

Application for Athletic Training Program at Methodist University

Date _____

Name (Last) _____ (First) _____ (MI) _____

Birthdate ___/___/___ (Month/Date/Year) Student ID # _____

School Address _____
(Street) (Apt. #)

(City) (State) (Zip)

Cell Phone (____)____-____ Home Phone(____)____-____

Home Address _____
(Street) (Apt. #)

(City) (State) (Zip)

Please indicate at which address and phone number you can be reached during summer break. (Check or Circle One)

____ School ____ Home Other (please list below):

(Street) (Apt. #)

(City) (State) (Zip)

Phone number (____)____-____

I, _____, (Print name) authorize the Athletic Training Program Selection Committee to review all of my academic records and grades as a part of the application process. I understand that I will be notified of my status by my Methodist University student e-mail account.

Signature of Applicant _____ **Date** _____

Notification of Additional Fees and Expenses

I, _____, (Print name) understand that as a student accepted into the Methodist University Athletic Training Program there are additional fees and expenses. I authorize the Athletic Training Program to bill any fees to my student account. I understand that other additional expenses may include, but are not limited to, uniforms, supplies, immunizations, required physical, security clearances, and transportation to and from clinical education sites.

Signature of Applicant _____ **Date** _____

Notification of Early Return to Campus Each Fall

I, _____, (Print name) understand that as a student accepted into the Methodist University Athletic Training Program I am required to return to campus prior to the beginning of classes for education review session each fall semester unless specifically given permission by the Athletic Training Program Director. I understand that the exact details of when I must return will be e-mailed to my student account but generally are during the first week of August.

Signature of Applicant _____ **Date** _____

Number of completed credit hours _____

Number of credits in which you are currently enrolled _____

List all your related work experience, including any volunteer work other than ATP 111.

List all your awards and achievements.

List all associations, organizations, clubs, teams, etc... in which you are involved or of which you are a member.

List any hobbies, recreational activities, or outside interests in which you participate.

List any other information you would like the Athletic Training Program Admissions Committee to consider.

**METHODIST UNIVERSITY
ATHLETIC TRAINING PROGRAM
APPLICATION ESSAY**

Name _____

Date _____

This essay should be typed. Please express your desire for admission to the Methodist University Athletic Training Program, your philosophy regarding sports medicine/athletic training, and your personal and professional goals. You may attach a separate typed page to respond to this question.

ATHLETIC TRAINING EDUCATIONAL PROGRAM TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Educational Program at Methodist University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Educational Program must demonstrate:

- the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
- sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
- the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
- the ability to record the physical examination results and a treatment plan clearly and accurately.
- the capacity to maintain composure and continue to function well during periods of high stress.
- the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
- flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
- affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The Director of the Academic Development Center will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the Methodist University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

Acceptance of Technical Standards

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

Signature of Applicant

Date

Print Name

DO NOT COMPLETE THE SECTION BELOW UNLESS YOU ARE ASKING FOR AN ACCOMMODATION.

Request for Accommodations

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Center for Personal Development 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.

Signature of Applicant

Date

Print Name

**Methodist University Athletic Training Education Program
Physical & Immunization Verification Form**

I, _____ (print your name) hereby authorize Methodist University Student Health Services and Athletic Training Facilities to provide information from my physical and immunization records to the Methodist University Athletic Training Education Program.

Signed _____ Date _____

Phone _____ E-mail _____

Hepatitis B Vaccination

I, _____ (print your name), understand that due to my potential exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection.

_____ I have already received the Hepatitis B vaccination series.

_____ I understand that I am being given the opportunity to be vaccinated with the Hepatitis B vaccine at my own expense. I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have exposure to blood or other potentially infectious material and want to be vaccinated with the Hepatitis B vaccine, I can receive, at my own expense, the vaccination series.

Signature

Date

If your physical or immunization records are incomplete, you will be e-mailed and asked to update your documents.