**Ohio University
Post-Professional Athletic Training Program
Program Application Form**

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**Name**:       **eMail**:       **Date**:

Best telephone contact number:       Are you or have you been a member of the military? **[ ]  No [ ]  Yes**

**Present Address**: **Permanent Address**:

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**EDUCATION**

**Institution**:       **Graduation Date**:
**Cumulative GPA**:       **GRE**:       **Degree**:
**Minor (if applicable)**:

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**ATHLETIC TRAINING EXPERIENCE**

**Are you a member of the NATA?** **[ ]  No [ ]  Yes 🡪 If yes, membership number:
Have you passed the BOC exam? [ ]  Yes [ ]  No 🡪 If no, when are you scheduled to sit?**
**Other pertinent licenses or certifications:**       **NPI number (if applicable):**

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**PROGRAM OPTIONS (check all that apply)**

**Enrollment Type Research Interest**[ ]  Athens campus - Requesting assistantship [ ]  Sports epidemiology
[ ]  Dublin campus - Requesting assistantship [ ]  Healthcare outcomes assessment
[ ]  Fee-paying, remote learning [ ]  Performing arts medicine
[ ]  Fee-paying, on-campus [ ]  Evidence-based practice
 [ ]  Education/professional issues
 [ ]  Musculoskeletal injury screening/prevention
 [ ]  Neuroplasticity following injury/rehabilitation
 [ ]  Neural control of human movement
 [ ]  Psychological response to injury

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**Please Rank Order Your Assistantship Preference (Rank only those that apply; 1 = top choice)**

      High school       OU Club Sports/Program administration
      Ohio University athletics       Performing arts medicine
      Ohio University club ice hockey       Other college setting

The above positions are pending availability

[ ]  I am interested in a placement with the Cincinnati Reds during my second year.

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**REFERENCES (please indicate whom we will be receiving letters of recommendation from)**

**Name Relationship**

1-
2-
3-

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**CONFIRMATIONS**

For funded assistantships:

[ ]  I understand that I am responsible for paying my summer tuition.

[ ]  I understand that reliable transportation is required to and from area high schools.

[ ]  I understand that my stipend and tuition waiver are contingent on successful academic, research, and clinical performance. Funding is not guaranteed from one semester to the next.

[ ]  I understand that my funding is based on successfully passing the BOC examination and obtaining the appropriate state credential prior to the start of clinicals.