



Application Checklist
Master of Athletic Training
Union College

Student's Name: _____

Date: ___/___/___

Please read all of the information below before completing the application for the Master of Athletic Training (MAT) Program. All of the following documents AND this Checklist should be sent directly to Union College Masters of Athletic Training (MAT); Union College Box D22, 310 College St; Barbourville, KY 40906. If you have specific questions, contact Dr. Doug Branch, the Athletic Training Program Director. Please type or print clearly all information (essay answers must be typed). Following the initial screening of the MAT program Application materials, candidates being considered for admission will be contacted. NOTE: The MAT Program Selection Committee will complete the **GREEN highlighted sections** of this document. Copies of these application documents are provided on the AT program website – Academic Program.

Deadline: February 1 or as soon as possible.

Required Application Materials (Checklist)

- ___ 1. Athletic Training Program Admission Application
- ___ 2. Applicant Essay Questions. These answers should be typed and double-spaced. Response to each question should not exceed one page, unless otherwise indicated.
 - a. Why should you be admitted into the entry-level athletic training program at Union College? Please answer this question in relationship to academic work, athletic training or related experience, and any other helpful information
 - b. What are your short- and long-term goals (i.e., education, training, work setting, etc.)?
 - c. Describe your understanding of the role of an athletic trainer in health care.
 - d. Discuss personal and professional influences that led you to want to become an athletic trainer and graduate student.
 - e. What do you perceive to be your greatest strengths? (bullets; single space) is acceptable
 - f. What do you perceive to be your greatest weaknesses? (listing them is fine; single space)
 - g. Please include any other information that you feel will enhance your application.
- ___ 3. Official Academic Transcripts
 - a. These should be from all colleges/universities and/or professional schools attended. All final course grades on transcripts.
 - b. Transcripts should be sent directly from the institution to the Union College Masters in Athletic Training (MAT).
 - c. All transcripts from outside the United States must be evaluated. We recommend you contact our Office of International Affairs for more information. (phone: _____; email: _____; website: _____).

Name of Institution	Degree (yes/no)	Date Last Attended	Date Received

- ___ 4. Pre-Requisite Courses & GPA. **ALL of the college courses listed below must be completed before the Athletic Training Program begins.** If you are currently taking a course or if you plan to take, please indicate below - email your current and final grades to Dr. Branch as soon as possible. ALL courses must be completed before MAT program begins. NO courses can be taken while in the MAT program. Provide cumulative GPA in space provided below.

Course Name	School Course was Taken	Course Code	Credit Hrs	Final Grade	When Course Will Be Completed
Biology					
Human Anatomy (or Anatomy & Physiology I)					
Human Physiology (or Anatomy & Physiology II)					
Physics (1 semester)					
First Aid/Safety or Life Choices					
Psychology (General)					
Kinesiology or Biomechanics					
Exercise Physiology					
Statistics					
					Cumulative GPA:

- ___ 5. Applicant Evaluation Forms (3 total). People writing references must use these forms for consistency. Please do **not** send Letters of Recommendations. These must be sent directly from the person completing the reference form and then send to the Master of Athletic Training Program.

Name of Reference	Relationship to Applicant	Date Sent	Date Received

- ___ 6. Applicants Resume (typed)
- ___ 7. Verification of Clinical Observation Hours (by supervising athletic trainer). Total Hours = _____

Supervising AT's Full Name	Name of Setting	# of Hours	Signature

- ___ 8. Technical Standards for AT Program. All students must read and sign this document.
- ___ 9. Technical Standards Evaluation by Physician. The form will be completed by the Union College AT program's medical director. The AT Program Director will complete this task.
- ___ 10. Physical Examination by Physician (completed within the last year). You may provide a copy of the Health Form, which is required for admission to Union College.
- ___ 11. Hepatitis B Immunization Verification or Waiver. Must be completed before clinical education assignments.
- ___ 12. AT Student Handbook Acknowledgement. All students must read and apply the policies and procedures within the current ATS Handbook. Students must always use professional terminology.
- ___ 13. FERPA/CAATE Waiver (___), and Confidentiality Agreement (___).
- ___ 14. Test of English as a Foreign Language (TOEFL) scores (500 paper, 61 IBT or 173 computer). These are only required if your degree is from a school in a non-English speaking country. Students should contact the Office of International Affairs. Score: _____ Format: _____ Date: _____
- ___ 15. **\$25.00 Application** fee. Submit a check or money order, payable to the "Union College Athletic Training Program."

**Union College Master of Athletic Training
Admission Application
Union College**

PLEASE Type or PRINT in INK

_____ / ____ / ____
(Student's Full Name) (Date)

Permanent Address: _____

City/State/Zip: _____

Permanent Phone #:(____) _____ - _____ Current Class Status: _____ Transfer (____)

Local Phone #: _____ Semester/Year Start at Union: _____ / _____

E-mail: _____ Date of Birth: _____

_____ (Major/s) _____ (Minor/s)

Athletic Training Experience (NOT as an Athlete or Manager)	Site (use other side for additional space) (Name of the location you got experience)	Number of Months
High School	_____	_____
College/University	_____	_____
Workshops/Camps	_____	_____

Other Experience		
Physical Therapy or Medical	_____	_____
Non-Medical Volunteer	_____	_____

Extra-Curricular Activities (Sports, student organizations, recent employment, etc.)

Awards and Personal Interests

Applicant Evaluation Form

Master of Athletic Training Union College

(Please PRINT in Ink or Type)

Applicant's Name:

(Last)

(First)

(Middle)

I, _____, hereby waive ___ do not waive ___ my right of
(Signature of MAT Program Applicant)

access to this evaluation form. Date: ____/____/____

Evaluator

How long have you known the applicant? _____ How long ago (if applicable)? _____

In what connection?

IMPORTANT: You have been referred to us as a reference from the applicant above. The proper selection of applicants for the Master of Athletic Training (MAT) Program is important, not only at Union College (UC), but also for the future patients of this applicant. The athletic training faculty and staff rely on you to act as an extension of our MAT Program Selection Committee. In order to be fair to all applicants, we need as much information as you can provide. Your recommendation will be most useful if you include an evaluation of the applicant's strengths **and** weaknesses. Please realize that NO applicant is perfect.

INSTRUCTIONS: Please evaluate the applicant by placing a check after each characteristic in the column that MOST nearly represents your opinion or observation. Compare this applicant with a representative group of students *qualified for undergraduate study and medical profession* whom you have known and who have had approximately the same amount of experience and training as this applicant. If you lack knowledge to make a definite rating, please give your Estimate of the applicant's ability and place an "E" next to your checking or check "Not Observed." Continue on the back of this page. Use this form. Do **NOT** write a letter of recommendation.

Characteristic	Poor	Average	Above Average	Superior	Not Observed
Ability to master academic work (especially sciences)					
Ability to communicate (orally, writing, non-verbal)					
Reliability and loyalty					
Motivation					
Initiative (willing to take on tasks by him/herself)					
Leadership					
Creative or innovative talent					
Ability to work with others					
Acceptance of responsibilities					
Time management					
Knowledge or skills in Athletic Training (NOT athletics)					

Athletic Training is a medical profession that requires a great deal of knowledge in sciences (i.e., biology, human anatomy and physiology, physics, chemistry) and time commitment in clinical education. Please comment on the applicant's academic strengths and weaknesses. How likely is the applicant to succeed academically in a program that requires a significant amount of out-of-classroom time (a minimum of 12-25 hours/week) in a variety of clinical education settings?

Health care professionals like Certified Athletic Trainers characteristically have extraordinary commitment to working with people and their problems (physical or emotional). Please comment on the applicant's emotional maturity, values, perseverance, and other personality characteristics.

What evidence can you provide that the applicant has carefully and thoughtfully considered the advantages and disadvantages of a career in Athletic Training? How serious is the applicant about Athletic Training and/or other medical professions?

In the space below or by attachment, please add any comments that will assist in our making a judgement for this applicant.

I completed this evaluation form personally.

Signature: _____ Date: ____/____/____

Print Name: _____ Phone: (____) ____-____

Position and/or Title: _____

Address: _____

Please do **NOT** return this form to applicant. Mail the completed ORIGINAL Applicant Evaluation form to:
Union College Masters of Athletic Training Program
Union College Box D22 (Attention Dr. Doug Branch)
310 College St; Barbourville KY 40906
For Questions, please contact:
Dr. Doug Branch DHSc, LAT, ATC
Phone: 606-546-1508 or dbranch@unionky.edu

DEADLINE: February 1 (Regular Admission), or ASAP

Confidentiality Agreement

Master of Athletic Training Union College

I understand that during my time as a candidate and athletic training student within the Union College Masters of Athletic Training Program. I may be privy to confidential medical information at a variety of clinical sites. By signing below, I agree that I will not discuss any medical or personal information pertaining to an athlete or other patient with anyone outside the athletic training program including, but not limited, to coaches, other athletes/patients, scouts, or parents. I understand that failure to abide by the rules of confidentiality may result in my dismissal from the program.

Student's Name (please print)

Date

Student's Signature

FERPA and CAATE Consent

Master of Athletic Training Union College

The Family Educational Rights and Privacy Act of 1974 (F.E.R.P.A.) was designed to protect the privacy of students' educational records and to establish the rights of students to inspect and review their educational records. In accordance with FERPA, a student must sign a consent form if information from their educational records is to be disclosed to a third party.

By signing this form, you certify that you agree to disclose your education records. You understand that by signing this form, all records at Union College and any other educational institution you attend are part of your education records. These records are protected by the Family Educational Rights and Privacy Act of 1974, and they may not be disclosed without your consent.

You give your consent to disclose your educational records only to authorized representatives of Union College.

You agree to disclose these records to evaluate your academic progress and for purposes regarding academic advisement. This consent form is valid from the date below until withdrawal of the consent is received in writing.

By signing this form, you also give permission for the members of the Commission on Accreditation of Athletic Training Education (CAATE) Site-Visit Team to view your personal academic file and education records relating to the Athletic Training Program. You understand that this viewing will be for informational purposes only and that confidentiality will be maintained.

Student Name (Please print)

Date

Student Signature

Student ID number

Hepatitis B Vaccination Consent/Refusal Form

Master of Athletic Training Union College

Introduction

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. Hepatitis B is a potential cause of morbidity. There is no specific treatment for this disease. In the clinical environment, Hepatitis B Virus is transmitted primarily through exposure to blood and certain other body fluids. Health care providers with exposure to blood and other body fluids are considered to be at risk for acquiring the Hepatitis B infection. The Hepatitis B vaccine, which is the single most important preventative method, is indicated for immunization of persons at risk of infection from the Hepatitis B Virus. Currently this immunization is not a requirement for health care personnel.

Consent/Refusal Section

_____ I, the undersigned, **hereby do not consent and therefore decline** Hepatitis B vaccination at this time. By refusing this immunization my potential of developing Hepatitis B is increased in the event of exposure to the disease. The most common potential effects of this disease may include loss of appetite, nausea, jaundice and lethargy. Additionally, although much less common, are the potential effects of severe liver damage, gastrointestinal bleeding and permanent cirrhosis of the liver or death. If in the future, I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series.

_____ I, the undersigned, have already completed a Hepatitis B Vaccine Program and will submit a record of this to the Union College Athletic Training Program Director.

_____ I, the undersigned, am presently participating in the Hepatitis B Vaccine Program at _____ and will submit a record of this to the Union College Athletic Training Program Director.

_____ Antibody testing has revealed that I have immunity to Hepatitis B Virus. (Note: Attach a copy of record to this page)

Student's Name (please print)

Student's Signature

Date

Technical Standards for Admission Master of Athletic Training Program – Union College

The Masters of Athletic Training (MAT) program at Union College is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the AT program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). All students admitted to the program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted to/continue the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the Board of Certification (BOC) certification and State of Kentucky licensure for athletic training.

Candidates for selection to the AT program must demonstrate:

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately and safely use equipment and materials during the patient assessment and care.
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. the ability to record the physical examination results and a treatment plan clearly and accurately.
5. the capacity to maintain composure and continue to function well during periods of high stress.
6. the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the MAT program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. The Office of Student Support Services at Union College will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws. If a student states he/she can meet the technical standards with accommodation, then Union College and Student Support Services will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the athletic training education process of the student or the institution, including all coursework, clinical experiences, practicums, and internships deemed essential to graduation.

Option I: Without Accommodation

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into and/or be allowed to continue in the Program.

Name of Applicant (please print)

Date

Signature of Applicant

Date

Option II: With Accommodation

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Office of Student Support Services at Union College to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Name of Applicant (please print)

Date

Signature of Applicant

Date