

Department of Kinesiology

Athletic Training Education Program Application for Probationary Admission

APPLICATION FOR PROBATIONARY ADMISSION

This is not an application form for admission to the University of Louisiana at Lafayette.
Please contact UL Lafayette Admissions Office to request an application.

PLEASE TYPE:

Last Name: _____ First Name: _____ Middle Name:

Date of Birth: ____/____/____ Social Security #: ____-____-____ Sex: _____
Address _____ Home Phone Number (____) ____-____
City _____ State ____ Zip: _____ Email
Address: _____
Mother's Name: _____ Father's Name: _____
Mother's Occupation: _____ Father's Occupation:

EDUCATION BACKGROUND

Please send an official copy of your high school and college (if applicable) transcripts with this application.

High School: _____ City _____ State ____ Zip:

Date of Graduation: ____/____/____ Grade Point Average: _____ on a _____ scale

ACT composite score: _____ SAT Score: _____

College (if any): _____ City: _____ State: _____

Grade Point Average: _____ on a _____ scale Semesters Attended: _____

Current (if college student) or Intended (if H.S. student) Major Field of Study: _____

Career Objective: _____

Are you currently receiving any form of Financial Aid (scholarships, grants, work study, etc.)?

If "yes", then explain type and amounts.

FOR COLLEGE STUDENTS ONLY:

Are you a student member of the Louisiana Athletic Trainers' Association? YES NO

Are you a student member of the National Athletic Trainers' Association? YES NO

Are you currently holding a job? YES NO Hours/week you work? _____ hours

PLEASE RETURN ALL FORMS AND DOCUMENTS TO THE FOLLOWING:

UL Lafayette Kinesiology Department
Athletic Training Education Program
ATTN: Program Director
225 Cajundome Blvd
Lafayette, LA 70506

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION:

Toby L. Dore', PhD, ATC
Program Director
UL Lafayette ATEP
(337) 482-6283
Email: tldore@louisiana.edu

PLEASE INCLUDE FOLLOWING INFORMATION (in a resume' format) AND ATTACH WITH THIS APPLICATION. THE INFORMATION SHOULD FOLLOW THE FOLLOWING ORDER ON PAPER:

1. Name/Address
2. Career Objectives/Goals
3. Education Background (include grade point averages)
4. Employment Background (include name of supervisor)
5. Certifications (examples include CPR, First Aid, etc.)
6. Honors and Awards
7. Extracurricular Activities
8. List of References (maximum of five)

ESSAY/DISCUSSION

Please answer the following questions to the best of your ability. If you don't have enough knowledge or experience to answer a question, you may leave it blank, but it would be helpful us to know how you feel on each of these questions. Use a separate sheet if necessary.

1. Professional Preparation

Describe the nature and length of service of any previous experiences in Athletic Training. Include names of supervisors and give a detailed description of your role in the Athletic Training setting. Include Athletic Training workshops, camps, or seminars you have attended. List the sports with which you have Athletic Training experience. (If you do not have any previous experience in Athletic Training, skip this section and proceed to the next. Professional experience does not guarantee that a person will be accepted to this program; all areas of this application are used to determine the abilities of each person who applies.)

2. Why area you interested in the Athletic Training education program here at UL Lafayette?

3. What is Athletic Training? What do athletic trainers do?

4. Is Athletic Training primarily an "athletic" profession or a "health care" profession? Why?

5. Describe your interests. What are your hobbies? What are your best subjects in school? What sports, if any, do you participate in? What intercollegiate sports, if any, do you plan to play

while at UL Lafayette?

6. Do you want to enter the profession of Athletic Training? Why? How serious are you about Athletic Training? What personal qualities do you possess that make you well-suited for this profession?

REFERENCES

Please list three people who would be willing and able to provide us with information regarding your academic ability, personal characteristics, sense of values, and potential for success as an allied health care professional. Ask each of your sponsors to complete the attached recommendation form and return it directly to the address on the form (do not send recommendation forms with your application forms!).

Your name (last, first, middle initial): _____

SPONSOR 1 - Teacher/Professor

Name: _____ Position / Title: _____

Place of Employment: _____

Address _____ Phone Number (____) ____-____

City _____ State ____ Zip: _____ Email

Address: _____

How long have you known this sponsor? _____years _____months

SPONSOR 2 - Employer / Coach / Health Care Provider

Name: _____ Position / Title: _____

Place of Employment: _____

Address _____ Phone Number (____) ____-____

City _____ State ____ Zip: _____ Email

Address: _____

How long have you known this sponsor? _____years _____months

SPONSOR 3 - Personal Reference

Name: _____ Position / Title: _____

Place of Employment: _____

Address _____ Phone Number (____) ____-____

City _____ State ____ Zip: _____ Email

Address: _____

How long have you known this sponsor? _____years _____months

RECOMMENDATION FOR ADMISSION

SPONSOR 1 - Teacher/Professor

PART A - To be completed by the applicant. Please print or type.

APPLICANT'S FULL NAME -

Last Name: _____ First Name: _____ Middle Name:

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

I hereby waive my right of access to the information recorded below.

Signature of Applicant

Date

PART B - To be completed by the evaluator.

To the Evaluator: You have been referred to us as one who knows the applicant above. The proper selection of applicants for the athletic training program is important, not only to the University of Southwestern Louisiana, but to the public as well. The Athletic Training staff relies on you to act as an extension of our admissions committee. In order to be fair to all applicants we need as much information as you can provide. Your recommendation will be most useful in you include an evaluation of the applicant's strengths and weaknesses.

RECOMMENDATION MADE BY:

Last Name _____ First Name _____ Title/Position _____
Address _____ Work Phone Number (____) ____ - ____
City _____ State ____ Zip: _____ Email _____
Address: _____

How long have you known this sponsor? _____years _____months

In what capacity did you become acquainted with the applicant?

Please comment on the applicant's academic strengths and weaknesses. Specifically, how well does the applicant write and speak? How likely is the applicant to succeed academically in a program that requires a significant amount of out-of-classroom time?

Health care professions like Athletic Training require an extraordinary commitment to work with people and their problems. Please comment on the applicant's emotional maturity, values development, perseverance, and other personality characteristics that will help us evaluate their readiness for this program.

What evidence can you provide that the applicant has carefully and thoughtfully considered the advantages and disadvantages of a career in Athletic Training? How serious is the applicant about Athletic Training?

Any additional comments regarding the applicant:

Signature

Date

Thank you for taking the time and effort to complete this recommendation.

*When you have completed this recommendation form, please seal it in an envelope, sign your name across the flap, and return it **directly** to:*

UL-Lafayette Kinesiology Department

Toby L. Dore', PhD, ATC

Program Director – UL Lafayette ATEP

225 Cajundome Blvd

Lafayette, LA 70506

RECOMMENDATION FOR ADMISSION

SPONSOR 2 - Employer / Coach / Health Care Provider

PART A - To be completed by the applicant. Please print or type.

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Address _____	Work Phone Number (____) _____ - _____	
City _____	State _____	Zip: _____
Email _____		
Address: _____		
How long have you known this sponsor? _____ years	_____ months	
In what capacity did you become acquainted with the applicant?		

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Last Name: _____

First Name: _____

Middle Name:

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