



UNIVERSITY OF
**NORTHERN
COLORADO**

Athletic Training Program

APPLICATION FOR ADMISSION INTO CLINICAL PHASE

Name:

Date of Birth:

E-mail Address:

Campus address:

Campus phone:

Permanent address:

Permanent Phone:

Educational Background:

I. The University of Northern Colorado

Date of Enrollment:

Present Year in School:

Credit Hours Completed:

Current Grade Point Average:

II. Previous Colleges/Universities

If applicable, please provide the following information for any previously attended Colleges/Universities. List the most recently attended first.

Name of Institution:

Date First Attended:

Date Last Attended:

Credit Hours Completed:

Grade Point Average:

Degree Awarded:

Name of Institution:

Date First Attended:

Date Last Attended:

Credit Hours Completed:

Grade Point Average:

Degree Awarded:

ATEP Pre-Requisite Courses:

Course	Instructor	Semester	Year	Grade	Taken at UNC?
SES 281 – Introduction to Athletic Training					
SES 220 – Anatomical Kinesiology					
FND 210 – Medical Terminology					
BIO 110 – Principles of Biology					
PHYS 220 – Introductory Physics I					

ATEP Curriculum Courses Completed:

List any other courses you have completed that are required in the ATEP Curriculum (Refer to 4-year Course Schedule).

[illegible]

Related Athletic Training Experience:

List any classes, workshops, certifications, previous experiences, etc. that you may have that pertains to Athletic Training or speaks to your potential in Athletic Training.

Activity/Experience	Date(s) of Activity/Experience	Brief Description of Activity/Experience

Athletic Training Observations:

In the space provided, please describe your AT observations. Please identify what you learned about the profession of AT, the AT program at UNC, and your impression of your ability to succeed in the AT program based on those experiences.

Statement of Interest:

In the space provided, describe your interest in the University of Northern Colorado Athletic Training Program. Please identify why you are pursuing Athletic Training as a career and why you have chosen the University of Northern Colorado.

Career Goals:

In the space provided, describe your career goals both in the short term (>5 years) and the long term. Please identify how you feel the UNC AT Program will help you meet those goals.

Work Ethic:

In the space provided, describe the concept of work ethic. Please identify how your description of work ethic applies to you and how it applies to your potential performance in the UNC AT Program.

Expectations:

In the space provided, please identify both your expectations of the UNC AT Program as well as your perception of the expectations that the UNC AT Program would have of you if accepted.

Letters of Recommendation:

Please include with this application three (3) letters or recommendation from individuals that can speak to your qualifications for admittance and potential to the Athletic Training Program. Please **DO NOT** have letters sent individually. Include them with your application materials.

Transcripts:

Please include with this application a current transcript for **ALL** universities/colleges you have attended. Unofficial copies are acceptable.

ECC Certification:

Please include with this application a copy of proof of current certification in ECC that is accepted by the BOC, Inc. See www.bocatc.org/ats/maintain-certification/emergency-cardiac-care for acceptable providers. Photocopies of cards are acceptable.

Statement of Understanding:

Upon acceptance into the clinical phase of the Athletic Training Program, certain additional requirements must be completed prior to the commencement of any clinical experiences. Some of these requirements will have a cost incurred by the student. These requirements, as described in the Athletic Training Student Handbook and on the Athletic Training Program website (www.unco.edu/nhs/sport-exercise-science/athletic-training) may include, but are not limited to, completion of the Technical Standards for Admission document, obtaining student liability insurance, hepatitis B vaccination, emergency cardiac care certification, and access to ATrack Online.

I have read & understand all program policies & procedures as outlined in the Athletic Training Student Handbook (found at www.unco.edu/nhs/sport-exercise-science/athletic-training/docs.pcf). If admitted to the Athletic Training Education Program, I agree to complete any additional requirements as identified above and agree to abide by all policies & procedures set forth in the Athletic Training Student Handbook.

Print Name: _____

Signature: _____

Date: _____