

Position Description - Unclassified

Position Status:

Position Title		Position Number
Certified Associate Athletic Trainer		E99397
Appointment (9mos. / 12 mos. / Other)	Contract Period (from / to)	FLSA
12 mos.	08/01/2022 - 07/31/2023	Exempt
Position Type	Regular/Short-Term	
Full-Time	Regular	
Work Location	Department/Division	
Monmouth	Athletics / Athletic Training	
Reports to	Reports to Position Number	
Head Athletic Trainer	E99305	
Incumbent	University ID #	
TBD		

Program Information:

<p>A. Describe the general program in which this position exists. Include program purpose, size, scope and relationship to the University's mission.</p> <p>The position is housed with the Department of Intercollegiate Athletics. Intercollegiate Athletics provides learning opportunities and prepares students for a fulfilling life in a global society while supporting an accessible and diverse campus community. The Western Oregon University Department of Intercollegiate Athletics sponsors 14 intercollegiate sports for over 400 students-athletes. Western Oregon is a member of the Great Northwest Athletic Conference and the NCAA Division II.</p> <p>This position will specifically provide medical services to Western Oregon's Football Team. They will also oversee the coverage of Men & Women's Cross Country, and Men & Women's Track & Field. They will need to perform duties as assigned and commensurate with the normal activities related to athletic training services. This position sometimes requires working nights / weekends, occasional holidays and travel with sports teams.</p>
<p>B. Describe the purpose of this position and how it functions within this program.</p> <p>The position will assist with providing appropriate medical care to the student-athletes at Western Oregon University, including but not limited to the following activities:</p> <ul style="list-style-type: none"> ● Basic Emergency Care ● Event Coverage

- Determination of athletes’ readiness to participate, in conjunction with the team physician (e.g., pre-participation evaluation and post-injury/illness return)
- Risk management and injury prevention
- Recognition, evaluation and immediate treatment of athletic injuries/illnesses
- Rehabilitation and reconditioning of athletic injuries
- Psychosocial intervention and referral
- Nutritional aspects of injuries/ illnesses
- Health care administration

Position Information and Qualifications:

A. Description of Duties/Responsibilities – List the major duties assigned to the position. Note percentage of time each listed duty is performed to total 100%. Indicate “E” = Essential, “R” = Revised	
Percent of time	
60%	<ul style="list-style-type: none"> ● Assist with providing medical service to specific sports teams as assigned (Football and then oversee Men and Women’s Cross Country and Track & Field) ● Perform duties as assigned and commensurate with the normal activities related to athletic training service
15%	<ul style="list-style-type: none"> ● Documentation of injury records and injury reporting maintaining FERBA and HIPPA requirements.
20%	<ul style="list-style-type: none"> ● Collaborate with the team physician, and other allied health-care professionals. ● Articulate with administrators, coaches, parents and student-athletes within appropriate medical/legal requirements. ● Organize and participate in pre-participation physical examinations. ● Supervise athletic training intern and student athletic trainer volunteers
5%	<ul style="list-style-type: none"> ● Ability to work nights/ weekends, occasional holidays and travel with sports teams.



B. Required Qualifications
<i>List any certificates, licenses, academic degrees, or experience <u>required</u> to perform the duties of this position. Indicate if a combination of education and experience is acceptable.</i>
<ul style="list-style-type: none"> • Master’s Degree in Athletic Training, Health Exercise Science or related field; • NATABOC Certified Athletic Trainer; • Oregon State Registration or be eligible for registration in the State of Oregon as an Athletic Trainer. • At least 2-3 years’ experience in the collegiate setting
C. Preferred Qualifications
<i>Describe preferred education, experience, skills, licenses, certificates, and other qualifications for this position.</i>
<ul style="list-style-type: none"> • Graduate Assistantship providing athletic training service at the collegiate level
D. Knowledge Areas
<i>List the major areas of knowledge that are required to perform the duties of this position.</i>
<ul style="list-style-type: none"> • Maintain NATABOC certification • Western Oregon University Sports Medicine Policies and Procedures.

Budget Authority:

Indicate the level of the position’s responsibility for the development, control, and monitoring of budget. Indicate the size of the budget. Check all that apply.		
<input type="checkbox"/>	Develops, monitors*, and controls* <i>*Monitor means to review and approve expenses; control means to authorize budget transfer at the department level</i>	\$0
<input type="checkbox"/>	Delegated authority to monitor budget	\$0
<input type="checkbox"/>	Limited approval authority for purchase	\$0
<input type="checkbox"/>	Purchase only with higher level approval	\$0

Supervisory Authority:

If this position has the authority to act or effectively recommend action affecting employees in the following areas, check all that apply.			
<input type="checkbox"/>	Hire	<input checked="" type="checkbox"/>	Assign Work
<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Recommend salary adjustments
<input type="checkbox"/>	Discipline	<input type="checkbox"/>	Approve requests (i.e. leave)



Dismiss		Respond to complaints/grievances
Layoff	x	Conduct performance assessments
Promote	x	Give Direction

Positions Supervised:

Type	# of Employees	Total FTE
Teaching faculty	0	0
Classified staff	1	0.8
Unclassified staff	0	0
Student Employees (average per term)	4	0
Other (specify)	0	0

Decision Making Authority:

Describe the breadth and scope of decision-making authority and discretion the position has to formulate, implement, evaluate, approve and/or modify department and/or university policy, procedures, and/or programs. Describe the type of review and/or approval required by a higher level.

Will not make any decisions with regard to university or departmental policy, but will make decisions commensurate with the normal duties relating to the athletic training service as outlined by the NATABOC.

Additional Information:

List any additional information that would help describe the nature of the position.

Acknowledgement:

Employee Printed Name	Employee Signature / Date
Supervisor Printed Name	Supervisor Signature / Date
Reviewer (VP / Director)	Reviewer Signature / Date
Appointing Authority	Appointing Authority Signature / Date

HR USE ONLY:

Received by	Date
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Position Class # (Ex. UF101)	Employee Class	Job Location	Appointment Percent
CUPA-HR# / Title	NOC Code	Category Code	SOC Code
Actions Taken			
	NBAPBUD / NBAPOSN		
	NBAJOBS		
	PEAFAC		
	Electronically Filed		