



UNIVERSITY OF  

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SOUTH FLORIDA

Athletic Training Education Program

Application

2010-2011

Department of Orthopaedics and Sports Medicine

College of Medicine

Applications due February 1<sup>st</sup> for admission Summer  
2010

## USF Athletic Training Education Program Application Instructions 2010

1. Students typically apply to the Athletic Training Program during the Spring of the Sophomore year for admission the following summer. Applications are due February 1<sup>st</sup>. A **minimum of 2.8 overall GPA and 2.80 GPA in the pre-requisites is required** for the application to be considered. Students with less than 2.8 are not eligible for the USF Athletic Training Program.
2. Students must apply to the University of South Florida by December 15<sup>th</sup> and must be accepted by the University prior to the February 1<sup>st</sup> application deadline to the Athletic Training Program.
3. **Students must have completed all prerequisites or be in process of taking the courses during the semester he/she applies to the Athletic Training Program.**
4. Students must also complete 50 hours of observation of a Certified Athletic Trainer. At least half of the 50 hours must be completed in a traditional setting (i.e., collegiate, high school or professional sports team). The other half may be completed at a sports medicine clinic if the student desires. A **Certified Athletic Trainer must supervise all hours. Students are required to complete Blood Borne Pathogen Training prior to starting observation hours!** Recording forms and instructions are included with the application and must be signed by the supervising Athletic Trainer at the completion of the observation hours. The student may complete hours at more than one facility. Recording forms may be photocopied if additional forms are needed.
5. Fill out application for Undergraduate Athletic Training Program
  - a. Applications may be obtained from the Athletic Training Education Program office or online at <http://www.usfatep.com>
  - b. Include completed recommendation forms. **Students should not use the athletic trainers that supervised observation hours to also fill out a recommendation form.** Person signing the reference form must seal the form in an envelope and sign across the flap of the envelope prior to returning the form to you.
  - c. Include a copy of blood borne pathogen verification **dated prior to the beginning of observation hours.**
  - d. Include observation hours forms. Athletic Trainer signing the reference form should seal the form in an envelope and sign across the flap of the envelope prior to returning the form to you
  - e. Include a photocopy of your first aid and cpr card
  - f. Be sure to include e-mail address, as communication will occur via e-mail.

**Submit all materials to Athletic Training Admission Committee, Department of Orthopaedics & Sports Medicine University of South Florida College of Medicine, 13220 USF Laurel Drive - MDF Fifth Floor, Mail Code MDC106 Tampa, FL 33612. All material must be submitted prior to 5pm on February 1<sup>st</sup>, 2010 to be considered.**

6. Applications will be reviewed after February 1<sup>st</sup>. The Chair of the Athletic Training Admission Committee will review transcripts. Overall GPA and GPA in pre-requisite course are calculated. Midterm grades will be considered towards prerequisite GPA for the courses in progress at the time of application. Applicants not meeting the minimum GPA or course requirements are notified and removed from applicant pool.
7. Members of the Athletic Training Admission Committee review applications. The selection of the students who will be admitted to the Athletic Training Program will be based on admissions scores including the evaluation of the following variables: completeness of application, GPA, GPA in prerequisite courses, observation hours, recommendation forms, personal statement, leadership ability, memberships, certifications and references. In the case of prerequisite courses in progress, a midterm grade may be used in calculation of the prerequisite GPA. A pre-interview score is determined. Applicants will be notified as to whether or not they have been selected to receive a personal interview prior to March 1<sup>st</sup>. Not everyone who meets GPA qualifications will be granted an interview.
8. The Athletic Training Program is required to use a competitive selection process; therefore, not all students who have met the criteria are admitted. Students may reapply the following year if not admitted.
9. Applicants selected for admission are notified in writing and must accept the position in writing within 2 weeks of notification. Declined positions may be filled from the alternate list as needed.
10. Starting date for accepted students is Summer C session.

It is the Athletic Training Program policy that all decisions regarding recruitment and admissions shall be made without discrimination on the basis of race, color, age, disability religion, sex, national origin, marital status, veteran's status, political affiliation, sexual orientation or other individual characteristics other than qualifications for the program, quality of performance and conduct related to the program in accord with the University policies, rules and applicable law.



Circle your category:    Transfer to USF                      Continuing USF Student                      Former USF student returning

Major: \_\_\_\_\_

Highest Degree Attained:    \_\_\_A.S.        \_\_\_A.A.        \_\_\_B.A.        \_\_\_B.S.        other: \_\_\_\_\_

If Transfer student, please list all colleges/universities attended (undergraduate and graduate if applicable). Please attach additional pages as necessary.

College/University _____
Degree _____                      Date Degree Awarded _____
Major _____
College Awards/Honors _____
_____
_____
Cumulative GPA _____

I have been accepted to the University of South Florida    \_\_\_ yes        \_\_\_ no

**Prerequisite Courses:** I have *completed* or am *currently enrolled* in the following:

Course #	Course Name	Semester taken	Grade	Where completed if not USF
BSC 2010	Biology I – Cellular Processes			
BSC 2010L	Biology I Laboratory			
BSC 2085 or 2093C	Human Anatomy & Physiology I			
BSC 2085L	Human Anatomy & Physiology I Laboratory			
BSC 2086 or 2094C	Human Anatomy & Physiology II			
BSC 2086L	Human Anatomy & Physiology II Laboratory			
CHM 2045	General Chemistry I			
CHM2045L	General Chemistry I Laboratory			
PHY 2053	General Physics			
PHY 2053L	General Physics Laboratory			
PSY 2012	Introduction to Contemporary Psychology			
STA 2023	Introductory Statistics I			
HUN 2201	Nutrition			

**Transcripts from USF and all other schools where prerequisites were completed must be enclosed.** Highlight courses on transcripts that match the above prerequisites. If currently enrolled in prerequisite courses, please include class schedule documenting your enrollment.

List previous athletic training experience/observation hours that you have acquired under a Certified Athletic Trainer (50 hours minimum) Please attach observation record and evaluation to this application.

Where Acquired \_\_\_\_\_  
# of Years \_\_\_\_\_ # of Hours \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_

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# of Years \_\_\_\_\_ # of Hours \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_

Other Allied Health Experience (volunteer hours)

Where Acquired \_\_\_\_\_  
# of Years \_\_\_\_\_ # of Hours \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_

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# of Years \_\_\_\_\_ # of Hours \_\_\_\_\_  
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Phone \_\_\_\_\_

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Are you CPR Certified?                      Yes                      No                      Expiration date                      \_\_\_\_\_  
Are you AED certified?                      Yes                      No                      Expiration date                      \_\_\_\_\_  
Are you First Aid Certified?                      Yes                      No                      Expiration date                      \_\_\_\_\_

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

Additional Professional Certifications (CSCS, ACSM, etc).  
\_\_\_\_\_  
\_\_\_\_\_

ACTIVITIES. List all extracurricular activities, organizations, etc. in which you are active. Include offices/positions held, etc. List other activities that show leadership abilities. You may include an additional sheet if more room is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL MEMBERSHIPS. Please indicate which of the following professional organizations you are a member

- National Athletic Trainers' Association
- American College of Sports Medicine
- National Strength and Conditioning Association
- American Alliance for Physical Education, Recreation and Dance
- Other \_\_\_\_\_

## **APPLICANT PERSONAL STATEMENT:**

Please complete the following questions with an honest evaluation of yourself and return with this application. **Type on a separate sheet of paper.** Please limit total response to 1000 words or less.

1. What is/are your primary career goal(s)?
2. What in your life has most directly influenced your choice of becoming an Athletic Trainer?
3. Describe your ATTRIBUTES you feel are clearly and directly related to the profession of Athletic Training.
4. Why should you be selected into the University of South Florida Athletic Training Program?

## **Recommendation Forms**

Include two completed recommendation forms **from persons that can speak to your academic ability and potential as an athletic training student.** Do not use the athletic trainers who supervised your observation hours. Please complete the top part (name, address and phone) and sign the waiver prior to giving the form to the person that you have asked to make the recommendation. **After the person completes the recommendation form, have him/her place the form in a sealed envelope and sign across the seal.** Return the recommendation forms with this application.

# University of South Florida

## Athletic Training Education Program

### Recommendation Form

To the student: Please distribute this form to those individuals that you have asked to submit recommendations for your admission to the USF Athletic Training Program. Do not ask athletic trainers that supervised your observation hours.

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**The above named applicant has applied to the USF Athletic Training Program. This is a competitive concentration within the School of Physical Education, Wellness and Sport Studies. The athletic training curriculum requires 15- 20 hours of clinical experience each week in addition to regular classroom activities. Athletic training students will interact with coaches, athletes, physicians, and other health care professionals. There are often many more applicants than slots available within the concentration. Your comments will help us select those students who are most likely to be successful in our program.**

**Place a check in the box that best describes the applicant.**

	EXCELLENT 4	ABOVE AVERAGE 3	AVERAGE 2	BELOW AVERAGE 1	UNABLE TO JUDGE
Academic potential					
Cooperation					
Dedication					
Dependability					
Enthusiasm					
Initiative					
Verbal communication skills					
Written communication skills					
Potential as a leader					
Maturity					
Professionalism					
Self confidence					
Time management/organizational skills					
Emotional stability					
Ability to receive constructive criticism					
Ability to work with others					

Please complete both sides of the form.

Please list any attributes or characteristics that you believe would make the applicant a good addition to the USF Athletic Training Program.

Please list any traits or characteristics that you believe would hinder the applicant from being successful in the USF Athletic Training Program.

Additional Comments:

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Name \_\_\_\_\_

Position \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enclose this recommendation in a sealed envelope, **sign across the seal** and return to the student requesting the recommendation. He/She will include your recommendation with the rest of the application materials. All application materials must be received by February 1st.

# University of South Florida

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Additional Comments:

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Name \_\_\_\_\_  
Position \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
How long have you known the applicant? \_\_\_\_\_  
In what capacity do you know the applicant? \_\_\_\_\_  
  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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