Troy University Athletic Training Education Application Checklist

In order to be considered for admission, completed application packets are **Due by April 1st or July 1st** **<u>NO EXCEPTIONS</u>**

What to send to Mr. Anderson:

- ☐ Cover letter
- ☐ Resume
- ☐ Unofficial copy of transcripts
- ☐ Completed athletic training application
- ☐ Applicant essay
- ☐ 3 signed and sealed letters of recommendation
- ☐ Copy of certification cards
- ☐ Completed physical form
- ☐ Signed technical standards forms (signed by physician and student)
- ☐ Copy of immunization records/TB skin test/ Hep B vaccination
- ☐ Proof of observation hours
- ☐ Signed CAATE form
- ☐ Signed release of information form
- ☐ Troy University Athletic Training Program Disclaimer

Application to Athletic Training Program
Troy University
Bachelor of Science Degree in Athletic Training
College of Health and Human Services

APPLICATION

NAME: _____ TODAY'S DATE: _____

BIRTHDATE ___/___/_____ SEX _____ STUDENT ID #: _____

EMAIL: _____ PHONE NUMBER _____

PERMANENT MAILING ADDRESS:

_____

CURRENT MAILING ADDRESS:

_____

PARENT OR GUARDIAN NAME: _____ CONTACT #: _____

PLEASE LIST YOUR HIGH SCHOOL WHERE YOU GRADUATED AND ALL OF THE COLLEGES /UNIVERSITIES ATTENDED. USE ADDITIONAL PAGES IF NECESSARY

High School: _____

Date of High School Graduation: _____

College/University _____ Awarded Degree _____

Major Concentration _____ Attended _____

Cumulative GPA _____

College/University _____ Awarded Degree _____

Major Concentration _____ Attended _____

Cumulative GPA _____

Do you have experience as an athletic training student? Yes ___ No ___

If so where: _____ dates_____

List below all previous experience related to Athletic Training. Include all classes, clinical observation, and sports you observed.

_____
_____
_____

For Transfer students, please answer the following:

I have:	Applied for admission to TROY	Yes ___ No ___
	Sent my SAT/ACT score	Yes ___ No ___
	Sent my high school transcript	Yes ___ No ___

Do you expect to make Athletic Training your primary field of professional endeavor?

Yes ___No ___

If no, please explain_____

_____

Will you have other commitments (work, scholarship, clubs, activities etc.) while pursuing your degree? Yes ___ No ___

If yes, please explain _____

Please list below the names of three people that will be sending letters of recommendation for you. Your references should include: 1 from a former teacher that can attest to your academic ability, 1 character reference and 1 reference from a former employer or supervisor from a club or organization in which you participated. Have all letters sent to John H. Anderson, Clinical Coordinator of Athletic Training Education; Troy University 3212 Veterans Stadium Dr, Troy, Al 36082

Name **Address** **Profession**

1._____

2._____

3._____

<u>PLEASE ATTACH A COPY OF YOUR CPR/ AED CERTIFICATION CARDS</u>

DO YOU HOLD ANY OTHER CERTIFICATIONS? IF SO, PLEASE LIST

Certification _____Awarded/expiration _____

Certification _____Awarded/expiration _____

AWARDS/HONORS: _____

_____

_____

ACTIVITIES: List all extracurricular activities, organizations, etc in which you are actice. Please include all offices/positions held.

_____

_____

_____

APPLICANT ESSAY:

Please complete the following questions by providing an honest evaluation of yourself. Please provide a typed written response to the following questions with a total of 750 words or less.

1. Why do you want to be an athletic trainer?
2. Why are you interested in Troy University's Athletic Training Program?
3. What to you hope to gain by being a part of the athletic training program at Troy?
4. What is your primary career goal?

Commission on Accreditation of Athletic Training Education

STUDENT WAIVER FORM

Date:

Name:

Student I.D.#

Institution:

I, _____, give permission for the members of the CAATE Evaluation Team to view my personal academic file relating to the Athletic Training Program. I understand that this viewing will be for informational purposes only and that my confidentiality will be maintained.

Signed:

Date:

Witness:

Date:

RELEASE OF INFORMATION

I _____ permit Troy University faculty and staff of the Athletic Training Program (AT Program) to access my academic information as criteria for acceptance into the program for each semester that I am enrolled in the program. I understand this information will be kept confidential and will be used only to evaluate my status in the AT Program.

Student Signature _____

Date _____