains in the student’s file.
☐ Meet with the Program Director and Clinical Coordinator (and PRECEPTOR if necessary) to discuss infraction and removal from clinical responsibilities for _____ days.
☐ Meet with the Program Director and Clinical Coordinator (and PRECEPTOR if necessary) to discuss infraction and removal from clinical responsibilities for _____ days and/or removal from the Athletic Training Education Program.

Summary of Action Taken:

________________________________________________________________________

I understand and agree that the aforementioned infraction did occur and I also understand the ramifications of my actions. By signing this notice, I agree to rectify the situation as prescribed by the Athletic Training Staff effective immediately. I understand that additional notices may result in termination from the Athletic Training Education Program.

ATEP Student’s Signature: ____________________________ Date: __________

Program Director’s Signature: ____________________________ Date: __________

Clinical Coordinator’s Signature: ____________________________ Date: __________

PRECEPTOR’s Signature (if necessary): ____________________________ Date: __________