

University of Michigan

Athletic Training Education Program



APPLICATION PACKET

Checklist:

All students applying for ATEP admission must submit the following as part of the application packet.

- Statement
- Technical Standards Signed (Only one signature is required. Students requiring accommodations should sign the second statement)
- Completed Physical Examination Form
- Proof of the following Immunizations
 - Tetanus/Diphtheria (TD booster must be within 10 years of the projected last semester of participation in the program)
 - MMR (measles, mumps, rubella)
 - Varicella/Chicken Pox (if student has not had the disease).
- Copy of Health Insurance Card (If student is uninsured please indicate below)
- Copies of transcripts (transcripts can be unofficial copies)
- Three (3) letters of recommendation

Letters should include the following:

 - How long the person has known you and in what capacity.
 - Strengths, attributes or special skills that uniquely qualify this applicant for admission to the program.
 - Other pertinent information that would help us in making an informed decision about this applicant.
- Signed Informed Consent Agreement

Application (please type)

Personal Information:

1. Name: _____

2. Student ID Number:

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3. Current Address:

Street, Apt. #

City, State, Zip Code

4. Permanent Address (if different):

Street, Apt. #

City, State, Zip Code

5. Telephone: (____) _____ (School) (____) _____ (Home)

6. E-mail: _____

7. Gender: ____ Male
 ____ Female

8. Date of Birth: ____/____/____

9. Current GPA: _____/4.00

10. Are you a transfer student? ____ yes ____ no; if yes from where: _____

11. Do you have any previous experience as a student athletic training? ____ yes ____ no; if yes explain:

10. Do you have any current certifications and/or licensures (i.e. EMT, American Red Cross)? ____ yes ____ no; if yes explain:

Applicant's Statement

In 250 words or less, please provide a detailed statement (typed, double-spaced), summarizing your background related to athletic training, academic and career goals, and how your admission to the program will assist you in achieving your academic and career goals.

TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Educational Program at the University of Michigan is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). All students admitted to the Athletic Training Educational Program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Educational Program must demonstrate:

1. 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. 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. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The Office of Human Resources and Affirmative Action will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process. Application packet for admission to the Athletic Training Education Program

of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

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, with or without accommodation.

Signature of Applicant

Date

Alternative Statement for Students Requesting Accommodations

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Office of Human Resources and Affirmative Action to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Signature of Applicant

Date

UNIVERSITY OF MICHIGAN
Division of Kinesiology
Athletic Training Education Program
Physical Examination Form

Name _____ UM ID # _____

Local Address _____ Local Phone _____

Date of Birth _____ Year in School _____

Parent/Guardian (Emergency Contact) _____

Address _____ Phone (____) _____
(Number, Street) (City, State) (Zip)

A. HEALTH HISTORY

1. Please check any of the following illnesses or conditions that you have had:

_____ allergies	_____ diabetes	_____ hernia
_____ asthma	_____ epilepsy	_____ mononucleosis
_____ blood in urine	_____ heart disease	_____ rheumatic fever
_____ chicken pox	_____ heart murmur	_____ Other (specify)
_____ concussion	_____ hepatitis	_____

2. Are you currently taking any medication on a regular basis (prescription or over-the-counter)?

Yes No

If yes, please list them: _____

3. Do you have any allergies to medications(s)?

Yes No

If yes, please list the medication(s) and the nature of the reaction: _____

4. Date of last Tetanus booster: _____

5. Have you ever had any of the following problems during or after exercise (*please check all that apply*):

_____ unexpected shortness of breath
_____ unexplained chest pain
_____ episode(s) of passing out or nearly passing out

6. Please provide details of any previous injuries you have had (including dates and any surgeries that were required):

HEAD, including ears, teeth, nose: _____

SHOULDER (Include dislocation): _____

LEG, FOOT, ANKLE, TOES: _____

NECK, BACK: _____

ARM, ELBOW: _____

WRIST, HAND, FINGER: _____

THIGH and KNEE: _____

B. DIETARY HABITS/WEIGHT HISTORY

- 1. Do you consciously diet or intentionally skip meals? Yes No
- 2. Do you find it difficult to maintain what you consider to be your optimal weight? Yes No
- 3. Do you now, or have you ever used any means other than moderation of food intake to control your weight? Yes No

If yes, please specify: _____

- 4. Do you have trouble with binge eating? Yes No
- 5. What has been your lowest adult weight (since 10th grade)? _____lbs.
- 6. What has been your highest adult weight? _____lbs.
- 7. What do you consider to be your ideal weight? _____lbs.

Next section for Females Only

C. MENSTRUAL HISTORY

- 1. Start date of last menstrual period _____
- 2. Interval (number of days) between period _____
- 3. Have you ever gone for more than two months without a period? Yes No
If yes, when? _____ How many months missed? _____
- 4. Do you have menstrual cramps that interfere with your activities? Yes No
- 5. Have you taken or are you taking oral contraceptives? Yes No

Please Do Not Write Below This Line (to be completed by physician)

Pertinent Family History: _____

Other Pertinent History: _____

D. PHYSICAL EXAM

BP _____ Normal Exam

Ht _____ Abnormal Exam (See Below)

Wt _____

E. TECHNICAL STANDARDS VERIFICATION

Please review the accompanying document which describes the Technical Standards for Admission into the Athletic Training Education Program and check only one of the boxes below:

- I certify that I have found no obvious physical or mental condition(s) that would prevent this student from meeting the Technical Standards for admission into the Athletic Training Education Program.
- I certify that I have found a condition(s) that might prevent this student from meeting the Technical Standards for admission into the Athletic Training Education Program.

List/Describe Condition(s)

General Recommendations:

Date _____

Physician Signature _____

Recommendation Form:

Name of Applicant: _____

This student has is applying to the Athletic Training Education Program at the University of Michigan. In the space provided please elaborate on the following:

- (1) How long have you known the applicant and in what capacity.
- (2) Strengths, attributes or special skills that uniquely qualify this applicant for admission to the program.
- (3) Other pertinent information that would help us in making an informed decision about this applicant.

Recommendation by:

Name: _____ Title: _____
Phone number: _____ E-mail: _____

Informed Consent Agreement

By signing below, I give the Athletic Training Selection Committee permission to examine this information for the sole purpose of deciding admission to the undergraduate Athletic Training Education Program at the University of Michigan:

Applicant's Signature: _____ Date: _____