



CERTUPDATE

A COMMUNICATION FROM THE BOARD OF CERTIFICATION | JUNE 2020



LEAD THE WAY

The Profession and Parenting | BOC Specialty Certification | Continuing Professional Certification | AT Spotter for the NFL



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2020

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Letter from the President

Patrick Sexton, EdD, ATC

As I write this letter, I am honored to serve as the new president of the BOC Board of Directors following in the footsteps of past president Rusty McKune, ATC. I would like to give a big thank you for his six years of passionate leadership, dedication and hard work on the board. His accomplishments are vast, but I would be remiss to not mention his ongoing commitment to our international efforts as he leads BOC's new International Committee (BOC-IC) as chair. BOC-IC will focus our efforts on the new international arrangement as well as continue our global efforts for Athletic Trainer (AT) recognition.

As you know, 2019 was a reporting year, so we were busy and knew you were too. I'm excited to report 92% of all ATs completed their certification maintenance requirements by the December 31, 2019 deadline. I'm also pleased to announce our renewal total reached 95% for the 2018-2019 reporting period, and we currently have more than 54,000 ATs with an active BOC certification.

In January, AT Director Mary Kirkland, officially took office on the BOC board following one year of mentorship and learning as a director-elect. In February, we published the "2019 Annual Report" that includes the many activities with which we were involved during the past year.

During the March 2020 board meeting, the board accomplished a great deal of business. In addition, with the change in BOC leadership, the board decided that it was time for an external audit of policies, procedures and bylaws to ensure the board and the organization function at the highest level. Our auditors were thorough and genuinely impressed and provided us with some fine-tuning recommendations to assure our best practices. It was an outstanding experience for the board and will only continue to strengthen the BOC.

As with many reading this letter, the coronavirus (COVID-19) national health crisis has taken center stage for the BOC. Throughout this unprecedented situation, the BOC staff and board have been able to maintain operations while keeping

the safety and well-being of all stakeholders the top priority. We continue to work collaboratively with the AT Strategic Alliance to assist our stakeholders to problem-solve and keep everyone informed of changes as they happen. Thank you to everyone for your patience and flexibility.

The Specialty Council is making progress, and new information about certification specialty is becoming available all the time. A web page was added to the [BOC website](#) that includes the specialty definition and information on the orthopedic specialty and timeline. We look forward to adding additional information including the practice analysis and eligibility requirements later this year.

Meanwhile, the Competency Assessment Modules (CAMs): Mental Health and Quality Improvement (QI) (Hand Hygiene or Facility Principles) pilot projects are moving along as scheduled. Both the CAM and the QI pilots were full within 48 hours of the call for participants! The soft launch of the Performance Goals Appraisal (PGA) early this year will provide AT participants with the necessary tools and information to assess their professional needs and choose activities that will enhance their clinical competence and knowledge.

The BOC continues our advocacy efforts through our membership with the [Professional Certification Coalition](#). The BOC supports federal legislation H.R. 5339, the Freedom to Invest in Tomorrow's Workforce Act. H.R. 5339, which is a bipartisan bill that would amend the tax code to permit ATs and BOC exam candidates to use funds in 529 savings plans to pay for expenses associated with obtaining or maintaining post secondary credentials. ATs could use the tax funds to obtain a license to practice in their state and to maintain their certification with continuing professional development activities. BOC exam candidates could use the funds to pay for exam fees and exam preparatory expenses.

The BOC is changing the process for selecting AT directors to serve on the BOC board from public election to board appointment. The goal of this transition is to make board

appointment decisions based on board competency needs rather than candidate popularity. This process change is a current best practice in association management, and while it was already underway prior to our external audit, the change was supported by our auditors. Additionally, the new selection process will keep the AT director selection process consistent with the public, physician and corporate/educational director positions that currently operate by board appointment.

The BOC started to roll out this change in May with the call for applications for a new AT director. The board will also be seeking nominations for a new physician director to serve on the BOC board. Visit the [BOC website](#) to learn more.

While it has been an interesting start to the year, let us celebrate the many accomplishments as the BOC continues to offer new opportunities for ATs. The BOC board and staff are committed to providing you with timely information we believe will be helpful to you as a practitioner, educator, BOC Approved Provider or member of the public and regulatory communities. On behalf of the BOC Board of Directors, I want to thank you for your continued commitment to providing quality health care services to your patients, athletes and clients.

With Deep Appreciation,
Patrick Sexton

Looking Ahead...

The BOC Seeks Candidates for the Board of Directors

The BOC is accepting applications for a new Athletic Trainer (AT) director and nominations for a new physician director to serve on the BOC Board of Directors starting in 2022, following a year of mentorship.

All AT director applications are due July 6, 2020, and physician director nominations are due August 1, 2020. Submit applications and nominations via email to Shannon Fleming at ShannonF@bocatc.org.

Learn more about the qualifications for each position on the [BOC website](#).

BOC SPECIALTY CERTIFICATION

As the BOC prepares to add specialty certification to the athletic training profession, we take a closer look at what Athletic Trainers (ATs) need to know to prepare for specialty certification.



BOC Specialty Council: Back from left to right: Sidney Fuller, Russ Richardson, JJ Wetherington, Ken Rogers and Suzette Nynas. Front from left to right: Mary Beth Horodyski, Brandie Martin, Mike Hudson, Brian Farr and Bonnie Van Lunen.

The BOC Specialty Council is continuing its charge to guide the recognition and validation of athletic training specialties as well as oversee the credentialing of ATs who have demonstrated advanced knowledge, skills and abilities in the respective area of specialization. The Specialty Council consists of six members, along with liaisons from the National Athletic Trainers' Association (NATA), NATA Executive Committee for Education (ECE) and Commission on Accreditation of Athletic Training Education (CAATE).

BOC specialty certification is a voluntary process by which an AT's mastery of advanced knowledge, skills and experience in a specialized area of clinical practice, exceeding what is required for entry-level athletic training certification, is demonstrated and measured against defined predetermined standards, such as completing post-professional education, training, and/or experience (e.g. accredited residency) and achieving a passing score on a specialty certification exam. This demonstration serves to enhance the quality of patient care, optimize clinical

outcomes, increase cost-effectiveness and improve patients' health-related quality of life in specialized areas of athletic training practice.

Benefits of Specialty Certification

Show advanced level of skills and knowledge in a specific area of practice

Improve quality of care

Enhance clinical outcomes

Improve patient's quality of life

The BOC Orthopedic Specialty credential will provide formal recognition to ATs who have demonstrated advanced knowledge, skills and experience within clinical orthopedic practice beyond that required for entry-level ATs. The purpose of an Orthopedic Specialization is to fulfill a recognition of specialty trained ATs who have advanced education or experience in musculoskeletal conditions to improve the health and welfare of the public. The specialized practitioner will optimize outcomes for orthopedic patients by demonstrating a level of advanced knowledge, skill and experience which is identified in the "BOC Orthopedic Practice Analysis" (OPA).

The Orthopedic Specialty Exam (OSE) is being developed with the same high standards, validity and reliability as the ATC[®] exam. The BOC will also be seeking third party accreditation from the National Commission on Certifying Agencies (NCCA). The OSE will be based on the domains and task statements outlined in the current and validated OPA. An outline of the OPA will be available on the BOC website in Fall 2020. A tentative timeline for launching the OSE is below. For more information and updates on Specialty Certification, visit the [BOC website](#).

Orthopedic Specialty Tentative Timeline

Fall 2020

- Public comment period open for eligibility and recertification requirements
- "BOC Orthopedic Practice Analysis" published on the BOC website

Spring 2021

- Final eligibility and recertification requirements published
- Exam preparation information published

Summer 2021

- Begin accepting applications for the BOC OSE
- First OSE administration

*All dates may be subject to change.

Continuing Professional Certification

Encourages continual growth and development

At the BOC, we know that Athletic Trainers (ATs) are always on the move – and as a health care profession, that movement is driving us forward. In mirroring that momentum, the BOC initiated the Maintenance of Competence (MOC) Task Force in 2016 to evaluate and improve upon the continuing certification experiences that relate to improving everyday practice.

We are excited to share that through the hard work of this task force around the recertification process, a new framework has been identified to help establish a mentality of life-long learning. What was previously MOC is now Continuing Professional Certification (CPC). Our aim is to spark an intentional shift that speaks to ATs' ongoing pursuit of professional learning and growth – toward an attitude of forward motion, with certification and credentialing programs at the center of everything we do.

We believe holding the ATC® credential is more than checking boxes or a static measurement to revisit every other year; we know that ATs feel this way too.

Professional Goals Appraisal (PGA)

– Soft Launch in 2020

The PGA will help ATs identify gaps and to develop professional goals intended to drive mindful, intentional selection of activities designed to maintain competence and promote professional growth.

Competency Assessment Modules (CAMs)

– Piloting in 2020

The overarching concept of the CAMs is to provide meaningful learning in evolving areas of practice. Participating in the CAMs project offers the ideal way for ATs to identify areas of need for

self-actualized learning. It is also expected to enhance clinical practice, improve patient care and increase the current foundation of knowledge.

Quality Improvement (QI) – Piloting in 2020

QI is a core competency in the Institute of Medicine framework for education and clinical practice. QI is also the means of ensuring patients receive safe, effective, efficient, equitable and patient-centered care. The structured evaluation of systems of health care delivery helps to identify a gap in knowledge and implements strategies for improvement.

What's Next:

We have recruited participants to pilot the CAMs and QI projects for CPC components. Our plan is for the pilots to conclude mid-year, with results and learnings being gathered in time for future discussions. As we have previously shared, this work is part of a 10-year plan, and we do not anticipate rolling CPC out broadly until 2024 at the earliest.

We'd like to thank the MOC Task Force who helped lead the charge on this important work. We also want to acknowledge and thank those volunteers who have agreed to be a part of the pilot programs for 2020. We will continue to communicate as this new framework progresses. ATs are on the move, and we are moving with them. We thank you for your commitment to life-long learning and are excited to see this next chapter unfold.

BOC Holiday Closures

Independence Day: July 3, 2020

Labor Day: September 7, 2020

Thanksgiving: November 26-27, 2020

Winter Holiday: December 24-31, 2020

New Year's Day: January 1, 2021

Martin Luther King Day: January 18, 2021

Good Friday: April 2, 2021

Memorial Day: May 31, 2021

LEAD THE WAY

NEW SELECTION PROCESS ENCOURAGES HIGH PERFORMING BOARD

The BOC Board of Directors prides itself on being a high performing board through diligent tracking of trends in the athletic training industry and keeping up to date on best practices in association management. In doing so, the BOC is changing the process for selecting Athletic Trainer (AT) directors to serve on the BOC board from public election to board appointment. The goal of this transition is to make appointment decisions based on board competency needs rather than candidate popularity.

Over the past 10 years there have been eight public elections at the BOC and the average participation from certified ATs has been 11.75%. Additionally, the new selection process will keep the AT director selection process consistent with the public, physician and corporate educational director positions that currently operate by board appointment.

The American Society of Association Executives (ASAE) Research Foundation recently stated that over 50% of boards are moving to appointment versus election. According to a 2019 research study by leading association management experts William Brown and Mark Engle, DM, FASAE, CAE, titled "Building Better Association Boards: Advancing Performance Through Nomination, Recruitment, and Selection Processes" reported that, "The findings pointed to ascertaining board competencies as the most influential step to having a high-performing board."

The main subject of Brown and Engle's report was the Board Member Competencies and Selection study conducted by the ASAE Research Foundation. In their report, Brown and Engle state, "Successful boards drive the strategic direction of an association toward achieving its mission and vision, making it critical to have the right people leading the charge." Brown and Engle go on to say, "Ascertaining competencies and skills for board members is the most influential and effective step to practice for better board member performance."

The ASAE Research Foundation study explored nomination practices among a sample of 2,964 executives from the ASAE membership database. Valid responses were received from 342 organizations for an 11.5% response rate. Respondents were asked about general nomination and election processes, including how candidates were nominated, whether they have a nominating committee and how they conducted board elections.

ASAE Board Member Competencies and Selection Study Summary

- 77%** indicated their organizations have a committee for board member recruitment and selection
- 67%** believed that improvements could be made to their processes
- 56%** provided job descriptions for their board members
- 55%** agreed that their board members had the necessary experience and background to manage tasks effectively
- 52%** indicated they have non-competitive elections

The BOC has found that the right mix of competencies contributes to higher board performance, such as skills, characteristic and other important attributes. According to J.A. Conger & E. Lawler, III in the article "Building a High-Performing Board: How to Choose the Right Members" published in the Business Strategy Review in 2001, "Other important attributes such as personal attributes that reflect the candidate's personal approach to the professional environment are commitment, integrity and capacity." Conger and Lawler explain, "Capacity refers to an individual's ability to take part in the governance of the organization. This means the board members must have the time and cognitive capacity to fully engage."

When discussing the process for board selection, there are three important steps: assessing current board competencies to identify gaps, recruitment of qualified candidates and appointment of a new board member. The BOC board commits to a transparent and fair process as we move forward with this transition. We will now take a closer look at this process.



The Governance Committee is responsible for assessing the competencies of the current board against the needs of the organization both in relation to BOC strategic priorities and to identify skill and expertise gaps. The board looks at how the individual candidate will contribute and bring needed skills and capabilities to the group as well as compatibility. After gaps are identified, the BOC announces a call for candidates to ATs or other (e.g. physician) appropriate populations. Candidates are asked to review the “BOC Board of Directors Appointment Guide” for desired characteristics and specific position requirements. All BOC board positions, including AT directors, the physician director, the corporate/educational director and the public director must meet specific requirements as defined by the BOC bylaws.

General qualifications for all board members include:

- Does not hold elected or appointed office on a state, provincial or national regulatory board.
- Does not serve on the Commission on Accreditation of Athletic Training Education (CAATE), National Athletic Trainers' Association (NATA) or NATA Research and Education Foundation Board of Directors.
- Demonstrates experience with oversight boards (e.g., NATA, CAATE, state athletic training organization, corporate structure, public or non-profit organizations).

All applications received are then reviewed by the Nominating Committee. The Nominating Committee will evaluate candidates, through a combination of written responses to questions and interviews, based on general and specific requirements for the position(s). The Nominating Committee first selects candidates who qualify for a phone interview. Following phone interviews, the committee selects candidates to move on to the final selection where candidates must submit a statement and video answering the question, “Why should I be appointed to the BOC Board of Directors?” Finally, the committee will provide the BOC board with at least two candidates per director position for consideration.

After receiving the final candidates from the Nominating Committee, the board will then assess each candidate's skills

against the current and future needs of the board. The board will also take the following into consideration when selecting finalists and ultimately appointing a new board member.

Diversity - Board member diversity considerations include gender/gender identity, racial identity, geographic diversity and professional setting.

Board Participation and Attendance - Board members need to be active and committed to attending and participating in face-to-face board meetings, monthly conference calls and board committee meetings as well as advocating for athletic training and the value of certification.

Leadership, Guidance and Vision - The BOC requires individuals who can share perspectives on issues and solutions related to the credentialing of athletic training, the health care environment and the needs of patients. Strategic leadership coming from the BOC board is critical for the organization to achieve its ultimate purpose.

Image and Stature - The BOC is a thought leader among the members of the AT Strategic Alliance. Board members need to meet the image of the BOC while understanding the bigger picture affecting the athletic training profession.

Skills and Expertise - Board members should help to fulfill the needs of the BOC by offering skills or expertise to fill gaps in the current board as identified by the Governance Committee.

The change to board appointment will help the board maintain a cutting-edge philosophy on governance by assuring we have the right individuals with the right qualifications necessary for service on the BOC board. It is this self-awareness of competency and areas in need that make the transition from public election to board appointment an important and strategic move that will benefit the BOC and our stakeholders.

LuckyNumber

Understanding Athletic Trainer Continuing Education Requirements

John Knaul, MS, LAT, ATC

Clinical Outreach Athletic Trainer – York High School
Children’s Hospital of the King’s Daughters

As an Athletic Trainer (AT), we’ve all discussed and debated our continuing education (CE) requirements. Debating how many continuing education units (CEUs) are an appropriate amount and the cost of obtaining CE seems to be popular subjects. To better understand the topic, I took a closer look to determine the need for CE within our profession. I also looked at how BOC CE requirements compare to other health care professions and where to find CE at reasonable prices. I breakdown the information below.

Understanding the Need for CE

As an AT, no matter when you became certified, we are all held to the same standard of care, which is spelled out in the most current version of the “[BOC Practice Analysis, 7th Edition](#).” As our profession matures, many advancements have been implemented over the years as a result of research and new areas of practice. We must stay current with our education in order to be the best practitioners for our patients as well as to protect ourselves. Liability insurance uses the legal case history and the standard of care as a guideline which is then applied equally to all ATs. Whether you are newly credentialed or have 20 or more years of experience, we must stay abreast of new topics that are being taught in our education programs.

Athletic Training CE Requirements Compared to Other Health Care Professions

Most health care providers require some sort of CE, although it varies by profession and/or state. CE requirements for health care providers are either regulated by the state or by a national standard.

Occupation	CE Requirements
Nurse, occupational therapist and physical therapist	State based continuing education requirements as determined by their licensure
Athletic Trainer, NREMT/ Paramedic-NRP and physician assistants	National standards

Information in the table is according to [Nurse.org](#), [American Occupational Therapy Association](#), [Continuing Education.com](#), [National Registry of Emergency Medical Technicians](#) and [American Academy of Physician Assistants](#).

Based on that information, how does 50 CEUs per reporting period compare to other health care professions? Most of the health care professions I researched, require an average of 36 hours over a two-year period. Although, that is fewer than what we as ATs are required, it’s important to understand many other health care professions require certain courses to be taken each reporting period. Courses covering topics that include legal aspects, documentation, sexual assault, medical billing or special conditions, just to name a few. Other professions like physician assistants require a recertification test every 10 years according to the [American Academy of Physician Assistants website](#). EMTs or paramedics also have this option according to the [National Registry of Emergency Medical Technicians website](#).

Finding CE Opportunities

Earning CE whether evidence-based practice (EBP) or another category, may be easier than you think, and can be found in a variety of places for little to no cost. The [BOC website](#) lists all upcoming CE opportunities in a searchable database. For example, I quickly found 17 Category A CEUs for free in Virginia. The course descriptors will also list if the CE is available for any other professions. If you are a National Athletic Trainers’ Association (NATA) member, you could receive up to 10 free NATA credits to purchase courses from their professional development center (PDC) each year. As NATA CEU credits expire December 31 of each year, make sure to purchase courses before they expire. Other places to look for low cost or free CEUs are through hospitals or nearby colleges/universities.

Avoid Common Audit Errors

The BOC is here to remove the mystery from the BOC continuing education (CE) audit by shedding some light on common audit errors and questions.

As a BOC Certified Athletic Trainer (AT), there is a chance your CE submissions could be audited at any time. The audit process validates that ATs are maintaining continual competence and enhancing their professional skills and judgment. Below are the most common errors to avoid during a CE audit.

Some of the most common CE documentation errors include:

- In the Evidence-Based Practice Category, submitting the CE quiz rather than the certificate of completion
- In Category C, not providing an official transcript showing credit hours earned for a college/university course

Some of the most common emergency cardiac card (ECC) errors include:

- Failing to maintain ECC certification for the entire reporting period, ATs need to maintain continuous certification
- Failing to provide ECC documentation for the entire reporting period, including expired certifications
- Providing a letter of completion from instructor or course roster instead of the ECC card or certificate
- Providing ECC documentation without either a QR code or cardholder signature

The BOC further unravels the mystery by answering some of the most common audit questions on the right. If you have any additional questions about the BOC audit, contact Audit@bocatc.org for more information.

How does the BOC select who is audited?

The BOC audits three different groups:

- ATs who submit CE requirements after the December 31 deadline
- ATs who have received a sanction of an audit for disciplinary reasons
- ATs selected randomly

How does the BOC notify an AT they are being audited?

The BOC mails one audit notification and emails several audit reminders. Audit notifications include step-by-step instructions for submitting all CE and ECC documentation electronically through [BOC Central™](#). Log into your BOC Central profile to confirm your contact information is current so you don't miss any BOC communications.

How do ATs submit audit documentation to the BOC?

Audit notices include step-by-step instructions for submitting CE and ECC documentation electronically through BOC Central. Once notified, ATs have 45 days to upload their CE and ECC documentation.

Find out if they offer any CEUs to staff that you may attend or offer to be a speaker. Be involved in your state or district groups, as many offer low cost CE opportunities, and they may even be suited towards your specific setting.

Earning CEUs should be looked at as an opportunity to learn something new and to make yourself a better practitioner, not as a burden to keep one's certification or license. Finding an hour here and there throughout the two years is easier than trying to carve out a weekend at the end of a reporting period. We should all be striving to improve our skills, review topics that we need to brush up on, or learn new skills that are being taught in education programs. The standard of care that we are all held to

is not a constant. It is ever changing due to changes in our profession and within the health care setting due to ongoing research and advancement of our profession.



FEATURED APPROVED PROVIDER:

In each issue of “Cert Update,” the BOC recognizes a BOC Approved Provider for notable efforts to enhance its continuing education (CE) programs for Athletic Trainers (ATs). Featured organizations follow the guidelines set forth in the “[BOC Approved Provider Maintenance Requirements](#).”

Eastern Athletic Trainers' Association (EATA) Evidence Based Practice (EBP) Coordinator Jennifer McKeon PhD, ATC, CSCS shares her organization's experience as they adapted their procedures to comply with the BOC standards.



Why does your organization choose to participate in the BOC Approved Provider Program?

The EATA is committed to providing high-quality education programs that enhance clinical decision-making, contribute to research that benefits ATs and our patients, and enrich the ways we prepare athletic training students. This is the culture and history of the EATA – it is tasked with the advancement of ATs and the athletic training profession. The EATA is actually older than the National Athletic Trainers' Association by one year. In a way, that seems like a bit of curious trivia, but it is also something in which the members of District 1 and District 2 take pride. The EATA community is strong and long-standing.

You've offered EBP Category continuing education units (CEUs) for a few years now. What impact has this made on your educational programs?

We've offered EBP programming for six years now. I think the biggest impact has been in actually helping to expand what is considered “evidence-based practice.” There were many myths and misconceptions about EBP in the beginning, when really EBP is about applying a multi-sourced approach to patient care. All the information we gather is evidence, whether it comes from a research paper or it comes from the patient. ATs have been practicing EBP

for a long time. Offering EBP CEUs to our membership was very important. From the beginning of 2014, we felt that including EBP in the conference programming was a service that the EATA should absolutely be offering to its members.

How have the current BOC requirements impacted your program development and administrative processes to offer CE programs for ATs?

EATA volunteers have worked very hard to ensure that the EATA is purposefully and intentionally meeting the BOC requirements and the spirit of the BOC.

How do you design your curriculum to help participants improve outcomes in the patients they serve?

We rely very heavily on the expertise of our program faculty. Their proposals are reviewed and vetted to determine the appropriateness of the content and the speaker's knowledge to be included in the program. EATA members work hard to ensure that the proposed material is evidence-based and that the program faculty is able to provide appropriate content along with current best practices including correct learning objectives and recognized knowledge gap. Updated evidence is provided to fill the gap, and the focus of the presentations is on improving patient outcomes.

What advice do you have for organizations looking to be on the cutting edge and maintain compliance, as they develop education programs?

Start small and develop a system. Revise the system carefully while recognizing that changes have a ripple effect. The EATA has a great number of people who are very involved and are continually trying to improve on what we did last year. Finally, we use the BOC as a resource. Call and talk to the staff members there to help answer questions.

New BOC Approved Providers

The following organizations have newly completed the requirements to become BOC Approved Providers. If you have any questions, please contact the BOC office.

Altru Health System	Gestalt Education	PHD420, Inc
Assessment and Therapy Associates of Grand Forks, PLLC	Gray Institute	Pinnacle
Baylor Institute for Rehabilitation SportsHealth	Innovate AT	Revolution Human Physical Therapy and Education, LLC
Bowling Green State University	Integrated Sport Medicine and Research Therapy Clinic	Shelbourne Knee Center
Brookbush Institute of Human Movement Science	International Sports Technology Association	Spaulding Rehabilitation Network
Bryant University DPT Program	Jacksonville Orthopaedic Institute Rehabilitation	Summit Orthopedics
California Athletic Trainers' Association	Kinections Educational Institute	Temple Human Performance
Chiba Athletic Trainers Association	LightForce Therapy Lasers	The American Institute of Balance
Childrens Health	Medical Technology Management Institute	The BFR Pros
Children's Hospital Colorado	Mercy Health Orthopaedics and Sports Medicine - Metro Toledo	UCLA Athletics
Clinic to Field Physical Therapy	Messiah College	University of Arkansas Graduate Athletic Training Program
Computer Sports Medicine Inc	microStretching	University of Kentucky
Cooper University Hospital, Bone and Joint Institute	Mosaic Life Care Medical Center	University of Lynchburg
Dickinson College	Motion LLC	University of Missouri - Athletic Training Education Program
Double E Education	New York Hospital Queens	University of New Mexico Athletic Training
El Dorado Physical Therapy Inc	Orion Sports Medicine	University of Southern Maine
Fusionetics Academy	Orthopaedic Educational Services, Inc	WebExercises
Gabbett Performance Solutions	Outlaw Movement Systems, LLC	Wellesley College
		West Texas Ortho

2020 Exam Deadlines



For the most current 2020 exam deadlines, visit the [BOC website](https://www.bocatc.org).



The Profession and Parenting: Strategies for Making it Work

Rachel D. Moore M.Ed, LAT, ATC

As an Athletic Trainer (AT) it can be a challenge to balance work and family life due to long hours and irregular schedules. In this series, we feature real stories from AT parents who successfully juggle their professional and personal lives, and “make it work.”

Rachel D. Moore M.Ed, LAT, ATC is an AT practicing at Bullis School in Potomac, Maryland. She has been with the school for 11 years. Moore is also a kinesiology and rehabilitation instructor and committee chair for the Diversity Equity and Inclusion committee for the state of Maryland. She has been a BOC Certified AT since 2005. Moore took the time to share how she makes everything work in a recent Q&A.

Can you tell us a little bit about your home life?

I'm married to Christopher Moore. He works as a traveling IT specialist. We have a daughter who is six and a son who is two. My daughter is involved in a dance company and swimming. Right now, my son goes to a kid's gym for social and physical activity.

Describe a typical day.

A typical day in my household is when I wake up at 4:30 a.m. and go to the gym for some selfcare. My husband is up at 5:45 a.m. We use this time to have a cup of coffee with one another and plan the day's activities.

At 6:30 a.m., we wake up the kids and get their morning started with the usual teeth cleaned, get dressed, make lunches and eat breakfast to be out the door by 7:15 a.m. During this time, we also try to spend about 10 minutes of the morning sitting on our bed and having morning coffee and milk with our kids. It is a nice way to spend some time together and get everyone in a good mindset for the day ahead.

Between 7:30 a.m.-8 a.m., the kids are dropped off at childcare/bus stop and then I head into work. The morning is spent teaching my classes, returning emails, setting up fields and providing updates on injured patients.

In the afternoon, I spend an hour meeting with my colleague on any information and updates from the day before that we might not have been able to share with one another. From 2-6 p.m., I usually work with our middle and upper school patients with treatments, rehabs, game coverage, etc.

Depending on our evening schedule, we aim to pick up the children from childcare before 5:45 p.m. and work with them on homework or activities. We also make sure they have dinner and take them to events planned. For us, 7-8 p.m. is usually bath time, story time and getting ready for bed. Afterward, we make it a priority to have mandated family snuggle time including watching some TV or talking about the day's events. The kids are in bed by 8:30 p.m. and hopefully falling asleep quickly. After that, my husband and I have downtime before bed at 10 p.m.

As we all know with athletic schedules, it can be very fluid, and change can occur the same day. Some game days may not end until approximately 10 p.m. On those days, my husband does all the household tasks with the kids. When my husband travels, which is usually about once a month, I rely on my parents, childcare or work out a system with my coworker to be able to complete assigned duties.

What are some strategies you used to make your professional and personal life work?

When we decided to have children, I met with the administration at my job and talked about the expectations of my job and worked on ways to make sure I was able to have a work and life balance. My husband and I consistently communicate about plans for the children and ourselves. We have several calendars in the house and shared online so that we are always able to inform each other about what needs to be done. We also make sure that we utilize the people around us including family, friends, coworkers and childcare providers. You are not a failure if you need to ask for support or help.



How do you approach daily opportunities that arise as an AT and at home?

I am a big planner and things are always changing. You must be able to improvise and adjust when needed. I try and use this thought process at both work and home:

- Communication is key.
- Take advantage of all the good moments.
- Do not take work home or stressors of home to work.

What is your greatest achievement as an AT?

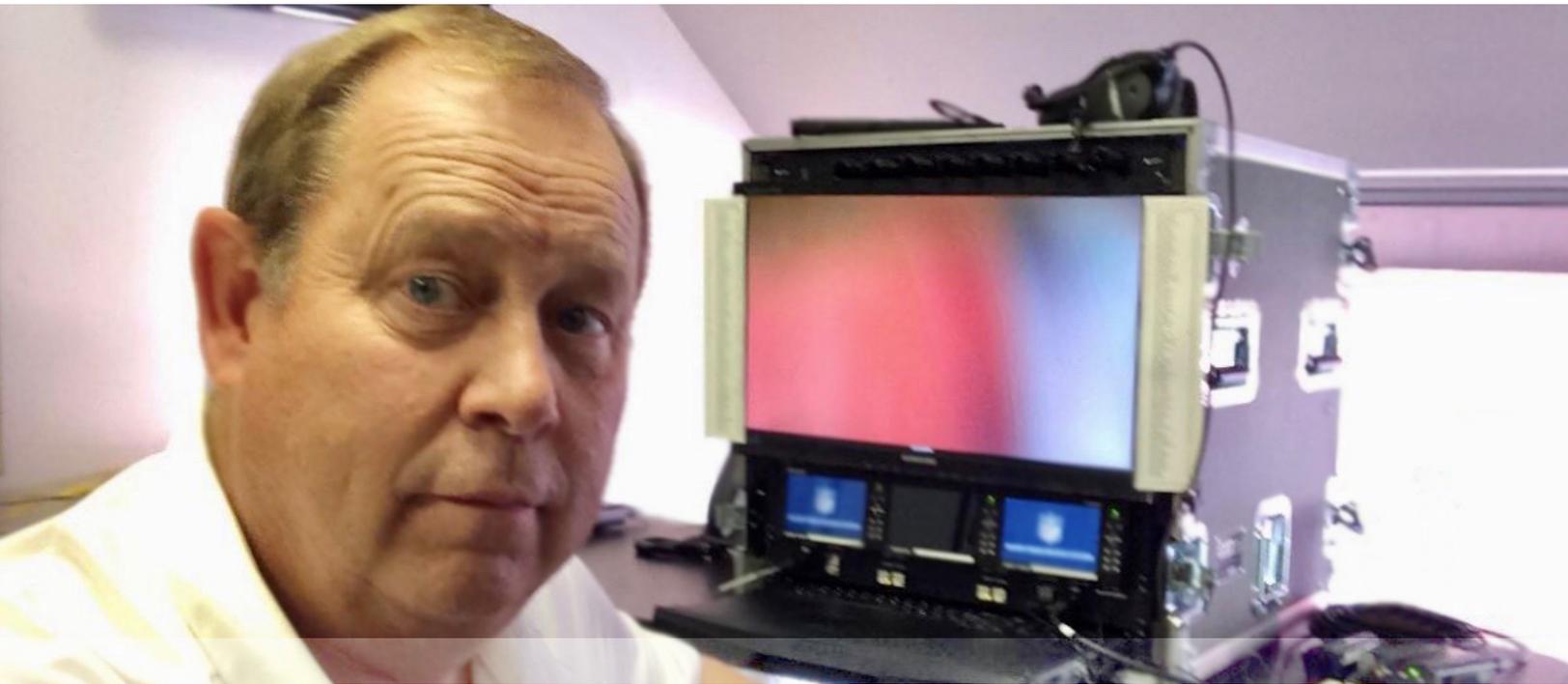
I enjoy watching patients who were injured return to play after working so hard to get better. I like to see my patients come back after graduating and maintain those relationships that were made long ago. I have seen them go to college, get married, have children and been a part of their lives through all that time. It is so meaningful.

What is the best part of your day?

The best part of my day on the job is developing relationships with the students I teach and care for on a daily basis. At home I love to see how excited my kids are when I walk through the door.

What advice would you give a fellow AT who might be struggling balancing their career and parenting?

Don't over exceed yourself in either aspect. Advocate for yourself at both work and at home. You are not doing anyone any favors if you are not taking care of yourself. It is ok to say no, and you are doing a great job!



In-Depth Look: Athletic Trainer Spotter for the National Football League



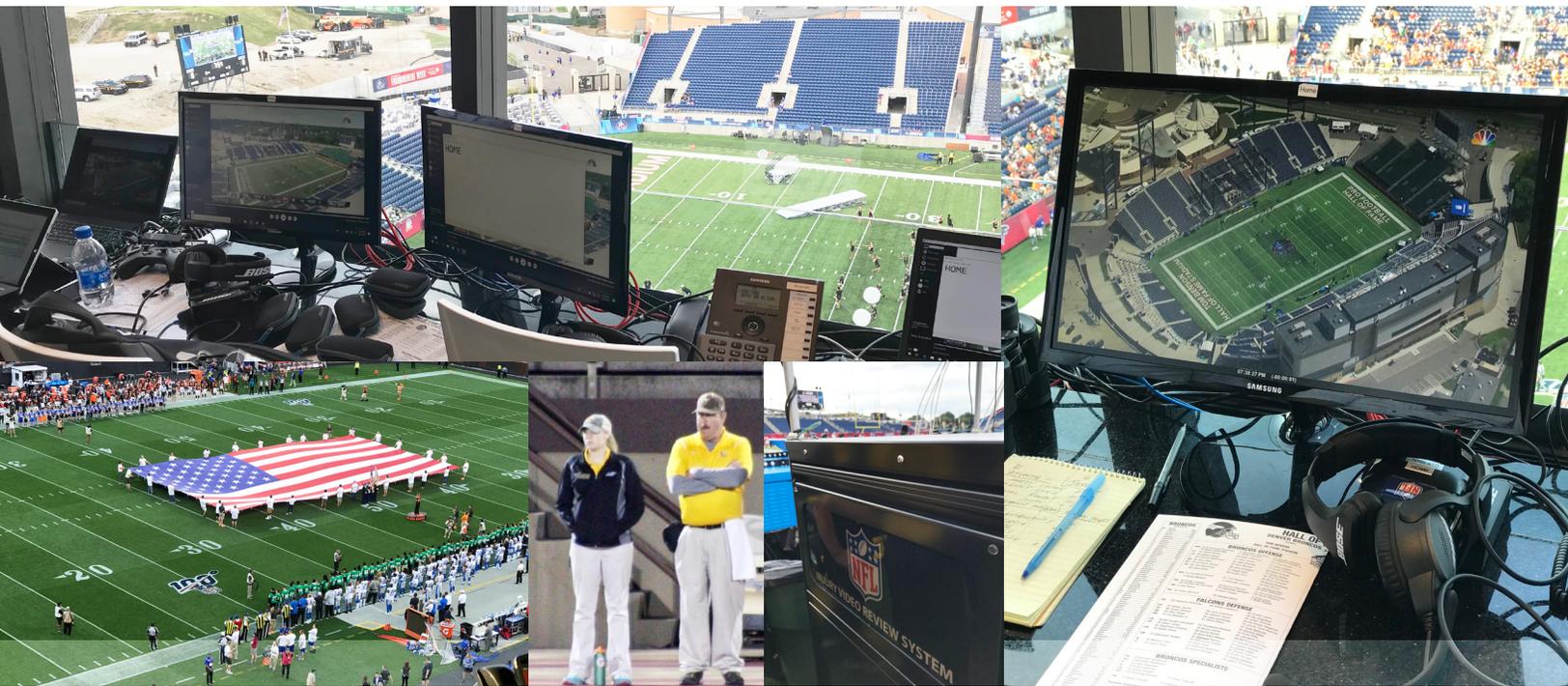
Garry Miller, ATC is an Athletic Trainer (AT) spotter for the National Football League (NFL) and has been practicing in this role since 2013. Miller has been a BOC Certified AT for the past 43 years and has practiced in multiple employment settings including high school, college, clinical and professional.

Describe your setting

As an AT spotter for the NFL, I cover NFL teams playing in Cleveland's First Energy Stadium. Our game day team is made up of two spotters, video and IT technicians. We work with the officials,

team medical staffs and independent neurologists to monitor both teams and ensure concussions and serious musculoskeletal injuries are documented and recorded for use by teams and league officials. The AT spotter is one of the few personnel who has the authority to stop the game if it becomes apparent a player is injured and should be removed from the game. The AT spotter has direct radio contact with the referee.

I had been employed by the Cleveland Clinic for 11 years and finished with them as a contracted AT for Baldwin Wallace University, in Berea, Ohio. I had previously been an assistant professor and head AT at Baldwin Wallace for 16 years. I retired from full-time athletic training on June 30, 2019.



Describe your typical day

I typically arrive four to five hours prior to kickoff. AT spotters cover their home city stadium except when their city's team travels internationally. For example, once our staff was designated as the spotter team, and we all were sent to London by the NFL for a game.

At the stadium, we meet before the game with the teams' athletic training staff. We then make sure all communication and computer equipment on the field and in our booth are in order. It is also our responsibility to visit the official's locker room to pick up computer thumb drives to be used to record game injuries. Next, we run through rosters and assign home and away teams to each spotter and video technician. We also confirm all personnel are present for the game.

Most important, 60 minutes before kickoff, we hold a medical "timeout," where team medical staff, emergency personnel and referees review procedures and protocols.

The position is satisfying to me as it is a cutting-edge program in the care and research of concussions in football. We are seeing real advances in reduction and treatment

of concussions. This work will translate across more than just football. We are pioneers in a program protecting all athletes.

“The position is satisfying to me as it is a cutting-edge program in the care and research of concussions in football.”

What is your greatest achievement as an Athletic Trainer?

My greatest achievement as an AT was to see so many students that I mentored go on to successful careers in athletic training, physical therapy and medicine.

What advice do you have about your practice setting for a young AT looking at this setting?

Young professionals interested in entering this setting need to educate themselves about concussion care and protocol and gain experience with football at the highest levels. Unfortunately, to work as an AT spotter in the NFL, you will need to live near an NFL city. However, there are other opportunities to work as a AT spotter within college sports.



The BOC tracks state and federal regulatory actions affecting the athletic training profession. Visit the [BOC website](#) to view the full list of legislative bills that impact Athletic Trainers (ATs) and [BILLTRACK50.com](#) to track the legislation listed below.

Alabama	HB141 and SB93 (modernizes current law)
Arizona	SB1050 (continues board of athletic training) Signed by Governor and SB1127 (dry needling)
California	AB1665 (licenses ATs)
Florida	H0485 and S0226 (modernizes current law) PASSED
Iowa	SSB3141 (consolidates AT board with occupational therapy and physical therapy board)
Illinois	SB3878 (modifies current law)
Kentucky	SB125 (modernizes current law) PASSED
Massachusetts	H3483 and S1338 (modernizes current law)
Maryland	HB576 and SB732 (modernizes current law) PASSED
Minnesota	HF2920 and SF2919 (modernizes current law)
Missouri	SB670 (modernizes current law) and SB916 (reimbursement)
New Jersey	S1830 (modernizes current law)
New York	A05972 and S05127 (modernizes current law)
Ohio	HB484 (modernizes current law)
Utah	HB0252 (reimbursement)
Virginia	HB1260 (modifies advisory board member description) PASSED and HB59 (reimbursement)
Vermont	H0915 (requires ATs be present at public school-sponsored field hockey and soccer events)
Washington	HB1689 (modifies current law)
West Virginia	HB2401 (modifies current law) and HB4105 (requires public schools to have full-time ATs on staff)

Monitor legislative bills that affect ATs with the Bill Widget under “State Regulators” on the [BOC website](#). Click on “Legislation” to see current bills.

US H.R. 5339 - Freedom to Invest in Tomorrow’s Workforce Act

Through its membership with the [Professional Certification Coalition](#), the BOC supports H.R. 5339, the Freedom to Invest in Tomorrow’s Workforce Act. H.R. 5339 is a bipartisan bill that would allow individuals like BOC certificants and applicants who hold or seek professional certifications to have greater flexibility in pursuing educational and career opportunities and will help more people enter and thrive in the workforce.

H.R. 5339 would amend the tax code to permit beneficiaries to use funds in 529 savings plans to pay for expenses associated with obtaining or maintaining postsecondary credentials, which include professional certificates or certifications. In particular, beneficiaries would be able to use their 529 funds to pay for costs related to certification exams and certification maintenance, such as test prep materials, practice exams, exam fees, continuing education and renewal fees.

If you would like to support H.R. 5339, the BOC encourages you to contact your [representative](#).

ATHLETIC TRAINING

RESEARCH AGENDA

The purpose of the Athletic Training Research Agenda is to identify research priorities and unify research with clinical practice to improve patient care and advance the profession. The inter-association task force used a mixed-method research approach. Through focus groups, content analysis expert review and the survey of athletic trainers, the research priorities were identified.

HEALTH CARE COMPETENCY

Applying effective interventions (e.g., rehabilitation, modalities, pharmacology)

Establishing evidence to support return-to-life/play/work decisions

Preventing musculoskeletal injuries

Recognizing and referring patients with behavioral and mental health conditions

Reducing public health risks across the lifespan (e.g., sudden death, concussion, osteoarthritis)



HEALTH CARE ECONOMICS

Demonstrating return on investment, cost effectiveness and revenue generation associated with employing athletic trainers

Establishing appropriate patient-practitioner ratios to ensure patient safety and high-quality care

Evaluating the ability to minimize health care costs for patients and maximize efficiency of patient care across the lifespan



VITALITY OF THE PROFESSION

Advancing the reputation of the profession and the value of an athletic trainer

Determining the effectiveness of interprofessional practice

Evaluating the medical model and independent medical care free of influence or bias

Exploring solutions to improve work-life balance

Improving retention of athletic trainers

Investigating issues related to diversity in the profession



HEALTH INFORMATION TECHNOLOGY

Determining the effectiveness of standardized communication and/or electronic medical record systems in clinical practice

Generating, analyzing, and applying "big data" to inform clinical decisions

Evaluating comprehensive point-of-care data that includes patient- and clinician-rated outcome measures

Improving medical documentation compliance and quality



HEALTH PROFESSION EDUCATION

Exploring educational pathways for developing clinical specialists

Exploring methods to maintain and advance competence

Investigating and advancing teaching and learning in professional preparation



PROFESSIONAL PRACTICE & DISCIPLINE

The Professional Practice and Discipline Committee is responsible for the oversight and adjudication of the “**BOC Standards of Professional Practice**,” which consists of the Practice Standards and the Code of Professional Responsibility. The committee has jurisdiction over all BOC Certified Athletic Trainers (ATs) and both current and prospective BOC exam applicants. The “BOC Standards of Professional Practice” and “**Professional Practice and Discipline Guidelines and Procedures**” can be viewed on the BOC website.

Disciplinary Actions

The following is a summary of the violations that were reported and decided on by the committee from August 14, 2019 to February 26, 2020:

Candidates

- 26 candidates were found guilty of taking action(s) that led to or may have led to a conviction (Code 3.10) (Code 3.11 – SOPP 2006; Code 3.9 - SOPP 2016)
 - All candidates were granted exam eligibility and, if necessary, placed on probation for a period once they became certified

Athletic Trainers

- 1 AT entered into a consent agreement with a public censure, an ethics course and probation for failing to protect the patient from undue harm and act in the patient's best interests (Code 1.2)
 - 2000017185 Ryan Butler
- 2 ATs entered into a consent agreement with a private censure and/or audit and/or ethics course for failing to comply with the most current BOC recertification policies and requirements (Code 2.2 & 3.8 SOPP - 2018)
- 13 ATs were suspended for failing to comply with the most current BOC recertification policies and requirements (Code 2.2 & 3.8 SOPP 2018)
 - 049502397 Christine Basic-Krowiarz
 - 2000019702 Dylan Burleson - reinstated
 - 2000005297 Erica Campbell
 - 070302087 Teresa Kircher
 - 2000002311 Lauren Lattimer - reinstated
 - 2000019207 Patrick Manning
 - 2000017692 Joseph Martin
 - 2000017061 Kevin Morris - reinstated
 - 2000002979 Christopher Murtha
 - 000080376 John Nelson
 - 2000015753 Matthew Petersen
 - 2000018886 Carlie Popovich
 - 030702134 Chad Weprin
- 5 ATs failed to comply with state law pertaining to the practice of athletic training (Code 3.2); and were found guilty of practicing without a state license for a period of time

- private censure and ethics course (1)
- private censure and probation (3)
- suspension (1)
 - » 2000003016 Nicholas Alexander
- 13 ATs failed to comply with state law pertaining to the practice of athletic training (Code 3.2)
 - private censure (8)
 - private censure and ethics course (1)
 - public censure (2)
 - » 2000003508 Daniel Sigley
 - » 2000003452 Daniel O'Connell
 - suspension (2)
 - » 2000003549 Brandon Albin
 - » 000041638 Larry Howard
- 20 cases were dismissed
- 16 complaints
 - dismissed (8)
 - pending (8)

The BOC posts all public disciplinary actions on the [Disciplinary Action Exchange \(DAE\)](#). The DAE can be found on the BOC website. The DAE is also available to states to post state regulatory disciplinary actions.

If any member of the public (BOC Certified Athletic Trainer, employer, consumer, etc.) feels that an individual has violated one or more of the “BOC Standards of Professional Practice,” they can file a complaint. The online complaint form can be found on the [BOC website](#).

SOPP 2006 – Used if violation occurred after 1/1/2006 and prior to 9/1/2016

SOPP 2016 – Used if violation occurred after to 9/1/2016 and prior to 1/1/2018

SOPP 2018 – Used if violation occurred after 1/1/2018 and prior to 1/1/2019

SOPP 2019 – Used if violation occurred after 1/1/2019

1.2 – Protects the patient from undue harm and acts always in the patient's best interests and is an advocate for the patient's welfare, including taking appropriate action to protect patients from health care providers or athletic training students who are, impaired or engaged in illegal or unethical practice

NATA Convention Updated

Over the past few months, NATA has extensively monitored and analyzed the evolving reality and impact of COVID-19, working with the city of Atlanta and our event partners to explore the most optimal solutions for the 71st NATA Clinical Symposia & AT Expo (NATA Convention) given the unprecedented circumstances. At the center of all discussions and decisions have been the overall safety and well-being of all involved – our members, staff, exhibitors, sponsors and vendor partners. After thoughtful and data-driven deliberations, the NATA Board of Directors voted unanimously that we will not hold the in-person NATA Convention, June 17-20 in Atlanta. We fully anticipate returning to an in-person schedule with 72nd NATA Clinical Symposia & AT Expo, June 29-July 2, 2021, in Orlando, Florida.

In addition, it is with excitement and optimism that we announce that NATA will host a virtual format of the NATA Convention 2020 this summer. While nothing can replace the in-person event, we are confident in the amazing program and surprises our leaders and staff have in store for this virtual experience. The virtual convention will capture many of the experiences of our in-person event: Evidence Based Practice and Category A continuing education and professional development, networking opportunities and the chance to explore the latest products and services through

a virtual AT Expo. The official dates and details for the NATA Virtual Convention 2020 will be announced as soon as possible, along with registration information. Visit the [NATA Convention website](#) for more information.

Vote for NATA's Next President

This year is an election year for the NATA membership. During the NATA Joint Committee Meeting in January, the Presidential Nominating Committee, comprised of two representatives per NATA District, selected the final two presidential candidates: Kathy Dieringer, EdD, LAT, ATC, and Katie Walsh Flanagan, EdD, LAT, ATC. Voting will take place this summer, with the new president taking office during the 72nd NATA Clinical Symposia & AT Expo in 2021. To learn more about the election and the two candidates, visit the [NATA website](#).

Congratulations to All of Our Award Winners

This year, NATA welcomes six Athletic Trainers into its Hall of Fame. The NATA Hall of Fame Class of 2020 includes: Glen "Larry" Cooper, MS, LAT, ATC, Denise M. Fandel, MBA, CAE, AT Ret, Greg Gardner, EdD, LAT, ATC, Kevin M. Guskiewicz, PhD, ATC, Jeff Konin, PhD, ATC, FNATA, and Mark A. Letendre, ATC. For a list of all of this year's national award winners, visit the [NATA website](#).

2.2 (2.3 SOPP 2006) - Complies with the most current BOC recertification policies and requirements

3.2 - Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.9 (SOPP 2006) - Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public

3.10 - Takes no action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse or misconduct; actual or threatened use of violence; the prohibited sale or distribution of controlled substances, or the possession with intent to distribute controlled substances; or improper influence of the outcome or score of an athletic contest or event

3.12 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training

3.13 Cooperates with BOC investigations into alleged illegal or unethical activities. Cooperation includes, but is not limited to, providing candid, honest and timely responses to requests for information

3.16 Complies with all conditions and requirements arising from certification restrictions or disciplinary actions taken by the BOC, including, but not limited to, conditions and requirements contained in decision letters and consent agreements entered into pursuant to Section 4 of the "BOC Professional Practice and Discipline Guidelines and Procedures"

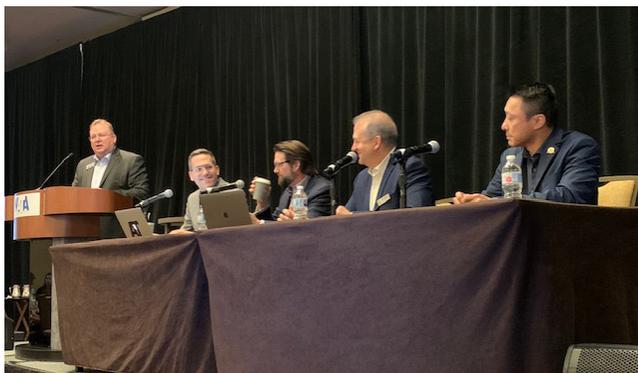
BOC NEWS in Brief

2020 Joint Committee Meeting

During the 2020 Joint Committee Meeting, BOC President Patrick Sexton, along with the other presidents of the Strategic Alliance, presented information on [Continuing Professional Certification](#) and the Orthopedic Specialty Certification to the AT Strategic Alliance.



BOC Board President Patrick Sexton presenting during the 2020 Joint Committee Meeting.



AT Strategic Alliance presentation.

The BOC Responds to Coronavirus Health Crisis

During the coronavirus (COVID-19) pandemic, the BOC has continued to diligently monitor the developing situation. We are proud to report that the BOC has maintained operations while keeping the safety and well-being of all stakeholders the top priority.

- The BOC has a Continuity of Operations Plan in place to allow for flexible work practices in order to be prepared for times like these. Our technology has allowed staff members to operate away from the BOC office to support social distancing efforts while being readily available to our stakeholders. As a result, we have remained fully operational.
- The BOC has been communicating with candidates, program directors and Scantron, our testing provider, throughout the COVID-19 health crisis to provide the best possible options for candidates preparing for the BOC exam.
- The BOC continues to work with all Athletic Trainers (ATs) knowing there will be lapses in emergency cardiac card certification and issues finding classes due to cancellations.
- The BOC has been communicating with BOC Approved Providers who have faced the decision to cancel or to modify their live continuing education programs. The BOC does recognize the need for ATs to have access to these continuing education programs and we continue to work with BOC Approved Providers.

We'd like to thank the efforts of the BOC staff, board and volunteers, strategic partners and stakeholders for pulling together during this fluid situation. It's times like these that show the strength of the organization and the people who keep it operational.



Meet the BOC Volunteers

The BOC would like to take this opportunity to thank all of our BOC volunteers who serve as BOC board members, committee, task force and workgroup members and exam item writers. The BOC welcomes volunteers from a variety of backgrounds. In this feature, we highlight two former BOC volunteers, Joseph Lueken and Jerry Diehl who have made an impact at the BOC and within the athletic training profession. We appreciate your hard work and dedication.



Joseph S Lueken MS, LAT, ATC
Senior Assistant Athletic Director
Head Athletic Trainer
Indiana University

Joseph Lueken recently finished his second term as co-chair of the Exam Development Committee which he has been a part of for over 25 years.

What is the best or most rewarding part about volunteering with the BOC?

The friendships I have developed over the years with all the volunteers who support the BOC have been incredibly rewarding to me. It has been an honor to work with the Exam Development Committee and the BOC staff who have helped develop an excellent BOC exam for our profession.

How has your experience volunteering at the BOC influenced you?

Working as a volunteer with the BOC has influenced me in several ways. Not only has it taught me a wonderful way to give back to the profession, but it has taught me how to interact with and lead a group of dynamic professionals. It has kept me up to date on new trends within the profession, some of which I have introduced to my current staff at IU. I have learned additional ways of leading large groups and keeping everyone focused on a common goal.

What advice would you give to an AT looking to get involved as a BOC volunteer?

Just do it. Commit yourself to some challenging work and enjoy the process. It is very important for the BOC to have quality individuals volunteer their precious time for the greater good of the profession. Give yourself an opportunity to meet some great people who will become life-long friends and who, over time, will challenge you to become a better person and professional.



Jerry Diehl

Jerry Diehl served on the Professional Practice and Discipline Committee for eight years and served two terms on the BOC Board of Directors.

What is the best or most rewarding part about volunteering with the BOC?

As a board member and committee member, I have seen the status of the BOC grow. The protection of the public has always been a priority of the BOC, and I am proud to be a part of the growth.

How has your experience volunteering at the BOC influenced you?

Volunteering has given me insight into the thinking of our young ATs and the changing philosophy and needs of this group of potential candidates. It has allowed me to be more open in my thinking about their needs and wants.

What advice would you give to an AT looking to get involved as a BOC volunteer?

Offering to be on a committee or serve in any capacity within your community is not only a feel-good moment for yourself but it shows commitment to the community.

To learn more about volunteer opportunities with the BOC visit the [BOC website](https://www.bocatc.org).

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