



Defiance College
Athletic Training Program
Application for Admission



Application Checklist

Check When Completed

1. _____ Application Form:
2. _____ Students must complete the following courses with a (B-) or better:
 AT 100 - Introduction to Athletic Training
 AT 200 - Orthopedic Pathology
3. _____ Documentation of a minimum of 80 clinical observation hours:
 ≥120 hours = **20 points**
 100-120 hours = **15 points**
 80-100 hours = **10 points**
4. _____ Successful completion of *Athletic Training Modules Level 1* during academic and/or clinical hours: Specific modules are assigned during AT 100 and AT 200.
5. _____ Minimum cumulative GPA of 2.50 (on a 4.0 scale) at Defiance College
 3.76-4.00 = **25 points**
 3.51-3.75 = **23 points**
 3.26-3.50 = **21 points**
 3.01-3.25 = **19 points**
 2.76-3.00 = **17 points**
 2.50-2.75 = **15 points**
6. _____ Signed statement regarding criminal background check.
7. _____ Objective Evaluations from certified staff: including evaluation based on professionalism, work ethic, dependability, initiative, and attitude.
 Clinical evaluations: average of evaluation scores will be converted to a 20 point scale .
8. _____ Provide two (2) letters of recommendation from faculty, coaches, athletic trainer's etc. to support your candidacy into the Athletic Training Education Program.
 Letters must be from persons other than Athletic Trainers employed by Defiance College. You must use the form provided.
9. _____ Immunization Records:
 *The immunization record includes: measles, mumps, rubella, tetanus, diphtheria and hepatitis
 *The student may sign an assumption of risk waiver in lieu of receiving the Hepatitis B vaccine.
 *The ATEP strongly recommends the student receive the Hepatitis B vaccine.
10. _____ Ability to meet Technical Standards of the ATEP.
11. _____ Interview with the ATEP selection committee, which will be scored with a minimum of 35 points.



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Application

PLEASE TYPE OR PRINT LEGIBLY

Personal Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ email address: _____

Campus/Local Address: _____

City: _____ State: _____ Zip Code: _____

Campus Phone: (_____) _____ - _____ Student I.D. Number: _____

Cell Phone: (_____) _____ - _____

High School Education

High School Name: _____

City: _____ State: _____

Defiance College Education

Year and semester you began courses at Defiance College: _____ Fall Spring Summer (circle one)

Please list all courses completed at Defiance College

Name / Number of Course Taken	Grade

Additional courses may be listed on a separate sheet of paper

Current Cumulative Grade Point Average at Defiance College: (on a 4.0 scale) _____

***Please note - you must have a cumulative GPA of 2.5 or better to be admitted into the Athletic Training Education Program.**

Previous College/University (other than DC)

Please list all courses taken / or currently taking at another institution

Name / Number of Course Taken	Grade

Additional courses may be listed on a separate sheet of paper

Current Cumulative Grade Point Average at other institution: (on a 4.0 scale) _____

Did this institution sponsor a CAATE Accredited Athletic Training Program? Yes _____ No _____

****Please note - Transfers will be reviewed on a case-by-case basis. The Defiance College Athletic Training Program Faculty or Staff reserves the right to make contact with members of the athletic training faculty/staff at a previous institution.***

Criminal Background Check

I _____ understand that I may be asked to submit to a criminal background check in order to be placed in certain clinical settings. I also understand that upon graduation, in order to practice in some states I will be required to submit to a criminal background check in order to obtain a state license to practice as an athletic trainer.

Signature

Date

Criminal Background Check

New Law Affects All Initial Ohio Licenses Issued on or After March 24, 2008

Recent legislation requires applicants for licenses issued by the majority of Ohio's occupational and professional licensing boards, including the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, to complete a criminal records check as part of the initial application process. Pursuant to Ohio Revised Code section 4755.70 (effective March 24, 2008), the Board shall not issue an initial license in the absence of a criminal records check and a determination that the results do not make the applicant ineligible for a license to practice occupational therapy, physical therapy, or athletic training.

The Board cannot issue a license on or after March 24, 2008 until the results of a criminal records check conducted in compliance with the procedures established by the Ohio Bureau of Criminal Identification and Investigation (BCI) is completed.

Question: I recently had an FBI records check completed for another purpose. Can I just use those results to meet the requirements of the Board?

Answer: No. The law requires that an applicant for an initial license from a licensing agency shall submit a request to the bureau of criminal identification and investigation for a criminal records check of the applicant. Upon completion of the criminal records check, the superintendent of BCI shall report the results of the check, and any information the FBI provides, to the licensing agency identified in the request for a criminal records check.

Question: How much time will this add to the licensure process?

Answer: Records check results should get to the Board in more than 7-10 days after you are electronically fingerprinted. For out-of-state applicants completing the ink-rolled fingerprints, the results will still be 7-10 days, plus any additional mail time for delivery to BCI, assuming that the fingerprints provided are acceptable to BCI.

Question: What happens if I have a criminal history reported to the Board?

Answer: The Board will review the records related to the criminal history and determine if the offenses identified make you ineligible for licensure in Ohio.

Examples of Felony charges:

Felony charges are the most serious of criminal charges.

- * Assault and Battery
- * Murder
- * Kidnapping
- * Robbery
- * Arson
- * Drug Trafficking
- * Gun Offenses
- * Sex Crimes
- * Crimes Against Children

But felonies can also include many other types of serious crimes, even if they are not committed through an act of violence.

Other types of felonies may include:

- * Drug Possession
- * Theft
- * Burglary
- * Domestic Abuse
- * Fraud
- * White Collar Offenses
- * Aggravated Driving Offenses

References

Please submit two letters of recommendation for admission to the Athletic Training Education Program. Letters must be from persons other than Athletic Trainers employed by Defiance College.

**Please Note - Transfers should seek one letter from a faculty or staff member of their current institution, then the second from someone you have worked with such as an athletic trainer, coach, teacher, guidance counselor, etc.*

Please list the two individuals you are requesting recommendations from for this application.

Name: _____

Organization: _____ Title: _____

Phone: (_____) _____ - _____ Email Address (optional): _____

Name: _____

Organization: _____ Title: _____

Phone: (_____) _____ - _____ Email Address (optional): _____

Letters should be sent directly to the Director of Athletic Training Education (address on bottom of last page) in a sealed envelope. These letters are confidential and will be kept in the applicant's permanent file. Signature of this form by the applicant waives their right to inspect these letters.

Signature

Signature if this form indicates that the information given is accurate to the best knowledge of the applicant, and that no information has been willfully omitted.

Applicant's Signature: _____ **Date:** _____

Please submit this completed application form to:

Director of Athletic Training
Defiance College
701 North Clinton Street
Defiance, OH 43512

ENTRY IMMUNIZATION RECORD for _____

(Student name)

Date of Birth _____

<u>Immunization</u>	<u>Date</u>	<u>Results</u>
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1. Adult tetanus/diphtheria (*Booster every 10 years*) _____

2. MMR 1 (*After the first birthday*) _____

3. MMR 2 _____

4. Tuberculosis PPD within 3 months of entry
(*intradermal required; tine not acceptable*) _____

If PPD reading is positive, submit chest x-ray report.

INH Therapy (*Check one*): Yes No _____

5. Hepatitis B –1 _____

_____ (Brand)

6. Hepatitis B – 2 _____

7. Hepatitis B – 3 _____

8. Meningitis _____

9. Polio series documentation _____

9. Childhood DPT documentation _____

Signature:-Physician

Date of signature

Stamp or Printed Name and Address



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Applicant Recommendation Form

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT Please complete this section.

Applicant Name: _____ **Student Number:** _____
Last Name First Name M

The Family Education and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing one's rights to inspect letters of recommendation. The applicant's signature below indicates the student's choice.

I hereby waive my right of access to the information recorded below. OR I do not waive my right of access to the information recorded below.

 Signature of applicant Date Signature of applicant Date

TO THE RECOMMENDER Please complete items 1-3.

Waiver Under the provisions of the Family Educational Rights Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless such access has been waived above.

Specific Comments *After responding to the items below, please comment specifically on the applicant's strengths and limitations on the other side of this form or attach a letter.* Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement would be particularly helpful as would be information concerning the applicant's academic capabilities and your estimate of the applicant's potential as a candidate for the Athletic Training Program.

1. Please rate the applicant in the section below. These ratings should complement your specific comments, not replace them.

	Truly Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Above Average (Top 50%)	Below Average (Lower 50%)	Unable to Comment
Academic potential							
Ability to manage time							
Communication skills							
Creativity & originality							
Reliability							
Ability to work with others; people skills							
Maintains a balance between extra curricular activities & academic endeavors							
Ability to work independently							
Motivation for Athletic Training							
Punctuality							
Organizational skills							

2. Please indicate the strength of your overall endorsement by placing an "X" along the following scale:

Highly recommended

Recommended

Recommended (w/some reservations)

Not recommended



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Applicant Recommendation Form

PLEASE TYPE OR PRINT LEGIBLY

3. Please give detailed comments and recommendations including how long and in what capacity you have known the applicant.

Mail the completed form to: Director of Athletic Training, Defiance College, 701 N. Clinton St., Defiance, OH 43512

Name: _____

Organization: _____ Title: _____

Phone: (____) _____ - _____ Email Address (optional): _____

Signature: _____ Date: _____



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Reliability							
Ability to work with others; people skills							
Maintains a balance between extra curricular activities & academic endeavors							
Ability to work independently							
Motivation for Athletic Training							
Punctuality							
Organizational skills							

2. Please indicate the strength of your overall endorsement by placing an "X" along the following scale:

Highly recommended Recommended Recommended (w/some reservations) Not recommended



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Name: _____

Organization: _____ Title: _____

Phone: (_____) _____ - _____ Email Address (optional): _____

Signature: _____ Date: _____

Verification of Technical Standards

The Athletic Training Education Program (ATEP) strives for equality in acceptance of all potential athletic training students (ATS). The ATEP is a vigorous and demanding choice for students. The potential ATS must be able to meet the following Technical Standards. The following Guidelines embody the physical, cognitive, and attitudinal abilities an Entry-Level Athletic Trainer must be able to demonstrate in order to function in a broad variety of clinical situations; and to render a wide spectrum of care to athletes and individuals engaged in physical activity.

ATHLETIC TRAINING EDUCATION PROGRAM TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Educational Program at Defiance College 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)). The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. 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 NATABOC 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.

Please sign only **ONE** statement below

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 Human Resource Department at Defiance College 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 College will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review and whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process 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 without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

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 Human Resources Department at Defiance College 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 _____

Physician Signature: _____ Date: _____

Note: The Physician signature is required. This signature documents the physician agreement that the student meets the Technical Standards listed above.