



UNIVERSITY OF NORTH CAROLINA
GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM
APPLICATION FORM

Name _____ PID# _____
 Last First Middle

School Address _____
 Street/Apt# City State Zip Home Phone Work Phone

Home Address _____
 Street/Apt# City State Zip Home Phone

University Attended _____
 Name Location Major/Minors Current GPA

Athletic Training Experience. List the number of "directly supervised" clinical clock hours you have accumulated to date in any of the categories and list the name of the athletic trainer supervising this experience.

| | <u>Name/Location</u> | <u>Supervising Athletic Trainer</u> |
|--------------|----------------------|-------------------------------------|
| High School | _____ | _____ |
| College | _____ | _____ |
| Clinical | _____ | _____ |
| Professional | _____ | _____ |

In the check list below, indicate which athletic teams you served as athletic trainer or student athletic trainer and the extent of your involvement by using the following code: (Please indicate men's or women's)

- P = Primary - Principal student athletic trainer working with the team
- A = Assistant - Student athletic trainer assisting the principal trainer
- M = Minor - Limited association with team
- N = None

| | | | |
|---------------------|------------------|---------------------|-------------|
| _____ Baseball | _____ Football | _____ Swimming | _____ Other |
| _____ Basketball | _____ Gymnastics | _____ Tennis | _____ Other |
| _____ Cross Country | _____ Lacrosse | _____ Track & Field | _____ Other |
| _____ Fencing | _____ Soccer | _____ Volleyball | |
| _____ Field Hockey | _____ Softball | _____ Wrestling | |

List other experiences related to athletic training you have had.

Do you have Certification in:

| | | | |
|----------------------------|-----------|----------|------------------------|
| AHA or Red Cross CPR | Yes _____ | No _____ | Instructor level _____ |
| Red Cross First Aid | Yes _____ | No _____ | Instructor level _____ |
| Physical Therapy License | Yes _____ | No _____ | |
| Certified Athletic Trainer | Yes _____ | No _____ | |

Please upload this application to your Graduate School application under "Supplemental Documents".