

**UNIVERSITY OF THE PACIFIC
ATHLETIC TRAINING EDUCATION PROGRAM**

Clinical Education Program Application
Priority consideration is given to applications received by April 1st.

Please type or write neatly

Anticipated date of enrollment into Clinical Education Program: _____ / _____
Semester Year

Name: _____
(Last) (First) (Middle)

Student ID#: _____

Your Address at School: _____
street address city state zip

Your Phone # at School: (_____) _____ E-mail Address: _____

Your Permanent Address: _____
street address city state zip

Your Permanent Phone #: (_____) _____

COLLEGE / UNIVERSITY EDUCATION

1) _____
School City State Dates of Attendance

Degree Earned or Expected: _____

Grade Point Average: _____

2) _____
School City State Dates of Attendance

Degree Earned or Expected: _____

Grade Point Average: _____

Anticipated Date of Graduation from Pacific: _____

ATHLETIC TRAINING EXPERIENCE

In which of the following settings do you have experience under the supervision of a BOC certified athletic trainer?

High School?	Yes _____	No _____
If yes, for how many years and/or months?	Years _____	Months _____
Community College?	Yes _____	No _____
If yes, for how many years and/or months?	Years _____	Months _____
Four-Year College or University?	Yes _____	No _____
If yes, for how many years and/or months?	Years _____	Months _____
Physical Therapy Clinic?	Yes _____	No _____
If yes, for how many years and/or months?	Years _____	Months _____

Other Experience? (explain):

List the names and BOC certification numbers of the athletic trainers who have supervised you.

1) _____	_____
Name	Certification Number
2) _____	_____
Name	Certification Number

Are you a member of the NATA? Yes ____ No ____

Are you certified in CPR? Yes ____ No ____

Are you certified in First Aid? Yes ____ No ____

COURSE WORK

Please list courses you have taken that relate to Athletic Training. Indicate the name of the course, where you took the course, and the grade received. For courses currently in progress, write "IP" in the letter grade column.

Course Name	School	Letter Grade

Please list any seminars you have attended related to Athletic Training:

Please check the following:

- I have included the Evidence of Health Evaluation form with this application (Transfer students will submit Health Evaluation form upon arrival at Pacific)
- I have met or intend to meet the course pre-requisites (Human Anatomy and Care and Prevention of Athletic Injuries) prior to enrollment in clinical education
- I currently meet or plan to meet the minimum GPA requirement of 2.0 at the time of enrollment
- I have included a copy of my transcripts from all colleges and universities I have attended
- I have included a copy (front and back) of my current first aid and CPR certification cards
- I have included a letter of application answering the following questions: What is the role of an athletic trainer? Why do you want to be in the clinical education program at Pacific? What are your goals for the future? How will the clinical education program at Pacific help you achieve your goals?
- Two letters of recommendation will be submitted on my behalf (either included with this application or mailed separately)
- I have included a signed technical standards contract.

To the best of my knowledge, the information that is provided on this application is true.

Signature of Applicant

Date

Please return application* and supporting material to:

Athletic Training Education Program Director
Department of Sport Sciences
University of the Pacific
3601 Pacific Ave.
Stockton, CA 95211

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**University of the Pacific
Athletic Training Education Program**

Evidence of Health Evaluation

In accordance with the University of the Pacific's Admission Policies, students must complete and return a health form, medical history, physical exam, and immunization records to the University's Cowell Wellness Center. The purpose of this form is only to provide evidence that those documents are in your health file. The information in your health file will not be released by the Wellness Center staff without your consent. Please take this form to the Wellness Center to be completed by an appropriate official. This form must be completed prior to admission into the Clinical Education Program in Athletic Training.

To be completed by Clinical Education Program Applicant

Name: _____

Student ID#: _____

PLEASE MAKE AN APPOINTMENT AT THE WELLNESS CENTER TO HAVE THIS COMPLETED

To be completed by Cowell Wellness Center Official

By initialing the following, I verify the student named above has the required health evaluation documents on file at the University of the Pacific's Cowell Wellness Center:

_____ Complete health history and physical examination

_____ Tuberculosis clearance

Appropriate immunization records for the following. Please indicate date of immunization or titer.

_____ MMR #1

_____ MMR #2

_____ Tetanus/Diphtheria (Td): documentation of booster dose within 10 years

_____ Hepatitis B #1

_____ Hepatitis B #2

_____ Hepatitis B #3

_____ Varicella (chicken pox): vaccine required if no previous history of disease

Comments: _____

Cowell Wellness Center Official (please print)

Signature

Date

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Technical Standards for Admission to Clinical Education

The Athletic Training Education Program at the University of the Pacific 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 Education 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]). All students admitted to the Athletic Training Education Program must meet the following abilities and expectations. 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:

1. 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.
2. 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.
3. 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 judgements and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training education 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 Office of Services for Students with Disabilities (1st floor Bannister Hall) 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 University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation. This includes a review whether the accommodations requested are reasonable, taking into account whether accommodations 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.

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.

Name of Applicant (please print)

Signature of Applicant

Date

Alternative Statement for Students Requesting 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 Office of Services for Students with Disabilities 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.

Name of Applicant (please print)

Signature of Applicant

Date