THE ATHLETIC TRAINING EDUCATION PROGRAM

School of Kinesiology and Recreation
Illinois State University

This accompanying application and informed consent is for undergraduate athletic training students who wish to be admitted to the Clinical Instruction Program in the Athletic Training Education Program (ATEP) at Illinois State University. Before completing this application, be informed that students accepted into this Clinical Instruction Program (CIP) will be required to complete 1200 clock-hours of clinical experience over a minimum of five semesters while enrolled in clinical practicum courses (KNR 298.11, 298.12, 298.13, 298.14, and 298.15). In addition, all students must complete a Professional Practice experience (KNR 398.12) following successful completion of the five practicum courses.

Students accepted into the Clinical Instruction Program of the ATEP will be assigned to an approved clinical instructor or a supervisor, based on a rotation system that includes athletic training experiences with upper extremity intensive and lower extremity intensive sports, as well as individual, dual, and team sports. Students must maintain an overall 2.70 GPA, and complete the athletic training competencies required for each semester in order to remain in the Clinical Instruction Program.

Your completed application and all supplementary materials include the following:

1) the completed application form,

2) two (2) recommendation letters from individuals such as non-athletic training faculty, high school faculty, coaches, or clinical supervisors,

3) the essay (usually 1 to 2 pages) describing why you would like to be a certified athletic trainer and at what level you would like to work as a certified athletic trainer,

4) completion of 50 or more clinical observation hours with certified athletic trainers including successful evaluations by your supervisors,

5) a minimum of 2.70 GPA for all college courses,

6) completion of KNR 181, 188, and 188.01 with grades of ‘C’ or better,

7) completion of the athletic training general knowledge examination (used as an outcomes assessment instrument and as an objective means of comparing students in the event that there are more qualified applicants than available placements),

8) completion of a graded interview with two members of the athletic training faculty.
Application Procedure

Step 1
Complete this application, and read and sign the consent forms to allow representatives from the KNR Department to evaluate your academic transcripts.

Step 2
Attach (with a paper clip) the supporting materials, including the letters of recommendation, the essay, and supervisor evaluations to this application, or forward the materials directly to the ATEP Director. You do not need to submit your materials in a folder or apply a cover page.

Step 3
Deliver this completed application, signed consent forms, and supporting materials to the ATEP Director (208 Horton Fieldhouse) or main office to the attention of the AT program director, Illinois State University, Normal, IL 61790-5120, before December 1, to be eligible for the Spring semester. (Grades in courses requiring a ‘C’ or better will be confirmed by the ATEP Director, after grades are posted at the end of the semester, for those applicants enrolled currently).

NO APPLICATIONS WILL BE ACCEPTED AFTER THE DUE DATE AND ONLY ONE APPLICATION PERIOD OCCURS EACH YEAR

Step 4
Schedule an interview with the Athletic Training Education Program faculty during the first week of December. The sign-up schedule will be distributed in KNR 188 and will be posted on the door of the ATEP Director’s office (208 Horton Fieldhouse). Interviews will be held in the KNR conference room. Contact the ATEP Director with any questions.

Letters of notification will be sent to all applicants concerning the ATEP faculty selection of students for the ATEP Clinical Instruction Program (CIP). If accepted, the student will be expected to enroll in the first clinical practicum course (KNR 298.11), KNR 252, and KNR 284 for the Spring semester.

Students who are not accepted into the ATEP Clinical Instruction Program may schedule an appointment with the KNR Academic Advisor to change academic major or discuss the possibility of re-application the following year.

THERE ARE LIMITED SPACES AVAILABLE IN THE CLINICAL INSTRUCTION PROGRAM. APPLYING TO THE PROGRAM DOES NOT GUARANTEE ACCEPTANCE.
APPLICATION FOR THE
ATHLETIC TRAINING CLINICAL INSTRUCTION PROGRAM

Complete and return to the Athletic Training Education Program Director, School of Kinesiology and Recreation – Campus Box 5120, Illinois State University, Normal IL 61790-5120.

THIS APPLICATION MUST BE RECEIVED before December 1.

PLEASE TYPE OR PRINT NEATLY:

APPLICATION YEAR: ____________ TODAY’S DATE _________________

NAME __________________________ DATE OF BIRTH _________________

LOCAL PHONE ________________ ID# ____________________________

E-MAIL ADDRESS ________________________________________________

LOCAL ADDRESS ________________________________________________

(address)

(city) (state) (zip code)

HOME PHONE ________________________________________________

CELL PHONE ________________________________________________

PERMANENT ADDRESS ____________________________________________

(address)

(city) (state) (zip code)

ANTICIPATED MAILING ADDRESS DURING THE HOLIDAY BREAK:

_____ PERMANENT ADDRESS

_____ LOCAL ADDRESS
I. EDUCATION

COLLEGE(S) ATTENDED:

Have you attended any other college previously? yes ____ no ____
If yes, please list all colleges attended.

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Attach additional page if necessary.

Current academic rank: ___ Freshman ___ Sophomore ___ Junior ___ Senior

II. PREREQUISITE COURSEWORK

Circle the grade you received in each of the following courses. Circle NA if you have not taken the course. Circle TAKING NOW if you are taking the course this semester.

KNR 181 (Anatomy & Physiology) A B C D F NA TAKING NOW

KNR 188 (Intro to Athletic Training) A B C D F NA TAKING NOW

KNR 188.01 (Athletic Training Lab) A B C D F NA TAKING NOW

My cumulative GPA is currently __________ for ________ number of credit hours.
III. PREVIOUS EXPERIENCE:

Have you had any previous experience as an athletic training student, other than KNR 188.01 observation hours? If so, please explain.

*Note: Hours previously attained are considered as previous experience only and cannot be counted toward program hours if the applicant is admitted to the clinical instruction program.

IV. STUDENT ORGANIZATION MEMBERSHIP:

- Illinois State University Athletic Training Club (ISU-AT Club)

Are you a member of the ISU-AT Club? Yes ___, Since Date _________  No ___

V. CERTIFICATION

Are you currently certified in First Aid? Yes ___, Since Date _________  No ___
Are you currently certified in CPR? Yes ___, Since Date _________  No ___
Are you also currently certified in AED? Yes ___, Since Date _________  No ___
Have you completed OSHA/Universal Precautions Training? Yes ___ , Date _______  No ___

VI. ESSAY (written statement of goals):

Please explain in a typed response on separate pages why you want to become a Certified Athletic Trainer (ATC). Also, describe the type of setting (clinic, HS, college, other) in which you would seek employment following completion of the program and certification.
VII. INFORMED CONSENT

TO BE COMPLETED AND SUBMITTED WITH THE APPLICATION TO THE ATHLETIC TRAINING EDUCATION PROGRAM

Qualification/Selection Agreement:
• I fully understand that there are a limited number of student athletic trainer spaces in the Entry-level Athletic Training Education Program and the associated Clinical Instruction Program. I further understand that after I fulfill the admission requirements as stated in this application (see below), that I will then be eligible to compete with other qualified applicants for any available spaces in the clinical athletic training program.

• Furthermore, I fully understand that even after I qualify as a candidate for the ATEP Clinical Instruction Program (meet the required criteria), that further evaluation may be undertaken by the athletic training assessment committee, using objective criteria beyond those listed in the catalog, to narrow the field of qualified candidates to the number of available clinical spaces. I understand and agree to submit my credentials to this process in order to compete for available positions.

REQUIREMENTS

1. Completion of KNR 181, 188 and 188.01 with a minimum grade of ‘C’ in these courses.
2. Cumulative GPA and major GPA of no less than 2.70 for all college courses prior to application.
3. Complete the application procedures including the essay and general knowledge examination by the published deadline.
4. Submission of two recommendation letters by the deadline.
5. Satisfactory completion of at least 50 clock-hours of athletic training observations.
6. At least two evaluations from observation site supervisors.
7. A graded interview.

Health Status Agreement:
The Commission for Accreditation of Allied Health Programs (CAAHEP) guidelines state that an evaluation of students’ “...health will permit them to meet the established written technical standards of the program.”

• Therefore, I understand that I will be required to provide evidence of having recently passed a health status (technical standards) and physical exam using the form provided by the ATEP.

Interview Criteria Agreement:
• I understand that I may be evaluated on objective criteria during my personal interview, my written response to the essay question on the application form, or similar distinguishing criteria deemed appropriate by the athletic training program faculty.

• I understand that I may be partially evaluated on a clinical observation evaluation from my primary clinical supervisor. This will be a subjective assessment by a qualified athletic training supervisor, based on my performance during my clinical observation time.

• I understand that the Athletic Training Education Program Director may seek input from other qualified individuals to evaluate my application and interview. These individuals may include, but may not be limited to the athletic training faculty, other faculty members in KNR, athletic training staff members at Illinois State University, or other clinical site supervisors.

ATEP-CIP Agreement:
• I understand that the Athletic Training Education Program (ATEP) requires a clinical component called the ATEP Clinical Instruction Program (CIP). I also understand that there is a separate
application process, following University admission to a degree program for this clinical component, and that the application I am submitting along with this consent form is for the Clinical Instruction Program component of the Athletic Training Education Program.

- I understand that only those athletic training students accepted into the Clinical Instruction Program will be able to enroll in the practicum courses while enrolled at Illinois State University in the approved clinical settings, and that some of the clinical site rotation assignments will be off campus, for which I will be responsible for my own transportation to and from the site during the hours assigned.

- I understand that I am required to complete a minimum of 1200 clock-hours in clinical instruction in Illinois State University approved clinical settings including the KNR 398.12 Professional Practice (Internship) requirement.

- I understand that I will not be endorsed by the ATEP Director to take the NATABOC exam without the 1200 clinical clock-hours included in the Athletic Training Education Program.

- I submit that I have reviewed the requirements for continuation in the clinical instruction program as stated in the university catalog and on the program web site.

- I agree to the conditions stated herein, and understand that if I am accepted into the ATEP-CIP, I will be scheduled to begin my clinical responsibilities at the beginning of the semester following my acceptance. If I am not accepted, I understand that I may be allowed to resubmit my application, but only after consultation with the ATEP Director and the KNR Academic Advisor. Furthermore, if I am accepted, I will adhere to the Code of Ethics of the National Athletic Trainers’ Association and the Policies and Procedures established by the athletic training faculty and staff of Illinois State University for participation in the clinical instruction program. These policies and procedures are designed to ensure my safety, the safety of the athletes, and to ensure professionalism among program participants.

All questions concerning this application have been answered to my satisfaction, and I voluntarily submit my credentials to the requirements and provisions stated herein.

________________________________ _______________   ________________________
Applicant’s Signature               Date

Applicant's Printed Name:  __________________________________

I hereby authorize representatives from the School of Kinesiology and Recreation to obtain and maintain a student file of academic information pertaining to my participation in the ATEP-Clinical Instruction Program, including grades and transcripts from Illinois State University. I understand that this information will be provided to the athletic training admissions committee so they may evaluate my credentials for admission into the physical education-athletic training clinical sequence. Subsequently, if I should be selected for admission to the ATEP-Clinical Instruction Program, I agree that my student file will be accessible to authorized CAAHEP officials. I give full consent to release this information of my own free will.

_________________________________________     ___________________________
Signature               Date

Revised 7/05