UNIVERSITY OF NORTH CAROLINA
GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM
APPLICATION FORM

Name _____ SS# _____
Last First Middle
School Address
_____
Street/Apt# City State Zip Home Phone Work Phone
Home Address
_____
Street/Apt# Home Phone

University Attended
_____
Name Location Major/Minors Current GPA

Graduate Record Scores (if available) _____ Verbal _____ Quantitative _____ Analytical

A. Athletic Training Experience. List the number of "directly supervised" clinical clock hours you have accumulated to date in any of the categories and list the name of the trainer supervising this experience.

	Name/Location	**Supervising Athletic Trainer**
High School	_____	_____
College	_____	_____
Clinical	_____	_____
Professional	_____	_____

B. In the check list below, indicate which athletic teams you served as trainer or student trainer and the extent of your involvement by using the following code: (Please indicate men's or women's)
P = Primary - Principal student trainer working with the team
A = Assistant - Student trainer assisting the principal trainer
M = Minor - Limited association with team
N = None

_____ Football	_____ Soccer	_____ Softball
_____ Field Hockey	_____ Lacrosse	_____ Track & Field
_____ Basketball	_____ Swimming	_____ Volleyball
_____ Wrestling	_____ Fencing	_____ Other
_____ Gymnastics	_____ Tennis	_____ Other
_____ Baseball	_____ Cross-country	_____ Other

List other experiences related to athletic training you have had.

C. Do you have Certification in:

AHA or Red Cross CPR	Yes _____	No _____	Instructor level _____
Red Cross First Aid	Yes _____	No _____	Instructor level _____
Physical Therapy License	Yes _____	No _____	
Certified Athletic Trainer	Yes _____	No _____	

Please return application to the address listed below: In addition please fill out our Departmental application form and the Graduate Teaching Assistantship application form.
Return to: Ms. Cynthia Atkins
Department of Exercise & Sport Science
209 Fetzer Gymnasium
University of North Carolina
Chapel Hill NC 27599-8700