## To Begin, Copy The Link Into A New Tab/Window In Order To View The Website and This Document Simultaneously:

https://www.atsusers.com/atsweb/login.aspx?db=atshawksat

# You will be presented with the the Login screen below:

Athletic Trainer System
Athlete ID:
Database: atshawksat
Forgot your Password?
atshawksatATS Athlete Portal Version 2.0.0.0 TS Copyright © 2013, Keffer Development Services, LLC

# Default Password is **password**

Type Your Student ID Number (nXXXXXXX) for the Athlete ID Box and Type password into the Password Box

\*\*\*If you are a returning athlete, you should have changed your password after your initial login. If you are having problems, I would try the default password of password. If you are still having problems, click "Forgot your Password?"

You will see the screen shot to the right. Follow the onscreen instructions. If you still have problems, contact <u>HawksAT@newpaltz.edu</u>

F	Forgot your Password?							
Please enter your Athlete ID, Email Address and Database,if not entered above, and click Submit. Athlete								
Email:								
Database:	Database:							
Please contact your medical staff if you do not know all the information above to request your password.								
Subr	nit Cancel Close							

# After clicking "Login", you will be see the screen below



# Click on "Athlete Information"

After clicking on "Athlete Information", you will see the screen below. Follow the directions below for completing the "General" tab.

🤽 Athlete Infor	mation		Menu Logout
General Medical History	Insurance Contacts At	nlete Forms eFiles	
	Tan colored items are r	equired to be filled out.	
Name:	John	Doe	
Candori	(First)	(MI) (Last)	
Gender:	Male	DOB: 04/15/1981 Format mu	st be mm/dd/yyyy
Phone:		Cell: 845-257-1234	
Email:	lurieb@newpaltz.edu	SSN #: 123456789	
Text Address:		Cell Phone Carrier Domain	<u>i Info</u>
Twitter Terry	(1234567850@domain.com)		
Twitter Tag.	100 IK-s Deed		
Address:	123 Vine Koad	<u>^</u>	
		<b>T</b>	
City:	New Paltz	State/Province: NY	
Zip Code:	12561	Country:	
College/Local Address:	1 Hawk Drive	^	
College/Local Address.		-	
City:	New Paltz	State/Province: NY	
Zip Code:	12561	Country:	
Athlete ID: N02751472 Used to log into the ATS / Alternate ID: johndoe Password: password At least 8 characters usin Year: Sophomore Blood Type: Driver #: Passport #:	Athlete Portal and Kiosk. g numbers and letters.		
Medical Alerts (Size limit 20	0)	▼	
, biou Pie			
		*	
Allergies (Size limit 200)			
Latex,		* *	
Current Medications (Size li	mit 200)		
Claritin-D 24 Hour,		A	
		-	
Save Athlete Information	Verify Athlete Information and up to date. This is a	on I verify that the information ab only required if no changes have be	ove is correct een made.
T.	Database: atshawkaat   ATS A Copyright © 2013, Keffer De	thiete Portal Version 2.0.0.0 ivelopment Services, LLC	Menu Logout

Boxes in yellow are the only required fields.

Input or update any of the information as needed:

- 1. Date of Birth
- 2. Cell phone
- 3. Email address
- 4. Social Security Number
- 5. Primary address or home address

6. College/Local address should be your dorm name and dorm room number

7. DO NOT CHANGE YOUR Athlete ID

 8. Change the default password to something you will remember for future logins.
 9. The system will automatically update your year in school, DO NOT CHANGE THIS BOX.

10. Input medical alerts, allergies and/or medications. If you do not have any, please select None from each of the drop-down menus.

Once you have changed all the necessary information, click "Save Athlete Information".

If no changes were necessary, click "Verify Athlete Information".

#### Scroll back to the top of the page and click the "Surgery" tab.

#### The following page will appear:

🧐 Athl	lete Info	ormatio	n - Suny N		Z				Ple
General	Surgery	Insurance	Contacts	Forms	eFiles				yo
Please answ save at the b	er the question ottom for cha	ons below and anges to take a	d edit or insert affect.	t any surge	ries you ma	y have had. You	ı must click		То
Surgeries:	S ⊕Add ∕Eo	dit 🐻 Delete	<b>G</b> Refresh						
Surgery Date	Therapy Completed	Body Part	Doctor				Hospital & City		
No records f	ound.								
Other Me	edical Not	tes							
							,		Th to
Save Medio	cal History	Verify Medica	al History I ve	erify that th	e medical h	istory above is o	correct and u	p to date. This	su
ATS					Database Copyri	: atshawksat   AT S ght © 2017, Keffer I	Athlete Portal V Development Se	lersion 2.0.0.0 ervices, LLC	da th

Please list any surgeries that you may have had.

To do this, click on "Add".

58 I	<b>Athl</b>	ete Inf	ormatio	n - SUNY N	IEW PALT	z			
Gen	eral	Surgery	Insurance	Contacts	Forms	eFiles			
Please save a Surg Surg Surg	Add n Add n Surge	er the questi ottom for ch ew item ew item ry Date: py Complete	ons below and anges to take a	edit or inser affect.	t any surger	ies you ma	y have had. Y	/ou must clic	<b>k</b> City
No fe	Body Docto Hospi Proce	Part: r: tal & City: dure & Notes	5. 5.		•				
Save	Medic	al History	Verify Medica	al History 1 v	erify that the	e medical h	istory above i	is correct and	l up to date. Th
ATS	, moule	arrinotory	- conty histoice		and the the	Database Copyri	e: atshawksat   A ght © 2017, Keff	TS Athlete Por er Developmen	tal Version 2.0.0.0 t Services, LLC

The screen will then change to allow you to input your surgery date, body part, the date therapy was completed, the surgical procedure performed, the location of the hospital or medical facility and the doctor who performed the surgery.

Once completed, click the blue check mark.

If you have never had any surgeries, leave this tab blank.

Once you have changed all the necessary information, click "Save Athlete Information". If no changes were necessary, click "Verify Athlete Information".

## Click on the "Insurance" tab

Athlete I	nformation	Menu Logot	Click "Add" to input your				
General Medical History Insurance Contacts Athlete Forms eFiles Current insurance							
Incurance			information or click on the				
Insurance	No Primary Insurance		number in the first column				
Incurance: OA	dd - Edit - Doloto - C Dofroch						
Insurance: 🖶 A	ad / Ealt @Delete -Refresh		then click "Edit" to make any				
Payor	Plan Info & Physician (PCP)	Policy Holder Information	changes to your current				
-			insurance information.				
1 Company:	Empire Plan - NYSHIP	Name: John H. Doe					
Location:	Medical - PPO	SSN: 123-45-6789	If your insurance company is not				
Co. Phone:	800-EMPIRE	Gender: Male	listed in the drop-down menu, click				
Plan:		Athlete's Relation:	red exit symbol in the lower left				
Plan Type:	Code A	Address: 123 Vine Road	corner. Then click "Add a New				
ID #:	123456789	State/Zip: NY 12561	Insurance Company. The window				
Group #:		Phone: 845-257-1234	below will pop-up and allow you to				
PCP:		Employer: SUNY New Paltz	add your insurance company. Click				
Card Image	es: Front Back		"Save Company". Once completed, it				
Card Image			will now be available to choose from				
Add a New Insura	nce Company If you are not able to	Verify Insurance Information I verify that the	the drop-down menu.				
find your insurance	e company in the list, close the	to date. This is only required if no changes					
Edit Insurance Information:		Add a new insurance company: (	If not listed in the company drop-down list.)				
Edit Insurance Information:			Save Company				
Company:	Empire Plan - NYSHIP	lon 2.0. es. LLC					
Ins. Type:	Medical - PPO T		Close				
Payor # (1=Primary):	1						
Co. Phone:	800-123-4567	Input as much information	from vour insurance card as				
Plan: Plan Type:		nossible Some insurance of	ards will have some information				
CoPav:		and others will not					
ID #:	123456789	and others will not.					
Group #:			number if you have both a primary				
Deductable \$:		Payor # is simply a ranking	number II you have boin a primary				
or Deductable (in words):		and secondary insurance p	olicy. Primary insurance should be				
Primary Care Physician:		denoted with 1 and second	ary with 2; dental and vision plans				
Physician Phone:		with any number >2.					
Policy Holder First Name:	Bryan						
Policy Holder Middle Name:		Front and back images of y	our insurance cards are required.				
Policy Holder DOB:	4/14/1981	Taking a digital picture is the	he easiest way to accomplish this.				
Policy Holder SSN:							
Policy Holder Gender:	Male	THE EMPIRE PLAN	For enrollee Previden: This and represents but does not guarantee services, procertification & Avriation of the View York State Health Insurance Program				
Policy Holder Relation:	Self T	Copay Code	provider relations, please call: to your local Blue Crease and you Blue Shield Plan. Hospital				
Policy Holder Street:	441	107E L 1	1-877-7-NYSHIP (1-877-769-7447) (1-877-769-7447)				
Policy Holder City:	High	L LB J	Submit medical provider clame in accordance with your participating provider agreement. United/ifeathcare* MultiPlan				
Policy Holder State:	NY		All other non-hospital providers call 1-877-709-7447 for information about eligibility, benefits and claims submission. Administered by the NYSD expantment of CMI Service.				
Policy Holder Zip:	12528	AGIN TONE STATE HEALTH RECEIPANCE PRODUM					
Policy Holder Phone:	845-245-	lipload each image into the	pir respective fields If you have any				
Policy Holder Employer:	SUNY	difficultics (most likely due	to file size) places amoil the				
Policy End:		anneuties (most likely due	to me size), please email the				
Card Front Image:	Select	images to <u>HawksA I @newp</u>	<u>aitz.edu.</u>				
Card Pook Image.	Calart						
Card Back Image:	Select						
Card Front&Back Image:	Select	It is recommended to input	any other insurance you may have				
		such as dental and vision.					

Click the blue check mark when finished.

IT IS YOUR RESPONSIBILITY TO KEEP YOUR INFORMATION UP-TO-DATE. IF AT ANYTIME IT CHANGES, NOTIFY THE ATHLETIC TRAINGING STAFF IMMEDIATELY. YOU WILL BE REQUIRED TO PRESENT YOUR INSURANCE CARD EACH YEAR TO ENSURE ACCURACY. Once completed, please click on the "Contacts" tab.

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<sup>59</sup> Atl	Athlete Information						Menu	Logout
General	Medical History	Insurance	Contacts	Athlete Forms	eFiles			
Emer	gency Cont	acts						
Emerge	ncy Contacts: (	🕃 Add 🦯 Edi	t 🐻 Delete	- GRefresh				
Contact Order	Contact Name / Rela	ationship / Email /	Employment	Pho	ne #s	Notes		
No recor	rds found.							
Verify E	Verify Emergency Contact Information I verify that the emergency contact information above							
is corre	ect and up to da	ate. This is	only requ	uired if no cha	inges have be	en made.		
<b>X</b> IS		Database: Copyrig	atshawkeat   A ht © 2013, Keff	TS Athlete Portal Ver er Development Serv	elon 2.0.0.0 Icea, LLC		Menu	Logout

Edit Contact:

Contact Order:

Relationship:

Work Phone: Email: Employed:

Cell:

Notes:

Primary Phone:

Joe Doe I

Father

123-456-7890

123-456-7890

1

Employer Name: Not Employed

Edit Contact: Name: *Click "Add" to complete your emergency contact information.* 

Click on the number in the Contact Order column then click "Edit" to update any information.

Click the blue check mark when finished.

*If no changes are necessary, click "Verify Emergency Contact Information"* 

\*\*\*It is asked that at least 2 emergency contacts names are given. \*\*\*

#### Once completed, please click on the "Athlete Forms" tab.



Select from the "Form Name" drop-down menu and then click "New".

New/Transfers Athletes are required to fill out:

- 1. Policies & Procedures
- 2. Athletic Participation Statements
- 3. Supplements
- 4b. Medical History
- 5. Immunizations
- 6. Sickle Cell Trait

Returning Athletes are required to fill out:

- 1. Policies & Procedures
- 2. Athletic Participation Statements
- 3. Supplements
- 4a. Medical History

By signing in the box using certify that all entered infor falsification of the provided by a hearing panel. Athlete/Student Signature:	g your mouse, typing my name in the "Signed By" area and clicking "Sign", I rmation is accurate and complete to the best of my knowledge. I realize that d information is a violation of the honor code that could result in sanctioning Clear	After reading each form and filling in the appropriate information, you will be required to sign your name using your mouse in the yellow box. Then type your first and last name in the "Signed By" box and click "Sign".
* Signed By:	Sign	Document Signed by Athlete/Student
Save Print/View		Once you have received the above box, click "Save".
ж.	Database: atahawkaat   ATS Athlete Portal Version 2.0.0.0 Menu Logo Copyright © 2013, Keffer Development Services, LLC	Repeat this process for each form.

\*\*\*The next section only needs to be completed if you are under the age of 18.\*\*\*

Everyone else can logout by clicking the logout button in the upper or lower right hand corner.

Database: atshawksat   ATS Athlete Portal Version 2.0.0. Copyright © 2013, Keffer Development Services, LLC	Menu Logout
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# Click on the "eFiles" tab.

Athlete Information	ation - SUNY NEW F	ALTZ						
General Surgery Insur	ance Contacts For	ms eFiles						
Electronic Files	Electronic Files							
CI	Click the Download button for the file you wish to view.							
E	Electronic Files provided b	y the athletic training staff.						
Туре	Description	Instructions View						
Under 18	Total Policy Review (Und 18)	er This is a comprehensive document of all the information contained within the online forms. The last page must be filled out by your parent/guardian and returned.						
	Electronic Files uploaded by the athlete.							
Description:								
Document Type:	Document Type:							
File: Choose File No file chosen Upload								
Database: atshawksat   ATS Athlete Portal Version 2.0.0.0 Copyright © 2017, Keffer Development Services, LLC								

If under 18, your parent/guardian must read, print and sign page 7 of the Total Policy Review form. It needs to be returned to the Athletic Training staff by scanning and uploading the document, faxing at 845-257-3921 or mailing: SUNY New Paltz Athletic Training 103 Elting Gym 1 Hawk Drive New Paltz, NY 12561

You can click logout when finished.

## Below is a detailed summary of all of the above information, please make sure each one is completed.

For All Student-Athletes:

Through ATS Web Portal under Athlete Information Icon

Complete/Update General Tab

Complete/Update Medical History Tab

Complete/Update Insurance Tab

SUNY New Paltz Athletic Training 103 Elting Gym 1 Hawk Drive New Paltz, NY 12561 Complete/Update Contacts Tab

Complete/Update Athlete Forms Tab

For New/Transfer Athletes Only:

Complete Health Report Sent From Student Health Services