



Master of Science in Athletic Training

**Oath of Confidentiality for Individuals Seeking
the Master of Science in Athletic Training**

As an athletic training student, I understand that I have an obligation to myself, to my clinical preceptors, to all patients and other personnel at Azusa Pacific University and our affiliated sites, to withhold any information that I acquire professionally or socially which is considered confidential, from anyone other than my immediate supervisors. Included in this information is anything relative to the patient's medical condition, the treatment and rehabilitation of any medical condition and any information which I acquire during the conduct of my academic and professional duties, or any information that is not considered to be public knowledge. I am aware that any breach of this trust may jeopardize my ability to continue serving in the capacity of an athletic training student in the Master of Science in Athletic Training program at Azusa Pacific University.

Furthermore, I understand that as an athletic training student I have been provided with a responsibility to uphold the Code of Ethics as outlined by the National Athletic Trainers' Association (<http://www.nata.org/>) and the Standards of Professional Practice as provided by the Board of Certification, Inc. (<http://www.bocatc.org/>).

I am aware that copies of these documents are available for my review through the Master of Science in Athletic Training program at Azusa Pacific University.

I certify that I have read and understand the oath of confidentiality and agree to abide by its requirements regarding confidential information.

Name of Student (please print) _____

Signature of Student _____ **Date** _____