

Central Michigan University  
**Athletic Training Education Program**  
Department of Physical Education and Sport  
The Herbert H. and Grace A. Dow College of Health Professions

**INSTRUCTIONS FOR SELECTION APPLICATION FOR THE PROFESSIONAL PHASE**

1. **All portions must be completed correctly and submitted by the deadline.**
2. Required Materials:
  - a. Application form
  - b. Copy of front of first aid and CPR cards.
    - *First aid and CPR certification **must be valid for the entire semester of the directed observation.***
  - c. Copy of immunization records.
    - *Records **must include Hepatitis B status.***
  - d. Verification of Practical Experience Form
    - *The form must be secured in a sealed envelope with supervisor signature across the envelope's seal*
3. The completed application packet must be submitted to the ATEP before or at the first meeting of the ATR 283 class. Students mailing packets should verify arrival before the first class meeting (NOT POSTMARKED).

Mailing Address:  
Athletic Training Education Program  
Central Michigan University  
HPB 1171  
Mount Pleasant, MI 48859

  - a. Students will be dropped from ATR 283 if the following occur
    - No packet submitted according to the stated deadline
    - Packet incomplete or submitted incorrectly
  - b. Those students dropped from ATR 283 are not eligible for selection into the professional phase during the current semester and must re-apply in a subsequent semester. This action does not count as a selection opportunity.
4. All applications are reviewed by the ATEP faculty, placed in the student file and remain the property of the ATEP.
5. Questions regarding the application process should be addressed to the student's major advisor.

## APPLICANT CHECKLIST

- \_\_\_\_\_ Application packet submitted by deadline
- \_\_\_\_\_ All sections complete
- \_\_\_\_\_ Copy of First Aid and CPR cards
  - *Valid for the entire semester of the directed observation.*
- \_\_\_\_\_ Copy of Immunization records
  - *Records must include Hepatitis B status.*
- \_\_\_\_\_ Statement and Application Signed
- \_\_\_\_\_ Verification of Practical Experience Form
  - *The form must be secured in a sealed envelope with supervisor signature across the envelope's seal*
- \_\_\_\_\_ IF APPLICABLE, transfer credit evaluation and official transcript

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**SELECTION APPLICATION FOR THE PROFESSIONAL PHASE**

(Please type or print in ink)

**PART I GENERAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle Initial

Permanent Address \_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_  
City or Town State Zip Code

Permanent Phone (\_\_\_\_) \_\_\_\_\_ Campus email \_\_\_\_\_  
Area Code Number

DOB \_\_\_\_\_ Campus ID# \_\_\_\_\_

T-shirt size \_\_\_\_\_ Polo shirt size \_\_\_\_\_  
(Men's Sizes)

**PART II HIGH SCHOOL INFORMATION**

High School Attended \_\_\_\_\_  
Name of High School Town, State

Graduation Date \_\_\_\_\_ ACT or SAT Score \_\_\_\_\_

### PART III EDUCATIONAL BACKGROUND

Date Admitted to Central Michigan University \_\_\_\_\_

#### Other Colleges/Universities Attended

- ***If transferring a selection course(s) from another institution***, include copy of transfer credit evaluation from CMU and an official transcript from that institution.
  - **EXAMPLES**
    - A student took BIO 101 and BIO 102 (Anatomy and Physiology I and II) at Mid-Michigan Community College and transferred those credits in for HSC 214 and HSC 215 at CMU. He will need a transfer credit evaluation from CMU and an official transcript from Mid-Michigan Community College.
    - A student took CHM 127 at CMU and received a C-. To improve this grade, she found that CHM 102 at Oakland Community College would transfer into CMU for CHM 127. After receiving an A for the class, she requested an official transcript from Oakland Community College and a transfer credit evaluation from CMU.

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Name of Institution	City, State	Dates Attended
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Name of Institution	City, State	Dates Attended
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### PART IV FIRST AID AND CPR CERTIFICATION

- First aid and CPR certification ***must be valid for the entire semester of the directed observation.***

Attach copy of front of First Aid card

Attach copy of front of CPR card

### PART V IMMUNIZATION RECORDS

- Staple copy of immunization records to this page
  - Records ***must include Hepatitis B.***

**PART VI APPLICANT'S STATEMENT OF UNDERSTANDING CONCERNING THE ATHLETIC TRAINING EDUCATION PROGRAM**

I understand the professional phase of the ATEP is a full-time academic program that includes classroom, laboratory, four-assigned field experiences and a 15-week internship. I realize the laboratory experience will assist me with the mastery of identified proficiencies and will require 12-18 hours per semester. Additionally, I understand the clinical field experiences will involve 15-20 hours per week each semester, which may include early morning, evening, weekend and/or time outside the regular semester schedule. I understand to be eligible for my internship all coursework, competencies and clinical proficiencies must be completed. I understand, if selected, I must attend an orientation program, which is conducted before the start of semester classes. I accept the responsibility to maintain the standard of excellence that is the hallmark of the Athletic Training Education Program at Central Michigan University.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I understand by submitting this application it serves as my formal intention to apply to the Athletic Training Education Program (ATEP) professional phase. I give my permission to the program director to secure an unofficial transcript from the Registrar for selection purposes.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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***ATEP Use Only***

Date reviewed \_\_\_\_\_

\_\_\_\_ Application packet submitted by deadline

\_\_\_\_ All sections complete

\_\_\_\_ Copy of First Aid and CPR cards

○ ***Valid for the entire semester of the directed observation.***

\_\_\_\_ Copy of Immunization records

○ ***Records must include Hepatitis B status.***

\_\_\_\_ Statement and Application Signed

\_\_\_\_ Verification of Practical Experience Form

○ ***The form must be secured in a sealed envelope with supervisor signature across the envelope's seal***

\_\_\_\_ IF APPLICABLE, transfer credit evaluation and official transcript

Application Accepted. \_\_\_\_\_ YES \_\_\_\_\_ NO Reason(s):

Reviewer Initials: \_\_\_\_\_

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**SELECTION APPLICATION FOR THE PROFESSIONAL PHASE  
VERIFICATION OF PRACTICAL EXPERIENCE FORM**

The intent of this form is to verify that the below named student has completed the identified number of hours with you and your agency. *Please fill out the requested information below, place it in a sealed envelope with your signature across the seal of the envelope, and give to the student.*

STUDENT'S NAME: \_\_\_\_\_

SUPERVISOR'S NAME & CREDENTIALS: \_\_\_\_\_

AGENCY: \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_                      EMAIL: \_\_\_\_\_

DATES OF STUDENT'S EXPERIENCE: \_\_\_\_\_

TOTAL NUMBER OF HOURS ACCUMULATED: \_\_\_\_\_

BRIEF DESCRIPTION OF STUDENT'S EXPERIENCE:

COMMENTS REGARDING THE QUALITY OF THE STUDENT'S WORK:

I verify that the above mentioned information is true to the best of my knowledge.

SUPERVISOR'S SIGNATURE \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_