

Appendix A

University of Central Missouri

Application for Admission into the Athletic Training Program

Full Name _____ Date of Birth _____
Last First MI

Student 700 # _____ Phone _____

Campus Address _____

City State Zip

University e-mail _____

Parent or Guardian _____ Phone _____

Home Address _____

City State Zip

Personal e-mail _____

Return all athletic training applications materials (by the first working day of February) to:

Brian J. Hughes, EdD, ATC, LAT
University of Central Missouri
Director, Athletic Training Program
Morrow 139
Warrensburg, MO 64093
(660) 543-8062
bhughes@ucmo.edu

This is an application for the Athletic Training Program only. The student may obtain applications for admission to the University of Central Missouri Admissions Office.

High School _____

High School Address _____

High School GPA/Awards/Honors _____

Please list all colleges/universities attended if a transfer student. Please attach additional pages if necessary. Also you **must** submit an official transcript from each university attended (including the University of Central Missouri).

College/University _____

Degree _____ Date Degree Awarded _____

Major _____

College Awards/Honors _____

Cumulative GPA _____

CPR/AED Certification Expiration Date _____

Are you certified as a professional rescuer? Yes No

First Aid Certification Expiration Date _____

Do you hold any additional First Aid certifications? (First Responder/EMT) Yes No

Additional Professional Certifications (CSCS, ACSM, etc.) _____

ACTIVITIES: List extracurricular activities, organizations, etc. in which you are or have been active. Include offices/positions held, etc.

PROFESSIONAL MEMBERSHIPS: List all professional memberships (i.e., NATA, ACSM, etc.)

APPLICANT ESSAY:

Please complete the following questions with an honest evaluation of yourself and return with this application. Be sure to type on a separate sheet of paper. Please limit total response to 5 pages, single sided, double-spaced and at 12 font.

1. Why do you want to be an Athletic Trainer?
2. What is/are your primary career goal(s)?
3. Briefly describe a personal narrative of your life.
4. Describe your ATTRIBUTES that you feel are clearly and directly related to the profession of Athletic Training.
5. Why should you be selected into the University of Central Missouri Undergraduate Athletic Training Program?

Include five (5) completed recommendation forms from persons that can speak to your potential as an athletic training student. Please have the recommendations sent directly to the Athletic Training Program Director. These forms are attached below in Appendix J.

RELEASE INFORMATION

I _____, permit the University of Central Missouri Faculty and Staff of the Athletic Training Program to access my academic information criteria for acceptance into the program each semester I am enrolled in athletic training education program. _____ Initial

I understand that once I have been accepted into the athletic training education program, I will be expected to complete clinical experiences during the afternoon, evening and weekend hours, and may be asked to travel as part of my experience. I also realize that this is a full-time academic program. _____ Initial

Student Signature _____ Date _____