

North Carolina A&T State University
Department of Sports Medicine

Athletic Trainer System Instructions for Returning Student-Athletes

To be completed by July 15th

Please read through the directions carefully before getting started. Have all information ready and in front of you before you begin the software (i.e. insurance card, medical info, etc). Please allow yourself no less than 20 minutes to complete. All information will be kept confidential.

- ☐ Start your internet browser to access the web page ncat2.atsusers.com, The ATS Athlete Portal Login screen will appear.
- ☐ Enter your **Banner ID** as the *Athlete ID*
Enter **aggies** as the password
Enter **atsncat** as the database
- ☐ If you are having trouble accessing your account, please email jefletch@ncat.edu. **Do not create a new file.**
- ☐ Click on the **Athlete Information** icon and review all of the demographic information under the General tab.
 - Please provide your NCAT email address
 - Update your address and phone number.
 - Primary address is your permanent address (non-school)
 - Additional Address is your local or school address.
 - You may change your password on this screen.
- ☐ Review the **Medical Alerts** (ex: asthma, diabetes, etc), **Allergies**, and **Current Medications** and make updates as needed.
- ☐ Once you have verified all of the information, click the “Save Athlete Information” button.
- ☐ PLEASE make sure you are using the mouse to click the necessary icons, NOT the enter key. Please do NOT click the back button or internet browser buttons at any time; if you need to return to a page, use the labeled icons.
- ☐ Click on **Insurance**.
 - If no insurance is listed, Click “Add” to enter all required primary insurance information.
 - Insurance company
 - Payor # (primary insurance = 1, secondary insurance = 2)
 - Policy/Subscriber #
 - Service phone number
 - Group number (if applicable)
 - Policy holder name, DOB, and relation
 - Click the “Save” button at the bottom of the screen when complete.
 - If your insurance is listed, verify that all information is correct.
 - **A copy of the front and back of your most current insurance card is required.** You may upload a photo of your card(s) or submit a copy to the Department of Sports Medicine.
(Multiple insurances may be added)
- ☐ Click on **Contacts**.
 - Verify that emergency contact information is accurate and up to date.
 - Additional contacts may be added.

☐ Click on **Forms**. Under Form Name choose “*Medical History Update*” and click “New”.

A list of questions will appear on the screen. Please read and answer each question carefully. If you respond ‘yes’ to any question, please provide as much detail as possible in the space provided. Click “Save” once you have answered each question. You must answer **every** question in order to save this form. Once you have finished please provide an electronic signature in the box provided.

☐ Return to **Forms**. Under Form Name select each of the forms listed below and click “New”. Read each document carefully and provided an electronic signature.

-Insurance Agreement

-Disclosure of PHI

-Injury Reporting

-Concussion Acknowledgement (Review the NCAA Concussion Fact Sheet under e-Files prior to signing)

You may print a copy of each of the signed Athlete Forms for your records.

Note: *If you have trouble viewing or downloading any of the above forms please contact us.*

☐ Logout.