

2008 UNI Athletic Training Program Application

This application can be downloaded from: <http://www.uni.edu/athtrn/>

Return the Completed application to: Terri Meehan - Athletic Training Education Program - 2351 Hudson Road - Human Performance Center University of Northern Iowa - Cedar Falls, IA 50614-0244

**Please Type*

Full Name _____
Last First MI Date of birth

I am applying as a ___ freshman ___ transfer ___ continuing UNI student, beginning Fall 20 _____

Student I.D. _____ Permanent Address _____
Street or P.O. Box

City State Zip

Mailing Address _____
Street or P.O. Box

City State Zip

Phone _____
Permanent Present

Parent(s) or Guardian _____

High School _____ Year of Graduation _____

College(s) attended _____ College Credit Hours accumulated _____

High school or college honors _____

Other than your observation hours, do you have additional Athletic Training Student experience? ___Yes ___No
If yes, please explain _____

Have you taken Introduction to Athletic Training ? ___Yes ___No ___Presently Taking Grade _____

Are you CPR certified? ___Yes ___No Are you First Aid certified? ___Yes ___No

Have you had a Hepatitis B Vaccination? ___Yes ___No If yes, date of vaccination _____

Have you attended the OSHA/Blood Borne Pathogen Training? ___Yes ___No If yes, date _____

Please request three letters of recommendation from references who can speak to your potential as an athletic training student. (i.e. coach, athletic trainer, physician, professor, counselor, etc) List the references below.

1. _____
Name Position

Address Phone

2. _____
Name Position

Address Phone

3. _____
Name Position

Address Phone

Signature _____ Date _____

By signing above you are indicating that all of the information on this application is true. If any of the above information is found to be false, your application will be denied without further consideration.

UNI Athletic Training Program

Application Instructions & Criterion

This packet contains information and an application for those students interested in applying for admittance into the University of Northern Iowa Athletic Training Program. Additional information may be obtained by contacting Kelli Snyder at the University of Northern Iowa: kelli.snyder@uni.edu; 319-273-7264.

APPLICATION REQUIREMENTS:

- Students must have completed or be enrolled in 42T:023 (Introduction to Athletic Training), or the equivalent, before applying into the program.
- Students must have completed 30 hours of observation with a certified athletic trainer.
- Students must have a minimum cumulative grade point average of 2.5.
> Students must submit mid-semester grades reports only if current GPA is below 2.5.
- It is strongly recommended that the student have a Hepatitis B Vaccination before being admitted into the program.

APPLICATION PROCEDURES:

- Students must complete the application and include the following items:
 - One official transcript from each college and/or university attended.
 - UNI students can submit a Degree Audit from “My Universe”
 - Transfer students must submit an official transcript
 - Three letters of reference (Please use reference form)
 - An essay stating why you want to be an athletic trainer, career goals, and the attributes you possess that will make you successful in life and in athletic training.
 - Verification of your observation hours. Use attached *prospective student* form.

All materials must be submitted to Terri Meehan, Athletic Training Education Program
2351 Hudson Road - Human Performance Center, University of Northern Iowa
Cedar Falls, IA 50614-0244. Late applications will be returned.

Selection Criterion

WRITTEN ESSAY

Format

- a. Title page should include: title of essay, name, student identification number
- b. Second page should be the beginning of your essay
- c. Type-written, 8 1/2" X 11", with 1" margins
- d. Maximum of two double spaced pages
- e. The essay should include the following: statement of why you want to be an athletic trainer, career goals, and the attributes you possess that will make you successful in life and in the field of athletic training.
- f. Essay should be stapled together

INTERVIEWS

The top applicants will be chosen for interviews (maximum 30). These candidates will be contacted during the month of March. A committee of 3-5 faculty, staff, and students will interview each candidate.

1. Selection Criterion for Interviews

- | | |
|---------------------------------|-------------------------|
| a. Cumulative GPA | e. Background |
| b. Pre-Requisite grades and GPA | f. CPR and First Aid |
| c. Letters of reference | Certifications |
| d. Essay | g. Hours of Observation |

2. Format of Interviews

- a. Introductions
- b. Essay presentation (5 minute maximum)
- c. Questions from interviewers
- d. Questions from the applicant

3. Notification of Admittance

- a. The applicant will receive a letter indicating his/her status no later than the fourth week in April.

SELECTION CRITERION

Each applicant will be given a score for the following areas:

- a. First Aid and CPR Certification (1 point for each certification, 2 points max)
 - No Certification=0, CPR Certification=1, First Aid + CPR Certification=2 (0-2 points)
- b. Introduction to Athletic Training grade at the time of the interview.
 - A=4, B=3, C=2, D=1, F=0 (+.5 for "+" grades; B+ = 3.5)
- c. Cumulative GPA
 - Points of GPA given x 2 (example 3.3 GPA gets 6.6 points)
- d. Hours of observation with a certified athletic trainer
 - <30 hours = 0 points, 30-39 hours = 2 points, 40-49 hours = 3 points, 50+ hours = 4.
- e. Letters of Reference
 - Average of three committee members scores, (0-5 points)
- f. Content of Essay
 - Average of three committee members (0-5 points)
- g. Interview Impressions
 - Average of five interviewers (0-5 points)
- h. Student learning objectives
 - One point if all objectives are completed (0-1 point)
- i. UNI Student Athletic Training Organization (UNISATO) membership
 - UNISATO member = 1 point (0-1 point)

University of Northern Iowa Athletic Training Education Program Verification of Supervision Form

_____ has fulfilled the University of Northern Iowa Athletic Training admission prerequisite by observing a NATABOC certified athletic trainer for _____ hours. These hours were accumulated at a _____ setting (hospital, high school, collegiate, clinical, professional, industrial). During these hours the student was involved in the following activities:

The beginning and ending date of the above hours were approximately:
_____ to _____. (Please include month and year)

_____ Name of ATC (please print)	_____ Institution
_____ Address (City, State, Zip)	_____ Telephone Number
_____ ATC Signature	_____ Certification Number

University of Northern Iowa Athletic Training Education Program

Recommendation for Admission

To be completed by Applicant:

Name of Applicant: _____

Name of the Person Writing the Recommendation: _____

The family Educational Rights and Privacy Act (PL 93-800) allows a candidate to waive her/his rights of access to recommendations written on her/his behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign:

I waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Applicants Signature: _____ Date: _____

To be completed by the Reference:

Please Check:	Outstanding	Above Average	Average	Below Average	Unable to Judge
Oral Expression					
Cooperation with others					
Interpersonal Relations					
Initiative					
Reliability					
Motivation for Career Choice					
Integrity					

How long have you known this applicant? _____ Years or _____ Months

Relationship to the applicant? _____

Your opinion of this candidate:

- Recommend very highly
- Recommended with reservation
- Recommend
- Do not recommend

Please use the reverse side of this form to elaborate on any of the above items or to make additional comments.

Signature Title Date

Return completed form by March 1st to:
(Forms can also be returned to the applicant in a sealed envelope with your signature across the seal)

Terri Meehan
Athletic Training Education Program,
University of Northern Iowa
Human Performance Center
2351 Hudson Road -
Cedar Falls, IA 50614-0244

Name: _____
Beginning date: _____
Completion Date: _____

**University of Northern Iowa
Athletic Training Education Program**

Peer Mentoring Learning Objective

Purpose: The following objectives are designed to assist students completing their athletic training observation experience, in becoming familiar with athletic training rooms, athletic training room procedures, and the basic skills athletic trainers perform during clinical practice.

**Directions: These objectives are to be assessed and verified with a signature by athletic training students already accepted into the UNI undergraduate athletic training program. (there are 2 sides)*

Become familiar with the layout of the Athletic Training Room and locate specific supplies:

- | | | | |
|-------|---------------|-------|-------------------|
| _____ | Tape | _____ | Splint kits |
| _____ | Ice bags | _____ | Compression wraps |
| _____ | Water bottles | _____ | Sani-wipes |
| _____ | Towels | _____ | Rubber gloves |
| _____ | Crutches | _____ | Water coolers |

Become proficient in basic first aid and immediate injury techniques:

- | | |
|-------|---|
| _____ | Open wound care |
| _____ | Ice bag preparation |
| _____ | Closed wound care |
| _____ | Crutch fitting, training |
| _____ | Assess vital signs (blood pressure and pulse) |

Learn the basic components of taping:

- | | |
|-------|------------------------|
| _____ | Ankle tape |
| _____ | Wrist tape |
| _____ | Ankle compression wrap |

Become proficient in basic stretching techniques for the following muscle groups:

- | | |
|-------|-------------|
| _____ | Hamstrings |
| _____ | Quadriceps |
| _____ | Hip Flexors |

Basic palpations:

- | | | | |
|-------|--------------------------------|-------|-------------------|
| _____ | Tibial tuberosity | _____ | Radial head |
| _____ | Joint line | _____ | Olecranon process |
| _____ | Iliac crest | | |
| _____ | Greater trochanter | | |
| _____ | Hamstring tendons | | |
| _____ | Acromian Clavicular (AC) joint | | |
| _____ | Spine of scapula | _____ | |
| _____ | Scaphoid/Navicular bone | _____ | |
| _____ | Occipital protuberance | _____ | |
| _____ | Talar dome | _____ | |
| _____ | Cuneiforms | _____ | |

**Pick/list 6 additional landmarks*

To complete this page, simply write the name of the individual.

Introduce yourself to ten third year athletic training students and have them write down their names:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Introduce yourself to ten first or second year athletic training students and have them write down their names:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Introduce yourself to four Athletic Training staff/faculty members:

- 1.
- 2.
- 3.
- 4.