

Athletic Training Program Professional Program Application

(This is not an application for admission to Saint Cloud State University.)

You may apply for admission to the Athletic Training Program (ATP) once you have: a) completed or enrolled in all pre-requisite courses or their equivalent b) have a minimum grade of C or higher in all pre-requisite courses and c) have a minimum cumulative GPA of at least 2.50. Please see the Athletic Training Student Handbook for specific admission criteria.

Name: _____ Date: _____
Last First Middle

Student ID No.: _____

Local Mailing Address: _____
Street

City State Zip

Local Telephone: (_____) _____ - _____

Permanent Mailing Address: _____
Street

City State Zip

Permanent Telephone: (_____) _____ - _____

In addition to this form, you must complete the following forms.

Admission application essay

Technical standards for admission form

Three letters of recommendation using the Saint Cloud State University Athletic Training Program Confidential Recommendation form.

Transcripts for all college work. (Unofficial transcripts from SCSU acceptable)

Total number of credits completed: _____ as of ____ / ____ / ____

Please place the grade earned in the boxes for courses you have completed. If you are in the process of completing one of the prerequisite courses please list the instructor and section of the course you are enrolled. Your signature is required to allow the ATP director permission to discuss with the instructor of record your current grade and status within these course. This information is necessary for full consideration for admission into the major.

Prerequisite courses	Credits	Grade / Or current instructor and course section
PESS 249 or BIOL 202 Anatomy/Kinesiology	4	*
PESS 303 Orientation to the profession of athletic training.	1	*
PESS 304, Care and Prevention of Athletic Injuries	3	*

I hereby give the Athletic Training Program Director permission to contact instructors in the courses listed above as in progress to determine my current grade and standing within their course(s).

Signature

Date

Note: If you have been convicted of a felony, you should discuss the conviction with the Athletic Training Program Director. This information will be held in strict confidence. Conviction of a felony may have an impact on candidacy for certification by the NATA/BOC and licensure in many states.

Athletic Training Program Admission Essay

On a separate sheet of paper type an essay describing the reasons you wish to be accepted into the Saint Cloud State University Athletic Training Program. Include in your writing the factors that have led you to make athletic training your degree choice, a description of strengths that will help you achieve this goal, and your short and long term goals. Your essay is part of your application process and points will be awarded according to the program selection process.

Rubric	Criteria
4 to 5	Assignment is free of spelling errors. Assignment is free of grammatical errors. Thoughts/views flow nicely allowing reader to understand author's position/thoughts. Written document is related to topic area.
3	Assignment has less than two (2) spelling errors. Assignment has less than two (2) grammatical errors. Most of the thoughts/views flow nicely; however, reworking the assignment would make the author's thoughts/views clearer. Written document is related to topic area.
2	Assignment has three (3) or four (4) spelling errors. Assignment has three (3) or four (4) grammatical errors. Many of the author's thoughts/views are contained within the assignment; however, it is difficult for the reader to follow author's thoughts/views. Written document is related to topic area although it branches off into another direction.
1	Assignment has five (5) or more spelling errors. Assignment has five (5) or more grammatical errors. It appears as if little time was spent with the assignment. It is difficult for the reader to grasp the intent of the author as the thoughts are disjointed. Written document is somewhat related to topic area.
0	Assignment not submitted.

Athletic Training Program Technical Standards Form

Candidates for selection to the ATP at SCSU must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of clients.
3. The ability to communicate effectively and sensitively with clients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with clients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced. This includes reporting to campus on August 1st each year for orientation and to begin your clinical experience. This also includes a minimum of 900 hours of work in the clinical experience. The clinical experience may include work during early mornings, late evenings, weekends and time outside of the academic calendar.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Effective skills and appropriate demeanor and rapport that relate to professional education and quality client care.

I certify that I have read and understand the technical standards for selection listed above. I understand that I must demonstrate an initial and continuing ability to demonstrate all technical standards. If I am unable to meet these standards I will not be admitted or allowed to progress through the program.

- _____ I meet all of the technical standards without accommodations.
_____ I meet the technical standards with accommodations. (Please provide a letter with an explanation of the accommodations required.)
_____ I cannot meet the technical standards with accommodations.

Signature

Date

Athletic Training Program Confidential Recommendation Form

Applicant's Name
(Print) _____

I do/do not waive my right to read this letter of recommendation:

Signature: _____ Date: _____

How long have you known the applicant? _____

In what relationship have you known the applicant? _____

Important Note

It is important that the applicant is rated only on the observations of their behavior and abilities. **However, if more than six (6) NA's are used, the form will be considered invalid. A letter of recommendation will not be accepted in lieu of this form, but a written summary can be included with this form.**

Please use the following rating key:

4 = Outstanding, 3 = Above Average, 2 = Average, 1 = Below Average,

N/A = Not Applicable

POISE

1. Personal appearance – neat and clean	1	2	3	4	NA
2. Displays self-confidence	1	2	3	4	NA
3. Maintains composure in most situations	1	2	3	4	NA

MOTIVATION

4. Displays initiative	1	2	3	4	NA
5. Seeks new knowledge	1	2	3	4	NA
6. Sets goals and follows through	1	2	3	4	NA

MATURITY

7. Recognizes own strengths and weaknesses	1	2	3	4	NA
8. Is responsible, dependable, and honest	1	2	3	4	NA
9. Is flexible and adaptable	1	2	3	4	NA
10. Uses good judgment	1	2	3	4	NA
11. Displays a positive attitude	1	2	3	4	NA
12. Demonstrates good organizational skills	1	2	3	4	NA
13. Accepts constructive criticism	1	2	3	4	NA
14. Deals with authority appropriately	1	2	3	4	NA

PEOPLE ORIENTATION

15. Enjoys being with people	1	2	3	4	NA
16. Demonstrates concern for others	1	2	3	4	NA
17. Is sensitive to the feelings of others	1	2	3	4	NA
18. Works well in groups	1	2	3	4	NA
19. Gains the respect of others	1	2	3	4	NA

COMMUNICATION

20. Uses good interpersonal communication skills	1	2	3	4	NA
21. Displays clarity in written expression	1	2	3	4	NA
22. Displays clarity in verbal expression	1	2	3	4	NA

ORIENTATION TO ATHLETIC TRAINING

23. Recognizes the importance of both psychosocial and physical aspects of athletic injury care	1	2	3	4	NA
24. Displays enthusiasm in athletic care	1	2	3	4	NA
25. Will complete an undergraduate education in Athletic Training with distinction	1	2	3	4	NA

PERSONAL CHARACTERISTICS

26. Assertiveness	1	2	3	4	NA
27. Patience	1	2	3	4	NA
28. Creativity	1	2	3	4	NA
29. Achievement	1	2	3	4	NA
30. Integrity	1	2	3	4	NA
31. Leadership ability	1	2	3	4	NA
32. An appropriate sense of humor	1	2	3	4	NA

Written summary of candidate's strengths:

Written summary of candidate's weaknesses:

Please place the completed recommendation in a sealed envelope with your signature across the seal and return it to the candidate or to:

**Athletic Training Program Director
St. Cloud State University
720 4th Ave S. Halenbeck Hall 324
St. Cloud, MN 56301**

Signature _____ Date _____

Recommender's name (printed) _____

Recommender's phone number _____

Recommender's email: _____

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Applicant's Name
(Print) _____

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PEOPLE ORIENTATION

15. Enjoys being with people	1	2	3	4	NA
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