Checklist for Properly Submitting the Athletic Training (AT) Program* Application

There are three (3) parts to the Athletic Training Program* application that must be completed and RETURNED TOGETHER to the Department of Kinesiology in order for students to be added to the program.

Part 1: Athletic Training Major General Requirements (2 pages)
Part 2: Adviser Checklist (2 pages)
Part 3: Athletic Training Clinical Observation Verification Form (3 pages)

PLEASE DO NOT SEND IN APPLICATION PARTS SEPARATELY. ALL THREE PARTS MUST BE RECEIVED TOGETHER. Your name will not be added to the Athletic Training Program* list until all three parts of the application have been properly completed and received. Applications will be accepted until the enrollment is at seventy (70) students. To plan for possible relocation to University Park, it is highly recommended that applications be returned no later than March 15.

*GETTING INTO ATHLETIC TRAINING PROGRAM DOES NOT MEAN THAT YOU HAVE BEEN SELECTED INTO THE ATHLETIC TRAINING MAJOR. THE “SELECTION” CRITERIA ARE DETAILED LATER IN THIS APPLICATION.

Please use this checklist to ensure that you have properly followed each step (you do not need to return the checklist with your application):

______ Read and understood the Athletic Training Major General Requirements
______ Legibly completed Page 2 of the Athletic Training Major General Requirements
______ Met with an academic adviser to review and initial each point in the Adviser Checklist
______ Arranged and completed a 25-hour Athletic Training Clinical Observation
______ Received from the certified athletic trainer the Clinical Verification Form in a sealed envelope
______ Verified that the athletic trainer has written their signature across the flap of the sealed envelope
______ Made copies of Parts 1 and 2 of the application for personal records
______ Mailed (or delivered) all 3 parts of the application together to:

Lauren C. Kramer PhD, ATC
Athletic Training Program Director
266 Recreation Building
University Park, PA 16802.

To obtain your current standing in the AT Program application process, please email dxe8@psu.edu. If at any time you decide to not pursue the AT Program/Major, please email dxe8@psu.edu immediately to have your name removed from the program.

For additional information, please contact:
Lauren C. Kramer PhD, ATC, lco100@psu.edu, phone 814 863-1758 or the Undergraduate Staff Assistant, Dori Sunday, dxe8@psu.edu, phone 814 863-0442.
Part 1: Athletic Training Program General Requirements

IN ORDER TO MEET THE SEQUENCE OF COURSE REQUIREMENTS, IT IS RECOMMENDED THAT YOU COMPLETE THIS PROGRAM APPLICATION AS SOON AS AT IS IDENTIFIED AS YOUR EDUCATIONAL GOAL.

YOU MAY COMPLETE AND SUBMIT THIS APPLICATION WHETHER YOU ARE AT UNIVERSITY PARK OR AT A COMMONWEALTH CAMPUS.

THIS APPLICATION IS YOUR ENTRANCE TO THE ATHLETIC TRAINING PROGRAM, NOT THE ATHLETIC TRAINING MAJOR. MOST STUDENTS ENROLL IN THE AT PROGRAM IN THEIR 3RD SEMESTER. THE TWO INTRODUCTORY AND MANDATORY COURSES, KINES 231 AND KINES 233, ARE ONLY OFFERED AT UNIVERSITY PARK IN THE FALL SEMESTERS.

AFTER STUDENTS ARE SELECTED INTO THE ATHLETIC TRAINING MAJOR, THEY MUST COMPLETE A 5-SEMESTER SEQUENCE OF COURSES TO GRADUATE.

BY SUBMITTING THIS AT APPLICATION FORM, YOU AGREE TO THE FOLLOWING:

I UNDERSTAND THAT GETTING A SPACE IN THE AT PROGRAM DOES NOT IMPLY MY SELECTION INTO THE AT MAJOR.

I understand that the AT Committee will make the final decision on my selection into the major and that the decision will be based on the following criteria:

1. Minimum overall grade-point average of 2.50*.
2. Minimum combined grade-point average of 3.00 in KINES 135, 202, 231, and 233.
3. Successful completion of an individual interview with AT faculty and clinical supervisors during the semester in which KINES 231 and 233 are completed.
4. A positive recommendation from all clinical preceptors at the end of the observational experience in the athletic training rooms as required in KINES 231.

These criteria serve as indicators of future success in the AT profession. An interview, which is one of the criteria, will occur during the latter one-third of the semester in which I am enrolled in KINES 231 and KINES 233. I will be notified in writing of the decision regarding my selection at the end of the semester in which I am enrolled in KINES 231 and KINES 233.

*While the minimum overall GPA required is a 2.5, students selected typically have higher than a 3.0 GPA.

I understand that space in the AT Major is limited in order to provide the quality of clinical experiences necessary for the undergraduate AT Major to remain accredited. Only 30-36 students per year can be formally admitted to the AT Major. Thus, selection into the AT Major is not guaranteed following the completion of KINES 135, 202, 231, and 233.

I understand that if I am selected for the AT Major, I must meet the following requirements:

1. Successful completion of the prescribed courses listed in the AT Major.
2. Successful completion of the clinical proficiencies under the supervision of a clinical preceptor.
3. Successful demonstration of the physical and psycho-emotional abilities to satisfy the “Technical Standards” of the undergraduate AT Major. See [http://www.hhdev.psu.edu/kines/undergrad/docs/Athletic_Training_Technical_Standards.pdf](http://www.hhdev.psu.edu/kines/undergrad/docs/Athletic_Training_Technical_Standards.pdf)

I understand that in addition to obtaining my Bachelor’s degree from The Pennsylvania State University and the successful completion of the AT Major, I must meet the following requirements to become a certified AT:

1. Provide proof of current certification in American Red Cross CPR/AED for the professional rescuer (or equivalent).
2. Pass the Board of Certification (BOC) examination.
3. Mail an official transcript to the BOC.

For Commonwealth Campus students who plan to enroll in the AT Program prior to completing 4 semesters of coursework:

- Once I have been notified that my AT program application has been accepted, I understand that I must request a Change of Campus through my campus Registrar’s office to relocate to University Park.

- I understand that if I am approved to relocate to University Park for the AT Program, I must remain enrolled in the pre-AT core courses: KINES 231 and 233 (135 and/or 202, if not already completed). In other words, these courses cannot be dropped from my schedule.

- I understand that if I fail to remain enrolled in the pre-AT core courses or drop these courses from my schedule, I am in violation of Academic Administrative Policy D-5, and the College of Health and Human Development (CHHD) reserves the right to rescind my change of campus, and return me to my initial campus of enrollment. This action will occur for the spring semester following your change of campus to University Park (even if housing has already been secured).

YOU WILL BE NOTIFIED AT THE EMAIL ADDRESS BELOW WHEN YOUR NAME IS NEXT ON THE ATHLETIC TRAINING PROGRAM LIST AND A SPACE IN AT PROGRAM IS BEING SAVED FOR YOU. THIS NOTIFICATION USUALLY OCCURS BY THE MIDDLE OF THE SPRING SEMESTER.

Name: ___________________________ ___________________________ (last) (First) (MI)

PSU ID #: ________________________ Penn State E-mail Address: ________________________@psu.edu

Phone # including area code: ________________________________

Current Campus Location: ________________________________

First Semester at __________________________ Semester Transferred to Penn State
Penn State: __________________________ State from another Institution: __________________________

I have read, understand, and agree to all of the statements contained in this application. I have made a copy of this document for my records.

Signature: __________________________ Date: ________________
ATHLETIC TRAINING PROGRAM APPLICATION  
Department of Kinesiology, University Park

Part 2: Adviser Checklist
Both student and adviser need to read “What is Athletic Training” regarding the athletic training profession and athletic training major at Penn State University, prior to completing the rest of this application.

Student Name: __________________________________________ ID Number_____________________

The following sections are to be completed by your academic adviser:

Adviser Name: _______________________________________________
Adviser E-mail address:____________________@psu.edu Adviser Phone___________________

Both adviser and student initials are needed to verify in the space provided that the following items have been discussed.

1. Criteria for Acceptance into the AT Major
   a. minimum 2.5 overall GPA at the time of selection.
   b. minimum 3.0 GPA in the prescribed AT courses - KINES 135, 202, 231, and 233.
   c. an interview with AT faculty and staff in early December.
   d. a positive recommendation from all clinical preceptors at the end of the observational experience in the athletic training rooms as required in KINES 231.
   e. selection by the AT Committee.

___________________________(Initials – student and adviser)

2. GPA Prediction:
   a. Using the student’s input on current courses, and the GPA Prediction Feature on eLion, please indicate predicted cumulative GPA after current semester: ____________
   b. After next fall’s grades are in, is the student likely to have achieved the GPA criteria detailed in #1 above? Please circle YES or NO.
   If NO, please discuss with the student your thoughts on whether or not meeting the GPA criteria for AT is feasible or if an alternate career goal should be discussed.

____________________________(Initials – student and adviser)

3. AT and Other Allied Health Careers
   Has the student mentioned pursuing another allied health field (PT, OT, PA, MD, DO, DC, RN, EMT-P) as a career goal? Please circle YES OR NO.
   If YES, please indicate which field: ______________________________
   If YES, please review with the following with the student and initial:

   a. some of the courses needed for allied health graduate programs are also required for the AT Major. These include BIOL 141, CHEM 110+111, PHYS 250+250P, PSYCH 100, and STAT 200. But almost all of the requirements typically needed for allied health graduate programs are already part of the Kinesiology Movement Science Option. These include: BIOL 110, BIOL 141+142, CHEM 110+111, CHEM 112+113, PHYS 250R+250L, PHYS 251R+251L, PSYCH 100, and STAT 200. Therefore, Movement Science may be the more efficient option for preparation for a graduate program in another allied health field.
b. If AT is chosen in preparation for another allied health graduate program, a considerable number of credits needed for admission into many allied health graduate programs cannot be applied toward the AT curriculum and will be “extra” work for the AT student. In addition, students in the AT Major will be restricted to taking courses which end by 2:15 p.m. in order to participate in their clinical requirements in the afternoons. This limits students’ opportunity to take these “extra” courses and they will most likely need summer sessions or an extra semester to finish them.

c. Though some athletic trainers go on to graduate school in other allied health fields (e.g., physical therapy), it is not necessary to first become an athletic trainer in order to become a physical therapist. Therefore, if the student has no desire to ever work as an athletic trainer, but wishes to pursue a career in physical therapy, they fit better under the Movement Science option of the Kinesiology major.

____________________ (Initials – student and adviser)

4. AT and Personal Training

Has the student mentioned personal training as a career goal? Circle YES or NO.

If YES, please review the following with the student and initial:

a. Athletic trainers should not be confused with fitness trainers or personal trainers, who are not healthcare workers, but rather individuals who train people to become physically fit.

____________________________(Initials – student and adviser)

5. Relocating to University Park

Is the student going to relocate to University Park? Circle YES or NO.

If YES, please review the following with the student and initial:

a. KINES 231 and 233 are only offered at University Park, and only during fall semesters. Therefore, students will need to relocate to University Park if they wish to take these courses and compete for a spot in the AT Major.

b. Delaying relocation beyond sophomore fall will delay graduation by at least one year because after selection into the AT Major, a 5-semester prescribed sequence is required.

c. If a student is offered a spot in the program, they should follow the change-of-campus procedure at your campus. Since it will likely be classified as an early change-of-campus request, students can find details regarding the early change-of-campus process for the CHHD at: http://www.hhdev.psu.edu/studentservices/change_policy.html.

d. If a student is approved to relocate to University Park before 5th semester (otherwise known as Early Change of Campus) in order to pursue the AT Major, they must retain prescribed AT courses or the College of Health & Human Development reserves the right to rescind the change of campus and send the student back to their original campus, in accordance with Academic Administrative Policy D-5.

____________________________(Initials – student and adviser)

PLEASE MAKE A COPY OF THIS CHECKLIST FOR THE STUDENT’S FILE AND RETURN THE ORIGINAL TO THE STUDENT. Campus advisors with questions or concerns should contact Dr. Lauren Kramer at lco100@psu.edu, 814 863-1758; or Dori Sunday at dxe8@psu.edu, 814 863-0442 or the KINES Advising Center at 814 863-4493.
Part 3: Athletic Training Clinical Observation

It is strongly suggested that you complete observation hours as early as possible in your freshman year.

Steps for Arranging Athletic Training Observation Hours

1. The observation experience needs to be arranged by the student.
2. Call a local facility (college or university, high school, or clinic) and identify yourself as a potential athletic training student at Penn State University.
3. A minimum of 25 hours of observation are required. Arrange the hours of visitation to suit the athletic trainer’s schedule.
4. Sign and give to the athletic trainer the 3-page Observation Verification Form.

At the conclusion of the observation experience, the athletic trainer will give the 3-page Observation Verification Form back to you in a sealed envelope.
Dear Athletic Trainer:

One of the requirements for students interested in pursuing the Athletic Training Major at Penn State University is observation of a minimum of 25 hours of athletic training clinical practice under the supervision of a certified athletic trainer.

In order to be consistent with standards of the program and the athletic training profession, applicants must demonstrate appropriate behaviors and dress in a neat, professional, and appropriate manner when participating in clinical observations.

DRESS CODE FOR OBSERVATION

- Students are expected to practice good personal hygiene habits at all times.
- Jewelry, if worn, must be modest in appearance. Bracelets, rings and necklaces must be simple and not interfere with professional appearance.
- Any other body piercing (ear cartilage, tongue, umbilicus, etc.) must be removed while in clinic;
- Tattoos must be covered.
- Students must wear an ID badge if provided by the facility.
- Sneakers and shoes must be clean, neat, low in heel height, and closed in; socks or trouser hose are required.
- Students must conform to facility dress code or may wear tailored pants and shirts. Jeans, sweat suits, spandex, tight fitting clothes, tops which expose the shoulders or stomachs, are not allowed.
- All hair must be neat in appearance. Long hair must be worn up or tied back off the face.
- Excessive/extreme make-up, nail polish, perfume, after-shave, and/or cologne are not allowed.
- Gum chewing is not allowed.
- Other guidelines as provided by the supervising athletic trainer or facility must be adhered to.

Previous hours from high school observations will not count. Hours must be accumulated during the student’s enrollment in college. Hours must be completed within a year of when the student starts pre-Athletic Training Program at University Park.

For additional information, please contact:
Lauren C. Kramer PhD, ATC
lco100@psu.edu
814 863-1758

The student waives all rights to view the completed observation documents by signing here:

________________________________________________________
Student Signature    Date
ATHLETIC TRAINER: PLEASE COMPLETE THE FOLLOWING FORMS, PLACE THEM IN A SEALED ENVELOPE PROVIDED BY THE STUDENT, PLACE YOUR SIGNATURE ACROSS THE FLAP, AND RETURN IT TO THE STUDENT. THANK YOU FOR YOUR TIME AND COOPERATION WITH THIS PROCESS.

Name of Student: ____________________________________________________

Name and Location of Clinical Observation: __________________________________________

Total Number of Observational Hours: __________________________

Dates of Clinical Observation: __________________________

Type of Setting(s):

_____ Clinic
_____ Hospital
_____ College
_____ High School
_____ Other _____________________

Please fill in the blanks below on a scale of 1-5, rating the applicant on professional presence.

1=student needs improvement
3=student is average compared to other observational students you have worked with
5= student shows positive professional presence/potential

Willingness to learn

Interest level

Professional appearance

Engagement in activity

Overall appreciation of the AT observation

Communication (voice quality, ease, etc)

Motivation towards a career as an athletic trainer

Total Score: _____(35 is the Max Score)
Please indicate your overall recommendation of the student (check one):

_____I recommend this student highly, without reservation

_____I recommend this student

_____I recommend this student, with some reservations

_____I do not recommend this student

Please provide any additional comments below.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Printed Name of Athletic Trainer________________________________________

Date ___________________________________

BOC Certification Number_____________________________________

State License Number_________________________ State: ___________________

Signature of Athletic Trainer ____________________________________________