

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 Program in the Division of Health, Physical Education and Recreation.

Formal application to the Athletic Training 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 Program. The following are the criteria for admission into the professional component of the Athletic Training Program. Please note that students meeting the stated requirements are not guaranteed positions in the Athletic Training Program.

REQUIREMENTS FOR ADMISSION

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

_____ Completion of “**Application to Athletic Training 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 – grade of “C” or better in the following courses: BIO 110 or 100, BIO 229, and HSE 253 (if taken at DSU); 3/4 hours General Biology; 4 hours of Anatomy and Physiology I and 3 hours of Introduction to Athletic Training or equivalent (if transferring to DSU).

_____ Minimum overall GPA of a 2.75 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 **ATP Admission Committee**, consisting of the Program Faculty, Athletic Training Staff Members and/or DSU Faculty Members.

_____ Copies of Immunizations w/ Hepatitis B Vaccines. (This is submitted separate from University Admissions procedures)

_____ Signed Technical Standards for Admission form.

_____ Signature on Confidentially Statement (once admitted and prior to beginning clinical experiences).

ANNUAL DEADLINES

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

All admissions requirement questions and materials should be sent to: Corrie Dalrymple, ATP Director, Delta State University, Athletic Training Program, DSU Box B-2, Cleveland, MS 38733; cdalrymple@deltastate.edu

Delta State University
Division of Health, Physical Education and Recreation

ATHLETIC TRAINING PROGRAM
APPLICATION

Name _____ Date: _____

Address _____ City _____ State _____ Zip _____

Cellular Phone _____ Alternate Telephone _____

Email Address: _____

Total credit hours completed at time of application _____ Overall GPA _____

Total observation hours _____ Pre-Requisite Courses GPA _____

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 an additional healthcare credential? ___ Yes ___ No

If so, please indicate which credential your will be seeking _____

Committee Use Only	
_____ Letter of Application	_____ Transcripts
_____ Resume	_____ Cumulative GPA
_____ Questionnaire	_____ Overall GPA Requirement
_____ Observation Hours	_____ Technical Standards Form
_____ Pre-req Requirement	_____ Accepted/Denied/Hold
_____ Immunizations	_____ Date Received
_____ Hepatitis B Vaccine or Waiver	
_____ Letters of Recommendation	

Delta State University
Athletic Training Program
Screening Questionnaire for Entry into the Athletic Training 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 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

-
-
-

Weaknesses

-
-
-

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 Program?

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