



**COURSEWORK**

Please identify when you completed or will complete the following coursework:

**Principles of Biology:**

Course No: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Introduction to Athletic Training:**

Course No: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Biobehavioral Basis for Exercise:**

Course No: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**General Chemistry:**

Course No: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Basic Nutrition:**

Course No: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Additional athletic training related coursework:**

Course#/Title: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Course#/Title: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Course#/Title: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Course#/Title: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Course#/Title: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**ATHLETIC TRAINING EXPERIENCE**

Were you an athletic training student in High School? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of years \_\_\_\_\_

Were you supervised by a BOC Certified Athletic Trainer? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of hours \_\_\_\_\_

Were you an athletic training student at another university or college? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of years \_\_\_\_\_

Were you supervised by a BOC Certified Athletic Trainer? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of hours \_\_\_\_\_

Any additional athletic training experience: (professional teams, summer leagues, workshops and/or clinics attended) \_\_\_\_\_

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

**ADDITIONAL INFORMATION**

Are you a student member of the National Athletic Trainers' Association? Yes \_\_\_ No \_\_\_  
Do you expect to make athletic training your primary career choice? Yes \_\_\_ No \_\_\_  
Have you read the Clinical Athletic Training Program Requirements? Yes \_\_\_ No \_\_\_  
Are you CPR certified? Yes \_\_\_ No \_\_\_  
Are you certified in First Aid? Yes \_\_\_ No \_\_\_  
Have you completed the observation requirement? Yes \_\_\_ No \_\_\_

**RECOMMENDATIONS:**

Provide the names and addresses of three (3) individuals that can speak to your qualifications for admittance and potential to the Kansas State University Athletic Training Program.

Name	Address	Organization

Have you given these individuals the recommendation form for the Athletic Training Education Program? Yes \_\_\_ No \_\_\_

**Please answer the following questions on a separate sheet of paper to the best of your ability. Please type or word process.**

1. Other than the classic definition of prevention, evaluation, management and rehabilitation of athletic injuries, describe the profession of athletic training.
2. Why do you want to be a certified athletic trainer?
3. What unique qualities can you bring to our program?
4. Where do you want to be professionally 5 years after you graduate from our program?
5. What role should a certified athletic trainer play in the total athletic program?