

## **Bloomsburg University Entry-Level Master of Science in Clinical Athletic Training Education Program Application Materials**

Please refer to the following website for any additional questions or concerns regarding the CATEP Application:  
<http://www.bloomu.edu/current/graduate/training/index.php>

Checklist of items to be sent to the Program Director:

- Personal Resume
- Academic Information Form
- Clinical Observation Hours Log
- CATEP Recommendation Form (3 references are required. One must be from the ATC who supervised your clinical observation hours).
- Course syllabus for Human Anatomy
- Course syllabus for Physiology
- Course syllabus for Exercise Physiology
- Course syllabus for Kinesiology/Biomechanics
- Course syllabus for Care and Prevention of Athletic Injuries
- Course syllabus for Sport/Exercise Psychology

Please mail the aforementioned materials to:

Dr. Joseph B. Hazzard, Jr., ATC  
Program Director, Clinical Athletic Training Education Program  
Department of Exercise Science & Athletics  
244 Nelson Field House  
Bloomsburg University  
Bloomsburg, Pa. 17815

## CLINICAL ATHLETIC TRAINING EDUCATION PROGRAM ACADEMIC INFORMATION FORM

Name: \_\_\_\_\_ Application for Summer \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Undergraduate Institution: \_\_\_\_\_ Undergraduate Major: \_\_\_\_\_  
 Current overall GPA: \_\_\_\_\_  
 GRE Verbal Score: \_\_\_\_\_ TOEFL Score: \_\_\_\_\_  
 GRE Quantitative Score: \_\_\_\_\_

\*\*Please complete the following course matrix for pre-requisite courses. **Course syllabi must accompany this document.**

Prerequisite Course	Course prefix, number, name	Institution and Date taken	Grade
<b>Human Anatomy-</b> Minimum content requirements: basic anatomical orientation, bones, muscles, organs, function.			
<b>Human Physiology-</b> Minimum content requirements: human physiology with emphasis on homeostatic mechanisms.			
<b>Exercise Physiology-</b> Minimum content requirements: factors affecting physiological function of the body as it relates to exercise and performance. Lab with demonstrated evaluation of physiological factors.			
<b>Kinesiology/Biomechanics-</b> Minimum content requirements: Anatomical and			

mechanical bases of physical/sport activity with emphasis on analysis of skills for sport/exercise			
<b>Care &amp; Prevention of Athletic Injuries-</b> Minimum content requirements: prevention, evaluation, treatment, and rehabilitation of athletic injury; taping and bracing techniques, emergency care.			
<b>Sport/Exercise Psychology-</b> Minimum content requirements: Attending and listening skills, motivational techniques, personality and sport/exercise, psychological basis of injury, anxiety, stress, and coping.			

**CLINICAL ATHLETIC TRAINING EDUCATION PROGRAM  
CLINICAL OBSERVATION HOURS LOG**

You are required to verify that observation hours = 200 have occurred under the direction of a Certified Athletic Trainer (ATC). Please complete the following form and have the ATC sign appropriately attesting to your experiences.

- ❖ Please note that you may not obtain hours under the supervision of a Physical Therapist, unless the said person holds dual certification as an ATC/PT.
- ❖ International applicants should make appropriate arrangements to seek such experience in the United States, particularly if they do not have access to an ATC in their home country.

<b>Name of Supervising ATC</b>	<b>Setting (college, high school, clinic)</b>	<b>Sport</b>	<b>Describe your involvement</b>	<b>Number of Hours</b>	<b>Dates</b>	<b>Signature of ATC</b>


\*\* By signing my name I attest that the hours recorded in this log are accurate and under my supervision.

\*\*Students may copy this form as many times as necessary

**CLINICAL ATHLETIC TRAINING EDUCATION PROGRAM  
RECOMMENDATION FORM**

**The Applicant must sign and date one of the following statements prior to giving it to the referrer:**

*I wish to have access to this recommendation and I understand that under the Family Education and Rights to Privacy Act I have the right to read this recommendation.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I wish this letter to be confidential and I hereby waive all access rights to this recommendation.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For the Referrer: Please rate this applicant as compared with other students or employees who you have supervised. A letter may be written in addition to this recommendation form. Please place this completed recommendation form or letter in a sealed, signed envelope and return to applicant, or mail to: Dr. Joseph B. Hazzard, Jr., ATC, 244 Nelson Field House, Bloomsburg University, Bloomsburg, Pa. 17815**

**Referrer's Name** \_\_\_\_\_

**Title/Position** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Email** \_\_\_\_\_

**Telephone** \_\_\_\_\_

*How long have you known this applicant?* \_\_\_\_\_

*In what capacity?* \_\_\_\_\_

*How well do you know the applicant?* Casually  Well  Very Well

Please rate this applicant compared to others you have supervised	Top 2%	Top 10%	Top 25%	Top 50%	Bottom 50%	No Basis
Interest in the profession						
Critical thinking skills						
Professionalism						
Ability to maintain patient confidentiality						
Written communication						
Oral communication						
Problem solving						
Maturity						
Acceptance of Responsibility						
Independence						
Persistence						
Ability to accept constructive criticism						
Ability to multi-task						
Cultural Sensitivity						
Ethical Behavior						

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_