



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.

	Status
Application to the ATP Professional Phase	
Letter of Intent Essay describing the applicant’s career goals and why the student wishes to become a Certified Athletic Trainer.	
Professional Résumé As completed for ATTR 1100.	
ATP Signed Documents and Waivers As completed for ATTR 1100.	
Professional Recommendation Forms 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.	
Cardiopulmonary Resuscitation (CPR) 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.	
Background Check Broward County School Board www.fieldprintbrowardschools.com . The applicant must submit a copy of his/her current identification badge.	
Unofficial Transcript (CAPP Report) from Nova Southeastern University. The applicant should request this from his/her advisor showing courses taken and overall grade point average (GPA).	
Medical History and Questionnaire This form is included in the application packet.	
Physical Examination 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.	
Total Clinical Hours 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).	



Professional Phase Application

PLEASE TYPE OR PRINT IN INK

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



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? _____

Domain	Components	Assessment *
Competency	Refers to the student's didactic performance: <ul style="list-style-type: none"> • <u>Knowledge</u>: Student demonstrates knowledge of what he/she has been taught and shows comprehension of theoretical concepts. • <u>Critical thinking</u>: Student is able to analyze situations and problem-solve when needed. • <u>Understanding</u>: Student is able to explain theoretical concepts. 	1 2 3 4 5 N/A
Attitude	Refers to the manner in which the student approaches his/her assignment(s): <ul style="list-style-type: none"> • <u>Work ethic</u>: Student comes willing to work and reflects a positive work ethic. • <u>Feedback</u>: Student accepts constructive criticism with positive changes. • <u>Initiative</u>: Student responds to requests as opportunities to learn. 	1 2 3 4 5 N/A
Personal Attributes	Refers to personal attributes exhibited by the student: <ul style="list-style-type: none"> • <u>Enthusiasm</u>: Student demonstrates excitement and a willingness to learn, try new things, and volunteer for extra tasks. • <u>Communication</u>: Student properly communicates in oral and written forms. • <u>Organization</u>: Student manages his/her time effectively and completes tasks by/meets the deadline in an organized and efficient way. 	1 2 3 4 5 N/A
Reliability	Refers to the student's responsibility: <ul style="list-style-type: none"> • Student arrives early on time. • Student has NO unexcused absences. • Student makes an effort to prepare academically for classes and is eager to learn. 	1 2 3 4 5 N/A
	OVERALL RECOMMENDATION	1 2 3 4 5 N/A

* (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.

Please return in a sealed envelope.
Athletic Training Program



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Athletic Training Program



Name: _____

Date: _____

NSU ID: _____

Date of Birth: _____

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.

Required Documentation	Checklist
Medical History and Questionnaire	
Physical Examination	
Hepatitis B Vaccination or signed waiver	
Immunizations Records	
Tuberculosis (TB) Skin Test	

Athletic Training Program



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.

	YES	NO		YES	NO
Migraine Headaches	—	—	Frequent Headaches	—	—
Seizures	—	—	Frequent Sore Throats	—	—
Mononucleosis	—	—	Hearing Problems	—	—
Vision Problems	—	—	Chest Pain	—	—
Heart Murmur(s)	—	—	Asthma	—	—
Fainting Spells	—	—	High Blood Pressure	—	—
Appendicitis	—	—	Ulcers	—	—
Anemia	—	—	Hernia	—	—
Diabetes	—	—	Heat Exhaustion	—	—

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.

	YES	NO	
Diabetes	—	—	WHO: _____
High Blood Pressure	—	—	WHO: _____
Heart Disease	—	—	WHO: _____
Fainting Spells	—	—	WHO: _____
Blood Diseases	—	—	WHO: _____
Any death prior to age 40	—	—	WHO: _____

Personal Medical History:

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

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.

Head/neck	Yes	No	_____
Shoulder	Yes	No	_____
Elbow and arm	Yes	No	_____
Wrist, hand, and fingers	Yes	No	_____
Back	Yes	No	_____
Hip/Thigh	Yes	No	_____
Knee	Yes	No	_____
Shin/calf	Yes	No	_____
Ankle, foot, toes	Yes	No	_____

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)*

	NORMAL	ABNORMAL FINDINGS
Heart / Cardiovascular	<input type="checkbox"/>	
Pulmonary / Lungs	<input type="checkbox"/>	
Abdomen / Gastrointestinal	<input type="checkbox"/>	
Musculoskeletal Review	<input type="checkbox"/>	
Any Medical Problems in the last 12 months	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

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	