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| **Doctor of Athletic Training** |
| Program Application Form |

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| **Applicant**: Complete this application and upload it to the Graduate Application Portal | | | | | |
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| **Name:** Click or tap here to enter name. | | | **Email**: Click or tap here to enter email.  **Cell Phone:** Click or tap here to enter phone. | | |
| **Address:** Enter address. | | | | | |
| **City:**Click or tap here to Enter City. | | | **State:** Enter state. | **Zip Code:** Enter zip. | |
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| **Program Track:**  Advanced Clinical Practice Clinical Research Undecided | | | | | |
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| **Educational History:** Please list those institutions from where you graduated. | | | | | |
| Institution | Major and Degree | | | | Year Graduated |
| Click or tap here to enter school. | Click or tap here to enter degree. | | | | Enter Year |
| Click or tap here to enter school. | Click or tap here to enter degree. | | | | Enter Year |
| Click or tap here to enter school. | Click or tap here to enter degree. | | | | Enter year |
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| **State AT Credential**: Enter state. | **State AT Credential Number:** Enter state credential number. | | | | |
| **BOC Certification Number:** Enter BOC number. | | | **NPI Number:** Enter NPI Number. | | |
| **Other Relevant Licensure and Certification:** Enter licensure and certifications (multiple lines allowed). | | | | | |
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| **Current Employment:** Enter current employment. | | | | | |
| **Position:** Enter your current position. | | | | | |
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|  | | **Division of Athletic Training**  [**grad-at@ohio.edu**](mailto:grad-at@ohio.edu)  **740.593.1217** | | | |