IMMACULATA UNIVERSITY
Athletic Training Program
Application for Professional Phase Admission

Name: ___________________________  Student ID#: ______________________

Address: ________________________________________________
________________________________________

Email: ________________________________________

Cell Phone: _______________________________________

Pre-Professional Requirements:

<table>
<thead>
<tr>
<th>Required Course</th>
<th>Semester Taken</th>
<th>Grade</th>
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<tbody>
<tr>
<td>BIOL 209 Human Anatomy &amp; Physiology I</td>
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<tr>
<td>BIOL 210 Human Anatomy &amp; Physiology II</td>
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<td>ATEP 201 Foundations in Athletic Training</td>
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Current Number of Credits: __________  Current Cumulative GPA: __________

NOTE: You must have a minimum of 30 credits, a GPA of 2.7 or above, and a ‘C’ or above in all courses listed above to be admitted into the Athletic Training Education Program.

Additional Application Information:

1. Do you expect to make athletic training your primary career choice? Yes _____ No _____

2. Have you been an athletic training student prior to Immaculata? Yes _____ No _____
   Number of years: ______  Location: ________________________________

3. Have you volunteered in the athletic training room at Immaculata? Yes_____ No_____
   Number of hours: ______

4. Have you volunteered in an athletic training room off campus? Yes_____ No_____  
   Number of hours: ______  Location:__________________________________

5. Do you plan to play a sport at Immaculata? Yes_____ No_____  
   Sport(s): __________________________

6. Are you CPR/AED certified? Yes _____ No _____

7. Are you certified in First Aid? Yes _____ No _____
Letters of Recommendation: (Please use the attached forms)

Please submit recommendation forms from two (2) of the following individuals:
  o High school or college faculty member
  o High school or college athletic director or coach
  o Certified Athletic Trainer
  o Supervisor of a previous volunteer experience in the health care field

Please indicate the names and titles of the two individuals that will be completing recommendations.

Name: ____________________________________  Title: __________________________

Name: ____________________________________  Title: __________________________

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Essay:

Please use an additional piece of paper to answer the question “Why do you want to enter the field of Athletic Training?” Please be specific as to your personal career goals and why you believe you will be successful in athletic training. Please limit your response to two typewritten pages.

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Additional Information that will be required prior to admission into the AT Program.

- Current physical examination and immunization record
- Documentation of current certification in CPR/AED for the Professional Rescuer
- Documentation of current certification in Standard FirstAid
- Documentation of Annual blood borne pathogen training
- Signed technical standards specified by the profession
- Signature pages from the Student Athletic Training Handbook

Additional Information what will be required upon acceptance into the AT Program.

- Child abuse clearance
- Pennsylvania State Police criminal background check
- Drug screening
- Liability insurance
- NATA/ATrack Membership

Please submit all items to:
Kelly A. Stalker, M.Ed, ATC
Athletic Training Program
PO Box 632
Immaculata, PA 19345
Name of Student Applicant: _______________________________

Name of Recommender: ________________________________

Title: ______________________________________________

How long have you known the applicant? ___________________

In what capacity have you known the applicant? ________________________________

The Athletic Training Program at Immaculata University is a rigorous academic and clinical program. It requires students to balance various academic, clinical, and extracurricular responsibilities. Students in the program will be required to demonstrate personal and professional attributes that are essential to success in athletic training. Please rate the applicant on the following characteristics.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>Not Able to Assess</th>
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<tbody>
<tr>
<td>Academic Abilities</td>
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<td>Time Management</td>
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<td>Organization</td>
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<td>Self-Confidence</td>
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<td>Reliability</td>
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<td>Communication</td>
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<td>Interpersonal Skills</td>
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<td>Maturity</td>
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<td>Leadership</td>
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<td>Ability to follow directions</td>
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<td>Ability to work independently</td>
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<td>Motivation</td>
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Please explain why you believe this applicant would be a good addition to the Athletic Training Program at Immaculata University.
Please list any concerns you have regarding this student’s application to the Athletic Training Program at Immaculata University.

Please list any additional comments you may have.

Signature:_____________________________________ Date:_________________

Please return to: Immaculata University
Athletic Training Program
PO Box 632
Immaculata, PA 19345