**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.