Athletic Training Program
Application to the Professional Phase

Application Requirements:

Acceptance in the Professional Phase of the Athletic Training program will be based on students’ scores in the following categories: overall GPA, portfolio assessment, and a professional interview.

Overall GPA (70%)
• Cumulative Grade Point Average of 2.5 or higher for all NSU courses
• Student must receive a "C" or better for the following prerequisite courses: ATTR 1100, ATTR 1200, ATTR 1300, ATTR 1400, BIOL 1400 (or equivalent), and BIOL 3312 (or equivalent).

Portfolio Assessment (20%)
The portfolio is a packet of required documents, including the Professional Phase Application. These documents and forms are included in the Professional Phase Portfolio packet.

Professional Interview (10%)  
• The professional interview is conducted with the athletic training admissions committee.  
• Interviews are conducted with all candidates who have met academic requirements (GPA and coursework) and have submitted a completed application, portfolio, and all supplemental application materials by the deadline.

This professional portfolio including all application packet materials must be completed and submitted to the ATP Program Director by **February 1, 5:00pm**.

Students with questions should contact Pradeep R. Vanguri, Ph.D., LAT, ATC, athletic training program director and associate professor at the college, at (954) 262-8166 or pv101@nova.edu.
Athletic Training Program
Professional Phase
Portfolio Checklist

Name: ____________________________________________    NSU ID: __________________________

This checklist must be completed by the athletic training student applicant and used by the
review committee to evaluate the student’s application to the professional phase of the
Athletic Training Program.

<table>
<thead>
<tr>
<th>Application to the ATP Professional Phase</th>
<th>Status</th>
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<tbody>
<tr>
<td><strong>Letter of Intent</strong> Essay describing the applicant’s career goals and why the student wishes to become a Certified Athletic Trainer.</td>
<td></td>
</tr>
<tr>
<td><strong>Professional Résumé</strong> As completed for ATTR 1100.</td>
<td></td>
</tr>
<tr>
<td><strong>ATP Signed Documents and Waivers</strong> As completed for ATTR 1100.</td>
<td></td>
</tr>
<tr>
<td><strong>Professional Recommendation Forms</strong> The applicant must submit three (3) professional reference forms which are included in this application packet. One form MUST be completed by a Certified Athletic Trainer.</td>
<td></td>
</tr>
<tr>
<td><strong>Cardiopulmonary Resuscitation (CPR)</strong> The applicant must submit a copy of his/her current CPR certification card. CPR must be from the American Heart Association Basic Life Support for the Healthcare Provider.</td>
<td></td>
</tr>
<tr>
<td><strong>Background Check</strong> Broward County School Board <a href="http://www.fieldprintbrowardschools.com">www.fieldprintbrowardschools.com</a>. The applicant must submit a copy of his/her current identification badge.</td>
<td></td>
</tr>
<tr>
<td><strong>Unofficial Transcript (CAPP Report)</strong> from Nova Southeastern University. The applicant should request this from his/her advisor showing courses taken and overall grade point average (GPA).</td>
<td></td>
</tr>
<tr>
<td><strong>Medical History and Questionnaire</strong> This form is included in the application packet.</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Examination</strong> completed by a medical doctor. This application packet includes a form that must be completed and submitted with the application. Documentation of Hepatitis B vaccination, Tuberculosis (TB) Skin Test, and Immunization Records are also required.</td>
<td></td>
</tr>
<tr>
<td><strong>Total Clinical Hours</strong> This is a combined total from ATTR 1100 (fall semester) and ATTR 1200 (winter semester). A minimum of 50 hours must be completed each semester (100 hours total).</td>
<td></td>
</tr>
</tbody>
</table>
**PLEASE TYPE OR PRINT IN INK**

<table>
<thead>
<tr>
<th>Name (use full name as it appears on birth certificate):</th>
<th>Date: / /</th>
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</thead>
<tbody>
<tr>
<td>Nickname or Preferred Name:</td>
<td></td>
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<tr>
<td>Permanent Mailing Address:</td>
<td></td>
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<tr>
<td>State:</td>
<td>ZIP:</td>
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<tr>
<td>Cell Phone:</td>
<td>Date of Birth: / /</td>
</tr>
<tr>
<td>NSU ID:</td>
<td>NSU Email:</td>
</tr>
<tr>
<td>Parent(s)/Guardian Name and Permanent Address:</td>
<td></td>
</tr>
<tr>
<td>Education: High School Name:</td>
<td>City/State:</td>
</tr>
<tr>
<td>Previous College:</td>
<td>Graduation Date:</td>
</tr>
<tr>
<td>Previous College:</td>
<td></td>
</tr>
<tr>
<td>Current credits earned, including transfer credits (circle):</td>
<td>0–30  31–60  61–90  91–120</td>
</tr>
<tr>
<td>WORK EXPERIENCE IN ATHLETIC TRAINING (Outside of the clinical rotations in ATTR 1100 and ATTR 1200)</td>
<td></td>
</tr>
<tr>
<td>Institution or Organization:</td>
<td>Sport:</td>
</tr>
<tr>
<td>SPORTS MEDICINE EDUCATION (not required)</td>
<td>Dates:</td>
</tr>
<tr>
<td>Workshops, Clinics, Camps Completed:</td>
<td></td>
</tr>
<tr>
<td>Unisex T-shirt size:</td>
<td></td>
</tr>
</tbody>
</table>

Athletic Training Program
Recommendation Form

The Athletic Training Program is looking for students who have the potential to become future certified athletic trainers and allied health professionals. The formal acceptance into the Athletic Training Program (ATP) requires recommendations concerning four domains. Using the assessment scale, please circle the most appropriate response and provide your feedback concerning __________________________ (Athletic Training student applicant). Thank you for your valuable input.

Name of Reference: _________________________________________ Signature: ______________________________
Title/Position: _____________________________________________________________ Date: ___________________________
Phone Number: ____________________________ Address: _______________________________________________________

How long have you known the applicant? __________________________________________
What is your relationship to the applicant? __________________________________________

<table>
<thead>
<tr>
<th>Domain</th>
<th>Components</th>
<th>Assessment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency</td>
<td>Refers to the student's didactic performance:</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>• Knowledge: Student demonstrates knowledge of what he/she has been taught and shows comprehension of theoretical concepts.</td>
<td></td>
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<tr>
<td></td>
<td>• Critical thinking: Student is able to analyze situations and problem-solve when needed.</td>
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<td></td>
<td>• Understanding: Student is able to explain theoretical concepts.</td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td>Refers to the manner in which the student approaches his/her assignment(s):</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>• Work ethic: Student comes willing to work and reflects a positive work ethic.</td>
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</tr>
<tr>
<td>Personal Attributes</td>
<td>Refers to personal attributes exhibited by the student:</td>
<td>1 2 3 4 5 N/A</td>
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<td></td>
<td>• Enthusiasm: Student demonstrates excitement and a willingness to learn, try new things, and volunteer for extra tasks.</td>
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<td></td>
<td>• Organization: Student manages his/her time effectively and completes tasks by/meets the deadline in an organized and efficient way.</td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
<td>Refers to the student's responsibility:</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>• Student arrives early on time.</td>
<td></td>
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<tr>
<td></td>
<td>• Student has NO unexcused absences.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Student makes an effort to prepare academically for classes and is eager to learn.</td>
<td></td>
</tr>
<tr>
<td>OVERALL RECOMMENDATION</td>
<td></td>
<td>1 2 3 4 5 N/A</td>
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</tbody>
</table>

* (1) poor    (2) below average    (3) average    (4) above average    (5) excellent    (N/A) not applicable

Please use the back of this form for any additional comments.

Athletic Training Program
Pradeep Vanguri, Ph.D., LAT, ATC
pv101@nova.edu
(954) 262-8166 (office); (954) 262-4240 (fax)

Please provide additional comments about this student applicant. For example, discuss their awareness of limitations, interpersonal skills, maturity, and strengths. You may attach a separate letter of support.

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OVERALL RECOMMENDATION 1 2 3 4 5 N/A

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**Domain** | **Components** | **Assessment**
---|---|---
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• **Knowledge**: Student demonstrates knowledge of what he/she has been taught and shows comprehension of theoretical concepts.  
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**Personal Attributes** | Refers to personal attributes exhibited by the student:  
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• Student arrives early on time.  
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**OVERALL RECOMMENDATION** | 1 2 3 4 5 N/A

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Athletic Training Program
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Athletic Training Student Physical Examination
As part of our Athletic Training Program at Nova Southeastern University, students must comply with the Accreditation Standards, which includes the following from Section F: Health and Safety.

**F1.** A physical examination by a MD/DO/NP/PA must verify that the student is able to meet the physical and mental requirements - with or without reasonable accommodation - of an athletic trainer. This examination must include:

- **F1.1** a medical history,
- **F1.2** an immunization review, and
- **F1.3** evidence of a physical examination that is maintained by the institution in accordance with established confidentiality statutes.

Additional required documentation is necessary for clinical rotation sites. Applicants must obtain copies of all of the following and submit as part of the ATP Professional Phase Portfolio.

<table>
<thead>
<tr>
<th>Required Documentation</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical History and Questionnaire</td>
<td></td>
</tr>
<tr>
<td>Physical Examination</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Vaccination or signed waiver</td>
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<tr>
<td>Immunizations Records</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (TB) Skin Test</td>
<td></td>
</tr>
</tbody>
</table>
Medical History and Questionnaire

Please print clearly. All information is required.

Name: ___________________________ DOB: ___/___/____ NSU ID: ________________

Past Medical History
Please check YES if you currently have or have ever had any of the conditions listed.

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migraine Headaches</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Seizures</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Mononucleosis</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Vision Problems</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Heart Murmur(s)</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Fainting Spells</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Appendicitis</td>
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<td>___</td>
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<tr>
<td>Anemia</td>
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<td>___</td>
</tr>
<tr>
<td>Diabetes</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Frequent Headaches</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Frequent Sore Throats</td>
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<td>___</td>
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<tr>
<td>Hearing Problems</td>
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<td>___</td>
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<tr>
<td>Chest Pain</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Asthma</td>
<td>___</td>
<td>___</td>
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<tr>
<td>High Blood Pressure</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Ulcers</td>
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<td>___</td>
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<tr>
<td>Hernia</td>
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<td>___</td>
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<tr>
<td>Heat Exhaustion</td>
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</tr>
</tbody>
</table>

Family Medical History
Please check YES if anyone in your family (Father, Mother, Brother, Sister) currently has or has ever had any of the conditions listed.

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>WHO: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
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<td>High Blood Pressure</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Heart Disease</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Fainting Spells</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Blood Diseases</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Any death prior to age 40</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
</tbody>
</table>

Personal Medical History:

1. Have you ever been hospitalized? 
   YES NO
2. Have you ever had surgery? 
   YES NO
3. Are you presently under a doctor’s care for a chronic condition? 
   YES NO
4. Have you ever had the mumps or measles? 
   YES NO
5. Do you have a history of asthma? 
   YES NO
6. Do you have any problems with your eyes or vision? 
   YES NO
7. Have you ever had any other medical problems (mono, diabetes, anemia)? 
   YES NO
8. Have you ever had heat cramps, heat illness, or muscle cramps? 
   YES NO
9. Have you ever had chest pain during or after exercise? 
   YES NO
10. Have you ever had high blood pressure? 
    YES NO
11. Have you ever been told you have a heart murmur? 
    YES NO
12. Have you ever had racing of you heart or a skipped heart beat? 
    YES NO
13. Have you ever had an EKG or echocardiogram? 
    YES NO

Explain all “Yes” answers:
14. Have you ever sprained/strained, dislocated, fractured, or had repeated swelling or other injury of any bones or joints? Explain any "Yes" answers.

<table>
<thead>
<tr>
<th>Part of Body</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head/neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow and arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist, hand, and fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/Thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shin/calf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle, foot, toes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Operations/Surgery

Name of Operation: ____________________________ Date: ___/___/___
Doctor: ____________________________ Town and Hospital: ____________________________
Description: ____________________________

Name of Operation: ____________________________ Date: ___/___/___
Doctor: ____________________________ Town and Hospital: ____________________________
Description: ____________________________

Other Pertinent Medical Information:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

By signing this document, I certify that the above information is accurate to the best of my knowledge.

Student Name (print): ____________________________
Student Signature: ____________________________
Date: ____________________________
**Vital Information:**

Height ___________________________  Weight ___________________________

Blood Pressure ____________________ / ___________________________  Pulse ___________________________

**Physical Exam (to be completed by the physician)**

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart / Cardiovascular</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Pulmonary / Lungs</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Abdomen / Gastrointestinal</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal Review</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Any Medical Problems in the last 12 months</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Recommendations/Comments:** __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

**Physical Status: (Student’s Ability to perform Athletic Training/Sports Medicine Duties)**

☐ Pass without restrictions

☐ Pass with restrictions ______________________________________________________________

☐ Further Evaluation Needed __________________________________________________________

**Physician’s Signature** ___________________________  **Date** ___________________________

**Physician Print Name** ___________________________  **Specialty/Credentials** ___________________________

**Address** ___________________________________________