APPLICATION PROCESS

Please send the following documents in **one** envelope to the address listed below. The following items are necessary for applications to be considered for review:

- ➤ Completed Application
- Cover Letter
- > Resume
- ➤ 3 Letters of Recommendation (One letter must be from AT Curriculum Director)
- > Official College Transcript
- Proof of Liability Insurance
- ➤ Copy of CPR/AED card (Front & Back)

Shari Clark MS, LAT

Clinical Internship Coordinator UW Health Sports Medicine Center 621 Science Drive Madison, WI 53711 608.263.7041 sclark3@uwhealth.org

Application Deadlines:

First Monday of February

Candidates being considered will be invited for a personal interview with the Clinical and Sports Rehabilitation Coordinators and select faculty. Candidates will be notified within two weeks of interviewing or six weeks after the application deadline.

UW Health Sports Medicine Center Athletic Training Internship Application

CONTACT INFORMATION

First Name		MI	_ Last Nam	ne	
Address				Apt. # _	
City / State			Zip Code	2	
Home Phon	ne()	Cellula	ır Phone()	
Email Addı	ress				
<u>ACADEMI</u>	C INFORMATIO	<u>N</u>			
Current Un	dergraduate Instit	ution			
Athletic Tra	aining Curriculum	Director			
Phone()	Email			
Cumulative	e GPA	Anticipated Gr	aduation Da	te/	/
Which Seme	ester are you applyin	ng for?			
What athleti	c training settings h	ave you particip	ated in? Circle	all that apply.	
Clinic	Corporate	College/Univ	ersity	Camps	Professional
Industrial	High School	Intramura	l / Club Sport	s Other	

REFLECTION Please answer the following questions on a separate sheet and attach to application. No minimum or maximum length.

- 1. Why would you like to participate in the UWHSM clinical internship program?
- 2. Identify specific skills or areas that you hope to advance during this internship.
- 3. What are your future career short term and long term goals?
- 4. Describe personal qualities or experiences that make you a competitive candidate for this position.