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 NO EXCEPTIONS**

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 form
- [ ] Signed liability statement
Application to Athletic Training Education 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

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PLEASE ATTACH A COPY OF YOUR CPR/ AED CERTIFICATION CARDS
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 active. 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 do you hope to gain by being a part of the athletic training program at Troy?
4. What is your primary career goal?
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 Education Program (ATEP) 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 ATEP.

Student Signature _______________________________

Date _______________________________