

**MOVEMENT ARTS, HEALTH PROMOTION, AND LEISURE STUDIES
BRIDGEWATER STATE UNIVERSITY
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 University 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

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

Telephone Primary _____ Day Time _____

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 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 in the course. If you are currently taking the classes 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		
	First Aid and CPR		

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 _____

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 University
Adrian Tinsley Center, Room 225
325 Plymouth Street
Bridgewater, MA 02325

Please frame your essay around these statements and/or questions:

1. Describe how your observation experiences for ATTR 240 and/or ATTR 241 have helped shaped your decision in applying to the professional phase of the athletic training program at BSU.
2. We realize professional goals can and do change, please speak to what your current professional goal(s) is/ are for yourself.
3. How can the ATEP at BSU assist you in reaching your professional goal(s)?
4. What responsibility do you take in reaching your professional goal(s)? What role do your professors have? Your Approved Clinical Instructors?

Signature of Applicant _____ Date of Application _____