

Bloomsburg University
Entry-Level Master of Science in Clinical Athletic Training Program
Application Materials

Checklist of items needed for a complete application:

- Personal Resume
- Academic Information Form
- Clinical Observation Hours Log
- CATP Recommendation Form (3 references are required. One must be from the ATC who supervised your clinical observation hours).
- Course syllabus for Human Anatomy
- Course syllabus for Physiology
- Course syllabus for Exercise Physiology
- Course syllabus for Kinesiology/Biomechanics
- Course syllabus for Care and Prevention of Athletic Injuries
- Course syllabus for Sport/Exercise Psychology

Please mail the Clinical Athletic Training Program application materials to:

Dr. Joseph B. Hazzard, Jr., ATC
Clinical Athletic Training Program
Department of Exercise Science
244 Nelson Field House
Bloomsburg University
400 E. 2nd St.
Bloomsburg, Pa. 17815

Students must also complete a separate application form for admission to the Bloomsburg University Graduate School. Please refer to the following website to find all Graduate School forms and applications:

<http://www.bloomu.edu/academics/grad>

CLINICAL ATHLETIC TRAINING PROGRAM ACADEMIC INFORMATION FORM

Name: _____ Application for Summer _____
 Address: _____ State: _____ Zip: _____
 Email: _____ Telephone: _____
 Undergraduate Institution: _____ Undergraduate Major: _____
 Current overall GPA: _____
 GRE Verbal Score: _____ TOEFL Score: _____
 GRE Quantitative Score: _____

Please complete the following course matrix for pre-requisite courses. **Course syllabi must accompany this document.

Prerequisite Course	Course prefix, number, name	Institution and Date taken	Grade
Human Anatomy- Minimum content requirements: basic anatomical orientation, bones, muscles, organs, function.			
Human Physiology- Minimum content requirements: human physiology with emphasis on homeostatic mechanisms.			
Exercise Physiology- Minimum content requirements: factors affecting physiological function of the body as it relates to exercise and performance. Lab with demonstrated evaluation of physiological factors.			
Kinesiology/Biomechanics- Minimum content requirements: Anatomical and mechanical bases of physical/sport activity with emphasis on analysis of skills for sport/exercise			
Care & Prevention of Athletic Injuries- Minimum content requirements: prevention, evaluation, treatment, and rehabilitation of athletic injury; taping and bracing techniques, emergency care.			
Sport/Exercise Psychology- Minimum content requirements: Attending and listening skills, motivational techniques, personality and sport/exercise, psychological basis of injury, anxiety, stress, and coping.			

**CLINICAL ATHLETIC TRAINING PROGRAM
CLINICAL OBSERVATION HOURS LOG**

You are required to verify that observation hours = 200 have occurred under the direction of a Certified Athletic Trainer (ATC). Please complete the following form and have the ATC sign appropriately attesting to your experiences.

- ❖ Please note that you may not obtain hours under the supervision of a Physical Therapist, unless the said person holds dual certification as an ATC/PT.
- ❖ International applicants should make appropriate arrangements to seek such experience in the United States, particularly if they do not have access to an ATC in their home country.

Name of Supervising ATC	Setting (college, high school, clinic)	Sport	Describe your involvement	Number of Hours	Dates	Signature of ATC

** By signing my name I attest that the hours recorded in this log are accurate and under my direct supervision.

**Students may copy this form as many times as necessary.

**CLINICAL ATHLETIC TRAINING PROGRAM
RECOMMENDATION FORM**

The Applicant must sign and date one of the following statements prior to giving it to the referrer:

I wish to have access to this recommendation and I understand that under the Family Education and Rights to Privacy Act I have the right to read this recommendation.

Applicant's Signature: _____ Date: _____

I wish this letter to be confidential and I hereby waive all access rights to this recommendation.

Applicant's Signature: _____ Date: _____

For the Referrer: Please rate this applicant as compared with other students or employees whom you have supervised. A letter may be written in addition to this recommendation form. Please place this completed recommendation form or letter in a sealed, signed envelope and return to applicant, or mail to: Dr. Joseph B. Hazzard, Jr., ATC, 244 Nelson Field House, Bloomsburg University, 400 E. 2nd St., Bloomsburg, Pa. 17815

Referrer's Name _____

Title/Position _____

Employer _____

Email _____

Telephone _____

How long have you known this applicant? _____

In what capacity? _____

How well do you know the applicant? Casually Well Very Well

Please rate this applicant compared to others you have supervised	Top 2%	Top 10%	Top 25%	Top 50%	Bottom 50%	No Basis
Interest in the profession						
Critical thinking skills						
Professionalism						
Ability to maintain patient confidentiality						
Written communication						
Oral communication						
Problem solving						
Maturity						
Acceptance of Responsibility						
Independence						
Persistence						
Ability to accept constructive criticism						
Ability to multi-task						
Cultural Sensitivity						
Ethical Behavior						

Signature _____ Date _____