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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****740.593.1217** |