

**Northern Michigan University
School of Health and Human Performance**

Application for Admission to the Master's in Athletic Training Program (Rev. 9/21/20)

Name _____

Date of Application _____

Campus Address

Permanent Address

Cell Phone _____

Permanent Phone _____ (if different from cell)

Email Address _____

Alternate Email Address _____

Undergraduate Degree Program _____

Completed ___ **OR** In Progress ___

Current GPA: _____

Previous Educational Institutions attended (include current if appropriate)

Institution Attended	Degree Attained	Dates Attended
1.		
2.		
3.		

Athletic Training Experience: Please list all athletic training experience including volunteer work.

Institution/Organization	Dates of Involvement	Responsibilities
1.		
2.		
3.		

Honors/Awards: Please list the three most relevant to this application

Institution/Organization	Dates of Involvement
1.	
2.	
3.	

Community Service/Leadership Experience: Please list the three most relevant to this application

Institution/Organization	Dates of Involvement	Responsibilities
1.		
2.		
3.		

Please read the programs Technical Standards for Admission and verify that you meet these requirements by signing below.

Northern Michigan University
Master of Science in Athletic Training Program
Technical Standards (rev. 8/7/20)

“Certified Athletic Trainers are health care professionals who specialize in the preventing, recognizing, managing and rehabilitating injuries that result from physical activity (www.nata.org).” Students who are preparing for this profession must have the mental and physical capacity to learn and carry out the necessary duties for success and graduation from a Commission on Accreditation of Athletic Training Education (CAATE) accredited program.

Listed below are the essential qualities a student must possess for successful completion of the Masters of Science in Athletic Training program. Students must be able to meet these standards with reasonable accommodation throughout their academic tenure. If a student feels that he/she may need special accommodations at any time, he/she must be evaluated by Disability Services on the Northern Michigan University campus. A student who is admitted to the program but unable to fulfill these technical standards, with or without reasonable accommodation, will not be able to complete the program. It is important to note that compliance with the program’s technical standards does not guarantee a student’s eligibility for the Board of Certification (BOC) certification exam.

It is a requirement, for accreditation and retention within the program, that students verify that they meet the following standards. Please check whether or not you meet the following standards, and sign below.

Do you possess the following qualities:

1. YES NO The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. YES NO Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.
3. YES NO The ability to record the physical examination results and a treatment plan clearly and accurately.
4. YES NO The capacity to maintain composure and continue to function well during periods of high stress.

5. YES NO The perseverance, diligence, and commitment to complete the athletic training education program as outlined and sequenced.
6. YES NO Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
7. YES NO Affective skills and appropriate demeanor and rapport that related to professional education and quality patient care.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted to the program. If my status changes, I am required to inform the program and complete the appropriate documentation.

Printed Name of Student

Signature of Student

Date

Required Essay

Please prepare a 200-300 word statement addressing the following:

Describe the profession of athletic training and its position in today's healthcare system.

Discuss why this profession is a good fit for you.

Please include your 3 letters of recommendation with your application.

Please include a copy of your unofficial transcripts with your application.

Please include verification of 50 athletic training observation hours with your application.

By signing below, I am indicating that the information I have provided on this application is true to the best of my knowledge.

Signature _____

Date _____

All application materials should be submitted by March 1 to:

Dr. Julie Rochester – Program Director

Via email at: jrochest@nmu.edu

OR

Via hard copy at:

Northern Michigan University – School of HHP

PEIF 201

Attention: Athletic Training Program

1401 Presque Isle Ave.

Marquette, MI 49855