



MOVEMENT ARTS, HEALTH PROMOTION, AND LEISURE STUDIES
BRIDGEWATER STATE COLLEGE
BRIDGEWATER, MASSACHUSETTS 02325

APPLICATION FOR ADMISSION TO THE UNDERGRADUATE ATHLETIC TRAINING EDUCATION PROGRAM

This application should be delivered to the Athletic Training Education Program (ATEP) Undergraduate Director at the Adrian Tinsley Center, Room 232 at Bridgewater State College no later than March 1. In addition to the completed application for admission to the Professional ATEP program, students should also submit the following:

- 1. College and university transcripts of all undergraduate course work (photocopies are acceptable)
2. Two appropriate letters of recommendation using the required forms
3. Copy of current First Aid and CPR cards

Form fields for Banner #, Birth Date, Telephone Primary, Day Time, Name (Last, First, Middle), Other names, Permanent Address (Number and Street, Apartment/Suite, City, State or Province, Zip Code/Postal Code, Country), Mailing Address, E-mail address, and first language.

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).

Are you currently employed or involved in varsity sports? (Yes/No). If yes, are you working part-time or full-time? What sport are you involved with?

PAST COLLEGES AND UNIVERSITIES

List the colleges and/or universities you have attended, with the most recent first. Fields for Institution, Total Semester Hours Earned, 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 in the course. If you are currently taking the classes please identify that by writing IP (in progress).

Table with 4 columns: Term/Year, Course, Institution (abbreviate), Grade. Rows include Anatomy & Physiology I, Applied Musculoskeletal Anatomy, and Introduction to Athletic Training.

**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 a certified 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 \_\_\_\_\_

**EXTRACURRICULAR EXPERIENCES**

List any college/university activities (sports, clubs, fraternities/sororities) that you participated in, and note any leadership positions or honors you may have received as a result of participating that activity.

Activity \_\_\_\_\_ Leadership Role or Honor \_\_\_\_\_  
Activity \_\_\_\_\_ Leadership Role or Honor \_\_\_\_\_  
Activity \_\_\_\_\_ Leadership Role or Honor \_\_\_\_\_  
Activity \_\_\_\_\_ Leadership Role or Honor \_\_\_\_\_  
Activity \_\_\_\_\_ Leadership Role or Honor \_\_\_\_\_  
Activity \_\_\_\_\_ Leadership Role or Honor \_\_\_\_\_

**REFERENCES**

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

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Please download two recommendation forms and provide one each to the individuals who will write your recommendations. Please note that the entire application packet, including the letters of recommendation are due no later than March 1. Provide the recommendation form and a self-stamped envelope addressed to:

Dr. Suanne Maurer-Starks  
ATEP Undergraduate Program Director  
Bridgewater State College  
Adrian Tinsley Center, Room 232  
325 Plymouth Street  
Bridgewater, MA 02325

Prepare a brief but careful statement regarding:

1. Reasons why you decided to pursue athletic training as a career
2. Your specific interest and experiences in the field
3. How you learned about the ATEP at Bridgewater State College
4. Your career plans after graduating from Bridgewater State College.

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_