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| UWA_AT_PMS187 | Master of Athletic TrainingProgram ApplicationSubmit to Joni Maddox, DAT, ATC via email at jmaddox@uwa.edu. | uwa_logo |
| **Biographic Information**  |
| First Name: |  | Middle Name:  |  | Last Name:  |  |
| Address (Street, City, State, Zip Code):  |  |
| Preferred Phone Number:  |  | Date of Birth:  |  |
| Email:  |  |
| **Academic Information**: Please list each college/university attended separately below. |
| College/University Name:  |  | Dates Attended:  |  |
| Major:  |  | Degree Awarded: | Yes |  | No |  |
| College/University Name:  |  | Dates Attended:  |  |
| Major:  |  | Degree Awarded: | Yes |  | No  |  |
| College/University Name:  |  | Dates Attended:  |  |
| Major:  |  | Degree Awarded: | Yes |  | No  |  |
| College/University Name:  |  | Dates Attended:  |  |
| Major:  |  | Degree Awarded: | Yes |  | No |  |
| **Prerequisite Coursework** |
| Required Prerequisite Course Title | Title of Course Taken | College/University Course Was Completed | Semester and Year Course Was Completed | Grade Received in the Course | Credit Hours Earned  |
| General Biology with Lab |  |  |  |  |  |
| Human Anatomy and Physiology I with Lab |  |  |  |  |  |
| Human Anatomy and Physiology II with Lab |  |  |  |  |  |
| General Physics with Lab |  |  |  |  |  |
| Chemistry I with Lab |  |  |  |  |  |
| Biomechanics |  |  |  |  |  |
| Exercise Physiology |  |  |  |  |  |
| Introduction to Nutrition or Higher |  |  |  |  |  |
| Kinesiology |  |  |  |  |  |
| General Psychology |  |  |  |  |  |

\*\*\* A copy of all unofficial transcripts will need to be uploaded/sent with the completed application. Official copies will need to be submitted upon acceptance to the program.

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| UWA_AT_PMS187 | Master of Athletic TrainingObservation Athletic Training Experiences: | uwa_logo |

Please list each experience separately below. Submit to Joni Maddox, DAT, ATC via email at jmaddox@uwa.edu.  |
| Observation Site:  |  | Dates:  |  | Hours Completed:  |  |
| Supervisor:  |  | Supervisor Title:  |  |
| Supervisor Contact Information: |  |
| Experience Details: *(Cell will expand as needed)* |
| Observation Site:  |  | Dates:  |  | Hours Completed: |  |
| Supervisor:  |  | Supervisor Title:  |  |
| Supervisor Contact Information: |  |
| Experience Details: *(Cell will expand as needed)* |
| Observation Site:  |  | Dates:  |  | Hours Completed: |  |
| Supervisor:  |  | Supervisor Title:  |  |
| Supervisor Contact Information: |  |
| Experience Details: *(Cell will expand as needed)* |

\*\*\* A copy of all documented hours will need to be uploaded/sent with the completed application. A sample form is available at the end of this application for your use. Use of this specific document is not required.

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| **Custom Supplemental Questions**  |
| How did you hear about the Master of Athletic Training Program at the University of West Alabama? *(Cell will expand as needed)* |
|  |
| Why are you interested in the Master of Athletic Training Program at the University of West Alabama? *(Cell will expand as needed)* |
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| **Essay** |
| Using the space provided below, please include a professionally written essay addressing the following 3 areas: (1) reasons for desiring a professional career in athletic training, (2) career goals, and (3) attributes that you possess that will make you successful in life as an athletic trainer. You may utilize as much space as needed. *(Cell will expand as needed)* |
|  |
| **Required Documents To Be Uploaded/Sent** |
| Document Title | Uploaded/Sent |
| Unofficial Transcripts  | Yes |  | No |  |
| Current Resume | Yes |  | No |  |
| Proof of current American Red Cross Professional Rescuer or American Heart Association BLD for Health Care Providers or Emergency Medical Technician equivalence  | Yes |  | No |  |
| Hour Verification Log (120 Hour Minimum)  | Yes |  | No |  |
| Requested a minimum of three (**3)** Recommendation Forms to be Completed with an Included Letter | Yes |  | No |  |

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| UWA_AT_PMS187 | Master of Athletic TrainingProgram ApplicationRecommendation Form | uwa_logo |

Please complete and submit the form below AND additionally submit a written letter of reference to Joni Maddox, DAT, ATC via email at jmaddox@uwa.edu.

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| This form is being completed for:  |  |
| **Evaluator Information** |
| First Name:  |  | Last Name:  |  |
| Title:  |  | Date Completed:  |  |
| Email:  |  | Phone Number:  |  |
| How long have you known the applicant?  |  |
| How well do you know the applicant?  |  |
| In what capacity do you know the applicant?  |  |

Using the items and scale below, please rank the applicant according to your experience with the individual.

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| **Evaluation Ratings** |
|  | Not Observed | Poor (1) | Below Average (2) | Average (3) | Good (4) | Excellent (5) |
| Adaptability |  |  |  |  |  |  |
| Conflict Resolution |  |  |  |  |  |  |
| Empathy |  |  |  |  |  |  |
| Ethics |  |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |
| Interpersonal Relations |  |  |  |  |  |  |
| Judgement |  |  |  |  |  |  |
| Leadership |  |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |  |
| Organizational Skills |  |  |  |  |  |  |
| Professional Demeanor |  |  |  |  |  |  |
| Reaction to Criticism |  |  |  |  |  |  |
| Reliability |  |  |  |  |  |  |
| Self-Awareness |  |  |  |  |  |  |
| Stress Management |  |  |  |  |  |  |
| Team Skills |  |  |  |  |  |  |
| Time Management |  |  |  |  |  |  |
| Written Communication |  |  |  |  |  |  |
| Overall Evaluation |  |  |  |  |  |  |
| **Recommendation Concerning Admission**: Please select from the recommendation statuses below the one you feel most appropriate for the applicant. |
|  | I highly recommend this applicant.  |
|  | I recommend this applicant.  |
|  | I do not recommend this applicant.  |

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| UWA_AT_PMS187 | Master of Athletic Training Program Application Hour Verification Log  | uwa_logo |

This specific form is not required, but may be used to submit observation hours with a certified athletic trainer. Submit to Joni Maddox, DAT, ATC via email at jmaddox@uwa.edu.

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| Applicant’s Name:  |  |
| **Date** | **Time In** | **Time Out** | **Total Time** | **Location/Site** | **Tasks Completed** |
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By signing below, I certify that the applicant has completed the above observation hours with me while I was practicing as an athletic trainer.

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| Signature of Certified Athletic Trainer |  | Printed Name |  | Date |