



APPLICATION FOR ADMISSION TO THE UNDERGRADUATE ATHLETIC TRAINING PROGRAM

This application should be delivered to the Athletic Training Program (ATP) Undergraduate Director at the Adrian Tinsley Center, Room 225 at Bridgewater State University no later than March 1. In addition to the completed application for admission to the professional phase of the ATP, students should also submit the following:

1. College and university transcripts of all undergraduate course work (photocopies are acceptable)
2. Three appropriate letters of recommendation using the required forms
3. Copy of current First Aid and CPR cards; or currently enrolled in ATTR 400 EMT

Banner ID # _____ Birth Date _____ / _____ / _____
Month Day Year

Telephone Primary _____ Cell _____

Name _____
Last First Middle

Other names under which records may appear (i.e., maiden name) _____

Permanent Address: _____
Number and Street Apartment/Suite

_____ City State or Province Zip Code/Postal Code Country

Mailing Address (if different) _____

E-mail Address _____

What is your first language, if other than English? _____

ADDITIONAL QUESTIONS (optional)

The following optional questions are asked so that we have a more complete picture of our applicant pool:

Gender Male Female

Ethnicity Cape Verdean American Indian/Alaskan Native Hispanic
 Asian/Pacific Islander White/Non-Hispanic Black (Non-Hispanic)
 Other (please write in) _____

Please identify all languages you are proficient in speaking: _____

Are you currently employed or involved in varsity sports? Yes No

If yes, are you working part-time or full-time? What sport(s) are you involved with? _____

PAST COLLEGES AND UNIVERSITIES

List the colleges and/or universities you have attended, with the most recent first.

Institution _____ Total Semester Hours Earned _____
 From (Month/Year) _____ To (Month/Year) _____ Degree-Date of Award (Month/Year) _____ GPA _____

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 From (Month/Year) _____ To (Month/Year) _____ Degree-Date of Award (Month/Year) _____ GPA _____

COMPLETION OF PREREQUISITE COURSES

Complete the following table identifying where and when the prerequisite courses have been completed, and the grade received in the course. If you are currently taking any of the courses, please identify that by writing IP (in progress).

Term/Year	Course	Institution (abbreviate)	Grade
	Anatomy & Physiology I		
	Applied Musculoskeletal Anatomy		

	Introduction to Athletic Training		
	Taping, Bracing and Protective Equipment Fitting		
	EMT Course		

ATHLETIC TRAINING EXPERIENCE

List any high school, college and /or university, or clinic that you have done any observation or clinical hours under the supervision of an athletic trainer, with the most recent first.

Institution _____ Total Clinical Hours Completed _____
 From (Month/Year) _____ To (Month/Year) _____ Supervising Athletic Trainer _____
 Institution _____ Total Clinical Hours Completed _____
 From (Month/Year) _____ To (Month/Year) _____ Supervising Athletic Trainer _____
 Institution _____ Total Clinical Hours Completed _____
 From (Month/Year) _____ To (Month/Year) _____ Supervising Athletic Trainer _____

RELATED HEALTH CARE EXPERIENCE

List any related experience, such as a hospital aide, emergency medical technician, physical therapy aide, workshops or summer clinics attended that are related to health care, with the most recent first.

Experience _____ Location _____
 From (Month/Year) _____ To (Month/Year) _____ Supervisor _____
 Experience _____ Location _____
 From (Month/Year) _____ To (Month/Year) _____ Supervisor _____
 Experience _____ Location _____
 From (Month/Year) _____ To (Month/Year) _____ Supervisor _____

REFERENCES

Please identify the three individuals who will be completing your recommendations and mailing them directly to the ATP Director.

Name _____ Title _____
 Address _____ Phone _____
 Name _____ Title _____
 Address _____ Phone _____
 Name _____ Title _____
 Address _____ Phone _____

Please download three recommendation forms from the ATP website and provide one each to the individuals who will write your recommendations. Refer to the following page for the essay topic and note that the entire application packet, including the letters of recommendation, is due no later than March 1. Provide the recommendation form and a self-stamped envelope addressed to:

Dr. Suanne Maurer-Starks
 Athletic Training Program Director
 Bridgewater State University
 Adrian Tinsley Center, Room 225
 325 Plymouth Street
 Bridgewater, MA 02325

You will be given a prompt around which you will frame your application essay. The instructor of ATTR 240 Introduction to Athletic Training will provide this prompt to you in class. Once you have received the prompt, please attach your essay to the completed application and submit all application materials and supporting documents to the ATP Director.

Signature of Applicant _____ Date of Application _____