I have read and understand the information in this student manual. I agree to abide by the policies contained within this student manual.

Signed: ________________________________________________________________

Print name: ____________________________________________________________

Date: ___________________________   SiS #: ______________________________
Appendix B Honor Code Testament

University of Massachusetts Lowell
School of Health and Environment

Department of Physical Therapy

Honor Code

I agree to adhere to the Honor Code of the Physical Therapy Department throughout my tenure in the Exercise Physiology program. I understand I am responsible for complying with professional standards of behavior. I understand prohibited practice and behaviors include cheating, lying or plagiarizing. The preservation of integrity in the academic process is an exercise of professional judgment. The Honor Code also requires that I will report to the faculty observable behaviors in other students who violate the Honor Code. The preservation of integrity in academic process is a responsibility of everyone.

Signed: _________________________________________________________________
Print name: ______________________________________________________________
Date: ________________________                    SiS #: ___________________________
CRITICAL INCIDENT REPORT

Student’s name:
Evaluator/Observer:
Date:
Description & Date of Incident:
Generic Abilities:
Actions & Strategies Taken:
Student Comments:

Student’s Signature ___________________________ Date __________

Evaluator’s Signature ___________________________ Date __________

cc: Department Chair
    academic folder
    student
Appendix D        Exercise Physiology Program, Department of Physical Therapy, University of Massachusetts Lowell
Certiphi myRecordTracker Requirements/Checklist

Requirement Name

Physical Examination
Please upload your completed physical examination form. This must be completed annually. Please enter the expiration date 1 year from the date of physical. Any physical form is acceptable.

MMR (Proof of 2 doses OR Titer)
Upload proof of 2 MMR vaccines or provide a positive antibody (IGG) titer to show immunity. If the titer is negative or equivocal, provide documentation of a booster and a second titer. If the second titer is still negative, a second vaccination must be administered.

Varicella
Provide documentation of 2 varicella vaccines, or positive antibody titer showing immunity. History of Chicken Pox is also accepted. If the titer is negative or equivocal, provide documentation of a booster and a second titer. If the second titer is still negative, a second vaccination must be administered.

Hepatitis B (Vaccine)
Upload documentation of initial series of 3 Hepatitis B vaccines. If documentation of HEP B series is not available, documentation of a positive titer is acceptable. If the Titer is negative, please provide documentation of second series of Hep B vaccinations (2 or 3 injections may be needed and confirmed with a titer). If second titer is negative, then you are a non-responder. Please see your physician to discuss what is needed. If physician provides you with a non-responder form please upload that form into the system.

Tetanus, Diphtheria & Pertussis (Tdap)
Must provide documentation of a Tdap vaccination administered within the past 10 years. If documentation of Tdap is not within the past 10 years; documentation of Tdap vaccine and current TD booster are required.

CPR Certification
Must include adult, infant and AED certification. Please upload your signed CPR Certificates including the front and back. Please set the expiration date as 2 years from the date received.

Flu Shot
Did you receive a flu shot administered during the current flu season? If you answer yes, please upload your document.

Mantoux(1 Step PPD)
PPD (1-Step) - 1-Step PPD is required. The expiration date is to be set at one year from the date of the test. If results are positive, a clear chest X-Ray must be provided (done within the past 5 years). Quantiferon TB Gold test is also accepted. If you have received a BCG vaccination, and have had a positive PPD in the past; a chest X-Ray must be provided but is good thru graduation. **Students who are required to upload a 2 Step PPD Please upload it here.** Please refer to language below as to what is needed for a 2 Step PPD. (2-Step)- If 2 Step PPD is required. The expiration date is to be set at one year from the date of the test. If results are positive, a clear chest X-Ray must be provided (done within the past 5 years). Quantiferon TB Gold test is also accepted. If you have received a BCG vaccination, and have had a positive PPD in the past; a chest X-Ray must be provided but is good thru graduation.

CORI Process
Have you completed the CORI Process?

HIPAA Certificate
Have you received training in HIPAA?

OSHA Certificate
Have you received your OSHA Certificate?
Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

The University of Massachusetts Lowell is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The University of Massachusetts Lowell to submit a CORI check for my information to the DCJIS.

This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The University of Massachusetts Lowell with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The University of Massachusetts Lowell, may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that The University of Massachusetts Lowell, must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_________________________  _______________________
Signature of CORI Subject                         Date
### SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.

* First Name: ___________________________  Middle Initial: ___________________

* Last Name: ___________________________  Suffix (Jr., Sr., etc.): ___________________

Former Last Name 1: ___________________________

Former Last Name 2: ___________________________

Former Last Name 3: ___________________________

Former Last Name 4: ___________________________

* Date of Birth (MM/DD/YYYY): ___________________________  Place of Birth: ___________________________

* Last SIX digits of Social Security Number: ____________ -- ____________  □ No Social Security Number

Sex: ___________________________  Height: _____ ft. _____ in.  Eye Color: ___________________________  Race: ___________________________

Driver’s License or ID Number: ___________________________  State of Issue: ___________________________

Father’s Full Name: ___________________________

Mother’s Full Name: ___________________________

### Current Address

* Street Address: ___________________________

Apt. # or Suite: ___________________________  *City: ___________________________  *State: _________  *Zip: ___________________________

### SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

________________________

Verified by:

________________________  Print Name of Verifying Employee

________________________  Signature of Verifying Employee  Date
### Bachelor of Science in Exercise Physiology Degree Pathway

**FRESHMAN (First Year)**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Credit</th>
<th>Spring</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSCI.1010 Human Anatomy &amp; Phys. I (SCL)</td>
<td>3</td>
<td>HSCI.1020 Human Anatomy &amp; Phys. II (SCL)</td>
<td>3</td>
</tr>
<tr>
<td>HSCI.1030 Human Anatomy &amp; Phys. I Lab</td>
<td>1</td>
<td>HSCI.1040 Human Anatomy &amp; Phys II Lab</td>
<td>1</td>
</tr>
<tr>
<td>ENGL.1010 College Writing (Gen. Ed.)</td>
<td>3</td>
<td>ENGL.1020 College Writing II (Gen. Ed.)</td>
<td>3</td>
</tr>
<tr>
<td>PSYC.1010 Psychological Science (Gen. Ed. SS)</td>
<td>3</td>
<td>PSYC.2600 Child &amp; Adolescent Dev. (Gen. Ed SS)</td>
<td>3</td>
</tr>
<tr>
<td>EXER.1010 EP Freshman Seminar</td>
<td>1</td>
<td>PUBH.1021 Introduction to Public Health</td>
<td>3</td>
</tr>
<tr>
<td>MATH.2830 Introduction to Statistics (Math)</td>
<td>3</td>
<td>BIOL.1220 Biology for Health Sciences</td>
<td>3</td>
</tr>
<tr>
<td>SOCI.1010 Intro. Sociology (Gen. Ed. SS, D, E</td>
<td>3</td>
<td>BIOL.1240L Biology for Health Sciences Lab</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total Credits:**

- **Fall:** 17
- **Spring:** 17
- **Total:** 34

**SOPHOMORE (Second Year)**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Credit</th>
<th>Spring</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTR.2060 Human Nutrition</td>
<td>3</td>
<td>EXER.2020 Intro. to Exercise Physiology</td>
<td>3</td>
</tr>
<tr>
<td>xxx..xxx Phys. Chem/Chemistry I Lecture and Lab*</td>
<td>4</td>
<td>xxx..xxx Phys. Chem/Chemistry II Lecture and Lab*</td>
<td>4</td>
</tr>
<tr>
<td>PHYS.1030 General Physics I Lecture</td>
<td>3</td>
<td>PHYS.1040 General Physics II Lecture</td>
<td>3</td>
</tr>
<tr>
<td>PHYS.1030L General Physics I Lab</td>
<td>1</td>
<td>PHYS.1040L General Physics II Lab</td>
<td>1</td>
</tr>
<tr>
<td>xxx..xxx (Gen. Ed.) Arts/Humanities Elec.</td>
<td>3</td>
<td>xxx..xxx (Gen. Ed.) Arts/Humanities Elec.</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credits:**

- **Fall:** 14
- **Spring:** 14
- **Total:** 28

**JUNIOR (Third Year)**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Credit</th>
<th>Spring</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSCI.3500 Human Biochemistry</td>
<td>3</td>
<td>HSCI.3060/PSYC.3600 Intro. to Gerontology/Adult Development and Aging</td>
<td>3</td>
</tr>
<tr>
<td>EXER.3050 Exercise Physiology I</td>
<td>4</td>
<td>EXER.4060 Exercise Physiology II</td>
<td>4</td>
</tr>
<tr>
<td>EXER.3070 Exercise Physiology I Lab</td>
<td>1</td>
<td>EXER.4080 Exercise Physiology II Lab</td>
<td>1</td>
</tr>
<tr>
<td>EXER.3150 Kinesiology</td>
<td>3</td>
<td>EXER.3560 Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>EXER.3170 Kinesiology Lab</td>
<td>1</td>
<td>EXER.3010 EP Junior Seminar</td>
<td>1</td>
</tr>
<tr>
<td>xxx..xxx (Gen. Ed.) Arts/Humanities Elec.</td>
<td>3</td>
<td>PSYC.2720 Abnormal Psychology</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credits:**

- **Fall:** 15
- **Spring:** 15
- **Total:** 30

**SENIOR (Fourth Year)**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Credit</th>
<th>Spring</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXER.4120 Clinical Practicum (1/2 the class)</td>
<td>4</td>
<td>EXER.4200 Advanced Study in EP**</td>
<td>3</td>
</tr>
<tr>
<td>EXER.4170 Research Methods in Ex. Phys.</td>
<td>3</td>
<td>xxx..xxx Free Elective</td>
<td>3</td>
</tr>
<tr>
<td>EXER.4180 Senior Seminar</td>
<td>3</td>
<td>xxx..xxx Free Elective</td>
<td>3</td>
</tr>
<tr>
<td>EXER.4220 Exercise Prescrip. &amp; Prog.</td>
<td>3</td>
<td>xxx..xxx Free Elective</td>
<td>3</td>
</tr>
<tr>
<td>xxx..xxx Free Elective</td>
<td>3</td>
<td>xxx..xxx Free Elective</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credits:**

- **Fall:** 16
- **Spring:** 12
- **Total:** 28

**OR**

**SENIOR (Fourth Year)**

<table>
<thead>
<tr>
<th>Fall</th>
<th>Credit</th>
<th>Spring</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXER.4170 Research Methods in Ex. Phys.</td>
<td>3</td>
<td>EXER.4120 Clinical Practicum (1/2 the class)</td>
<td>4</td>
</tr>
<tr>
<td>EXER.4220 Exercise Prescrip. &amp; Prog.</td>
<td>3</td>
<td>EXER.4180 Senior Seminar</td>
<td>3</td>
</tr>
<tr>
<td>xxx..xxx Free Elective</td>
<td>3</td>
<td>xxx..xxx Free Elective</td>
<td>3</td>
</tr>
<tr>
<td>xxx..xxx Free Elective</td>
<td>3</td>
<td>xxx..xxx Free Elective</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credits:**

- **Fall:** 15
- **Spring:** 13
- **Total:** 28

---

*Science Electives (sophomore year):
- Physiological Chemistry I HSCI.2510 and HSCI.2530 (fall), General Chemistry I CHEM.1110 and CHEM.1130L (summer), Chemistry I CHEM.1210 and CHEM.1230L (fall)
- Physiological Chemistry II HSCI.2520 and HSCI.2540 (spring), General Chemistry II CHEM.1120 and CHEM.1140L (summer), Chemistry II CHEM.1220 and CHEM.1240L (spring)

**Advanced Study in EP can be substituted with Directed Study in Health Promotion.**