

## APPLICATION REQUIREMENTS AND PROCEDURES

In order to begin the professional component of the Athletic Training Major, a student must formally be admitted to the Athletic Training Education Program in the Division of Health, Physical Education and Recreation.

Formal application to the Athletic Training Education Program is made during the spring semester of the freshmen year. Students can elect to apply in any semester following their freshman year. However, regardless of when admitted, it will take a minimum of six semesters to progress through the Athletic Training Education Program. The following are the criteria for admission into the professional component of the Athletic Training Education Program. Please note that students meeting the stated requirements are not guaranteed positions in the Athletic Training Education Program.

## REQUIREMENTS FOR ADMISSION

\_\_\_\_\_ Completion of formal letter of application, resume and completed questionnaire. Applications should indicate your reasons for applying to the ATEP and any unique qualifications that might merit consideration in the admissions process.

\_\_\_\_\_ Completion of “**Application to Athletic Training Education Program**” form.

\_\_\_\_\_ Two letters of recommendation must be received from persons able to give an accurate assessment of your personal and/or professional attributes. Each letter should be sealed in an envelope by the recommending persons, forwarded to the applicant, and included in the application package.

\_\_\_\_\_ Unofficial copy of all college transcripts.

\_\_\_\_\_ Successful completion of the BIOL 100/110 (General Biology w/Lab).

\_\_\_\_\_ Minimum GPA of a 2.5 on a 4.0 scale at the time of application.

\_\_\_\_\_ Completion of a minimum 100 hours of directly supervised observation experience with a Certified, Licensed Athletic Trainer. (Hours of observation must be properly documented and accompany a letter of endorsement from the supervising Certified, Licensed Athletic Trainer)

\_\_\_\_\_ Completion of interview with the **ATEP Admission Committee**, consisting of the Program Director, Athletic Training Staff Members and available Clinical Instructors and/or DSU Faculty Members.

\_\_\_\_\_ Copies of Immunizations, Hepatitis B Vaccine or Waiver Form, Physical Examination

\_\_\_\_\_ Professional Rescuer and AED training and OSHA Training (provided by DSU ATEP Staff once admitted)

\_\_\_\_\_ Signature on Confidentially Statement and Technical Standards for Admission form (once admitted).

**Acceptance is based upon a student’s total academic record, demonstrated motivation, and aptitude for athletic training, and experiential factors.**

## ANNUAL DEADLINES

- **APRIL 1<sup>st</sup>** – Application package to ATEP Director, including asterisked items above.
- **APRIL 12<sup>th</sup>** – Admission committee interviews begin.
- **MAY 15<sup>th</sup>** – Applicants notified of admission decision by mail.

*All admissions requirement questions and materials should be sent to:*

Dr. Mary L. Jones, ATEP Director, Delta State University, Athletic Training Education Program  
DSU Box B-2, Cleveland, MS 38733

**Delta State University**  
**Division of Health, Physical Education and Recreation**

<b>ATHLETIC TRAINING EDUCATION PROGRAM APPLICATION</b>
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Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Email Address: \_\_\_\_\_

Total credit hours completed at time of application \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Total observation hours \_\_\_\_\_

List any additional major or minor you are pursuing:

Major \_\_\_\_\_

Minor \_\_\_\_\_

Are you pursuing a teacher certification?     \_\_\_ Yes     \_\_\_ No

If so, please list the teaching area \_\_\_\_\_

Are you planning to go to graduate school?     \_\_\_ Yes     \_\_\_ No

If so, please list your expected area of study \_\_\_\_\_

Are you planning to pursue another an additional healthcare credential?     \_\_\_ Yes     \_\_\_ No

If so, please indicate which credential your will be seeking \_\_\_\_\_

<p>_____ Letter of Application</p> <p>_____ Resume</p> <p>_____ Questionnaire</p> <p>_____ Observation Hours</p> <p>_____ Physical Examination</p> <p>_____ Immunizations</p> <p>_____ Hepatitis B Vaccine or Waiver</p> <p>_____ Letters of Recommendation</p>	<p style="text-align: center;"><b>Committee Use Only</b></p> <p>_____ Transcripts</p> <p>_____ Cumulative GPA</p> <p>_____ Course Requirements</p> <p>_____ Date Received</p> <p>_____ Accepted/Denied/Hold</p>
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**Delta State University**  
**Athletic Training Education Program**  
**Screening Questionnaire for Entry into the Athletic Training Education Program**

Name \_\_\_\_\_

Date \_\_\_\_\_

Please provide a complete response to each of the questions below and return this questionnaire to Dr. Mary L. Jones, Athletic Training Education Program Director, with your completed application packet. Please type questions and answers.

1. Delta State University is dedicated to the total growth and development of its students and provides a wide range of programs and services to promote social, intellectual, physical, spiritual and emotional development. Based on your experiences, describe programs, activities and services that you would implement to promote such development.

2. Describe your personal philosophy of athletic training. How would you integrate the mission and purpose of Delta State University into this philosophy?

3. List and describe your professional and personal strengths and weaknesses.

Strengths

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- 
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## Weaknesses

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- 
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4. List your professional and personal goals for the next five years.

5. Why do you want to be a part of the Athletic Training Education Program?

Please feel free to provide additional comments and information that you feel will aid in our consideration of your application.