



**Texas Wesleyan**  
ATHLETIC TRAINING EDUCATION

# **CLINICAL PROGRAM APPLICATION PACKET**

The 2015 deadline for application is **May 6, 2015.**

*Clinical Program Application*

**Student Checklist for Admission**



1. Submission of athletic training student application Yes\_\_\_No \_\_\_
2. Submission of a letter to the Athletic Training Program Director indicating a desire to seek a career in Athletic Training and request for admission to the clinical portion of the program Yes\_\_\_No \_\_\_
3. Completion of EXS 2203 with a grade of B or better Grade \_\_\_\_\_
4. Completion of ATR 2309 with a grade of B or better Grade \_\_\_\_\_
5. Completion of ATR 2107 with a grade of B or better Grade \_\_\_\_\_
6. Completion of ATR 2307 with a grade of B or better Grade \_\_\_\_\_
7. Completion of BIO 1340 and 1140 with a grade of C or better Grade \_\_\_\_\_
8. Completion of BIO 1341 and 1141 with a grade of C or better Grade \_\_\_\_\_
9. Submission of current transcript Yes\_\_\_No \_\_\_
10. Submission of a written recommendation in conjunction with recommendation form Yes\_\_\_No \_\_\_
11. Submission of proof of student liability insurance Yes\_\_\_No \_\_\_
12. Submission of proof of student health insurance Yes\_\_\_No \_\_\_
13. Submission of immunization record (HBV serious must have been started) Yes\_\_\_No \_\_\_
14. Submission of a completed physical capability form (with physician signature) Yes\_\_\_No \_\_\_
15. Submission of technical standards form Yes\_\_\_No \_\_\_
16. Submission of policy on student participation in co-curricular activities (if applicable) Yes\_\_\_No \_\_\_
17. Submission of ALL college transcripts Yes\_\_\_No \_\_\_

Deadline for ATP Application process is on Dead Day, MAY 6, 2015. Failure to submit all of the application requirements (except for class grades that are in progress during submission semester) on the date listed above will result in the student not being allowed to be a candidate for the ATP. The student must reapply the following semester.



## Clinical Program Application

### Instructions:

Please fill out the following with accurate information. Once you have completed this for please turn in application form with application letter, recommendation, recommendation form, and current transcript.

### General Information

\_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Male Female Date of birth (month, date, and year)  
Gender (please circle)

\_\_\_\_\_  
Current Address City, State Zip Code

\_\_\_\_\_  
Permanent Address City, State Zip Code

\_\_\_\_\_  
( ) ( )  
Current phone number secondary phone number Email

\_\_\_\_\_  
Emergency contact name Relationship ( )  
phone number

\_\_\_\_\_  
Address City, State Zip Code

### Educational Information

Semester and year you expect to enter ATEP clinical program: \_\_\_ Fall \_\_\_ Spring \_\_\_\_\_  
Year

Current GPA: \_\_\_\_\_

Current Status (please check one that applies):

\_\_\_\_\_ Freshman (no college course work) \_\_\_\_\_ Freshman (with college course  
work)  
\_\_\_\_\_ College Transfer \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
High School Attended City, State Date of Graduation

Please list ALL colleges or universities you have attended:

\_\_\_\_\_  
College/University City, State Dates of Attendance Degree (AA, BS, BA, etc.) Hours earned

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

**\*Do not forget to provide a current copy of transcript along with application form\***



Clinical Program Application

Student Applicant Recommendation Form

This section to be completed by applicant:

Applicant Name: \_\_\_\_\_ SS or TWU Student # \_\_\_\_\_

I am applying for THE Athletic Training Education Clinical Education Phase. I authorize the Texas Wesleyan Athletic Training Education Program (ATEP) to collect information orally or in writing about my qualifications and past performance.

Please initial one of the following:

- \_\_\_\_\_ I waive access to this letter of recommendation
\_\_\_\_\_ I do not waive access to this letter of recommendation

Applicant Signature

Date

This section to be completed by referent. Please answer the following questions in relation to the applicant.

- 1. [ ] I am or have been a recent college professor of a current Texas Wesleyan Student.
[ ] I am or have been a recent college professor of the applicant at the following college or university:

Name of Institution City State

- [ ] I am or have been a Certified Athletic Trainer with academic knowledge of the applicant at the following college or university.

Name of Institution City State

- 2. How long have you known the applicant?
[ ] < 1 year [ ] 1-2 years [ ] >3years

3. Briefly list the applicant's strength (You may elaborate in your letter of recommendation).

4. Briefly describe the applicant's weaknesses.



**Clinical Program Application**

5. Based on your observation and interaction with the applicant please check the appropriate section you feel best applies to the applicant. If you do have not knowledge in relationship to that specific area, please indicate “not observed.”

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Not Observed</b>
Works cooperatively with others				
Shows respect for others				
Demonstrates a willingness to learn				
Acts on constructive criticism				
Demonstrates initiative				
Communicates effectively with others				
Demonstrates responsibility/dependability				
Demonstrates loyalty				
Demonstrates punctuality/promptness				
Demonstrates conscientious and/or attention to detail				
Demonstrates honesty and integrity				
Undertakes tasks with enthusiasm and willingness				
Overall evaluation of applicant				

6. Please attach an additional letter of recommendation on institution letter head.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer

**Please return this form and letter of recommendation in a sealed envelope, with your signature across the seal, to:**

Pamela Rast, PhD, LAT, ATC  
Athletic Training Program Director  
Department of Kinesiology  
Texas Wesleyan University  
1201 Wesleyan St.  
Fort Worth, TX 76105

# TEXAS WESLEYAN UNIVERSITY ATHLETIC TRAINING PROGRAM IMMUNIZATION RECORD AND GENERAL HEALTH STATEMENT

NAME OF STUDENT: \_\_\_\_\_

**Immunization Record**

	HBV #1	HBV #2	HBV #3	TB TEST	RUBELA TITER	<i>Or</i>	Documented MMR vaccination
DATE						<i>Or</i>	

**PHYSICIAN OR PRACTITIONER NOTE:**

*PLEASE CHECK THE APPROPRIATE BOXES AND SIGN THE BOTTOM OF THE FORM.*

- By checking this box I verify that I have examined the student and found him/her to be without evidence of active tuberculosis or other communicable diseases.
- By checking this box I verify that I have examined the student but found him/her **NOT** to be without evidence of active tuberculosis or communicable diseases

\*\*\*\*\*

- By checking this box I verify that I have examined the student and found he/she is able to meet the technical standards of the academic program (as outlined on the assumption of risk page).
- By checking this box I verify that I have examined the student but found he/she is **UNABLE** to meet the technical standards of the academic program. (as outlined on the assumption of risk page).

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- By checking this box I verify that I have examined the student and found him/her to be in good health
- By checking this box I verify that I have examined the student but found him/her **NOT** to be in good health

\*\*\*\*\*

- By checking this box I verify that I have examined the student and found he/she is current on his/her immunizations.
- By checking this box I verify that I have examined the student but found he/she is **NOT** current on his/her immunizations.

\_\_\_\_\_  
**Physician or Practitioner Signature / Credentials**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician or Practitioner Printed Name**

Texas Wesleyan University  
Athletic Training Program  
Physical Capability Information

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Local Phone # \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_

Parents or emergency contact name and number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Name                      City                      State                      Phone

Please verify the following:

- |   |     |    |
|---|-----|----|
| 1. Do you have a medical condition(s) that may prevent you from performing the occupational tasks involved with the athletic training profession that may include but is not limited to: lifting, running, bending, squatting, reaching, throwing, and demonstrating therapeutic exercise techniques?   | YES | NO |
| 2. Do you know of, or believe there is, any medical reason why you should not participate as an athletic training student at Texas Wesleyan at this time?   | YES | NO |
| 3. Have you ever been hospitalized?   | YES | NO |
| 4. Have you ever had surgery?   | YES | NO |
| 5. Are you presently under a doctor's care?   | YES | NO |
| 6. Are you presently taking any medications or pills?   | YES | NO |
| 7. Do you have trouble breathing or do you cough during or after activity?  | YES | NO |
| 8. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?<br><input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Foot<br><input type="checkbox"/> Forearm <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Hand | YES | NO |
| 9. Have you had any other medical problems (infectious mononucleosis, diabetes, anemia, etc.)?  | YES | NO |

Please clarify of these questions which you answered yes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Texas Wesleyan University  
Athletic Training Program  
Physical Capability Information  
Technical Standards Form must also be presented with this form.

Assumption of Risk

I, \_\_\_\_\_, understand that participating in the field of athletic training as an athletic training student at Texas Wesleyan University may be physically demanding, requiring me to sometimes lift heavy objects (i.e. lifting an athlete on a spine board, coolers of water, medical bags), run (i.e. get to an injured athlete on the field of play), and otherwise engage in activity or positions to perform necessary medical and facility related task (i.e. evaluating an injury and cleaning the athletic training clinic respectively). The physically demanding activities pose an inherent risk of injury and I acknowledge that these risks exist and I am willing to assume these risks and will not hold Texas Wesleyan University and it's personnel responsible for any pre-existing medical condition(s) that I may have.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have examined and medically cleared this individual to participant as an athletic training student in the Athletic Training Program at Texas Wesleyan University. Furthermore, I have verified that the above mentioned individual is physically capable of performing all task herein described.

\_\_\_\_\_ Date: \_\_\_\_\_  
State Licensed Physician or Practitioner Signature



TEXAS WESLEYAN UNIVERSITY  
ATHLETIC TRAINING PROGRAM  
TECHNICAL STANDARDS FOR ADMISSION

Instructions: As part of the process of application for admission to the Texas Wesleyan University Athletic Training Program professional clinical program each applicant **MUST** complete the statement below that represents his/her ability to comply with the program technical standards.

**Statement of Verification of Technical Standard Compliance**

I certify that I have read and understand the technical standards listed in the *Texas Wesleyan University Athletic Training Program Student Handbook* and I believe to the best of my knowledge that I can meet each of these standards without accommodation of any type. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

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Students are to sign the statement below **ONLY** if they **MUST** have accommodation to meet the Technical Standards.

**Statement of Need for Accommodation for Technical Standard Compliance**

I certify that I have read and understand the technical standards listed in the *Texas Wesleyan University Athletic Training Education & Clinical Program Student Handbook* and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Texas Wesleyan University Disability Accommodation Services to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

## **Texas Wesleyan University Athletic Training Program Policy on Student Participation in Co-Curricular Activities**

### **Purpose**

The Texas Wesleyan Athletic Training Program (ATP) recruits a variety of individuals seeking to become future athletic training professionals. The ATP program strives to accommodate students in a variety of ways. Many students that inquire about the ATP program also have the intentions of participating in intercollegiate activities. Faculty and staff of the ATP are committed to encouraging students and assisting them in taking advantage of the rich co-curricular opportunities available on campus to enrich their experience at Texas Wesleyan University. Due to the nature of the athletic training education clinical component that often requires student commitment during the afternoons, evenings, and on weekends, a student must be aware that this could present conflicts with the intercollegiate activity. However, the program does accept individuals with dual objectives at the university, but the students must adhere to the guidelines of the ATP to maintain good status in the program. The following guidelines are designed to achieve a student's success in the athletic training program as well as co-curricular activities.

### **Guidelines**

- 1. Intercollegiate activities shall not factor negatively in admissions decisions for the clinical athletic training program.**
2. Students admitted into the ATP may participate in intercollegiate activities with the agreement to fulfill the clinical component of the athletic training education as well as the didactic component. During the traditional season the ATP will schedule clinical experiences around the student's intercollegiate athletics schedule, however during the non-traditional season, athletics must be scheduled around clinical education requirements.
3. Athletic training students that are participating in intercollegiate activities must, like all athletic training students, fulfill all didactic and clinical program requirements prior to graduation. All such students are strongly encouraged to consult program director early in their program. This will allow students and ATP faculty to effectively plan successful completion of on-time graduation.
4. All students are required to have a least one "equipment intensive" clinical experience (ex: football or ice hockey). Athletic training students who participate in fall intercollegiate activities will be required to fulfill their "equipment intensive" clinical experience the following semester of the course rotation (spring). Arrangements will be made through the program director.
5. Athletic training students who are participating in intercollegiate athletics shall participate only during one sport's traditional season. Students may only participate during the non-traditional season when that participation does not interfere with their clinical education schedule and any additional ATP requirements, such as, but not limited to professional symposia and community service activities.

If any athletic training student has questions or concerns regarding this policy should direct their questions to the program director for further clarification.

I, \_\_\_\_\_, have read and understood the requirements for the athletic training program policy on participation of co-curricular activities (intercollegiate athletics). I understand that I must fulfill all requirements of both the didactic and clinical components of the athletic training program prior to graduation.

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Signature

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Date

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Witness Signature

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Date