

MSAT Program Admission Application Form
Athletic Training Education Program
Texas A&M University

(Please type in fields below)

Demographic Information

_____		_____		_____	
First Name	Middle and/or Maiden Name	Last or Family Name			
_____		_____		_____	
Mailing Address	City	State	Zip		
_____			_____		
Email Address	Date of Birth				
_____		_____		_____	
Home Phone	Cell Phone	Email Address			

Emergency Contact Information

_____		_____			
Contact Name	Relationship				
_____		_____		_____	
Mailing Address	City	State	Zip		
Home Phone: _____		Work or Cell Phone: _____			

Academic History

High School Attended _____

City _____ State _____ Date of Graduation: ____/____/____

Bachelor's Degree _____
Name of Institution and State

B.S./B.A./BSED in _____ Date of Degree ____/____/____
Major

Post-graduate degree held (if applicable) _____ Date of Degree ____/____/____

Previous Clinical Education or Volunteer Experience

List previous experience as a student athletic trainer or other healthcare professional.

Location 1: _____

Number of Months/Years of Experience: _____ Number of Hours (approximate): _____

Supervising ATC or Healthcare Professional (include credentials): _____

Address (city, state): _____

Describe the clinical education experience: _____

Location 2: _____
Number of Months/Years of Experience: _____ Number of Hours (approximate): _____
Supervising ATC or Healthcare Professional (include credentials): _____
Address (city, state): _____
Describe the clinical education experience:

Location 3: _____
Number of Months/Years of Experience: _____ Number of Hours (approximate): _____
Supervising ATC or Healthcare Professional (include credentials): _____
Address (city, state): _____
Describe the clinical education experience:

Certifications and Credentials

Are you a licensed athletic training in the state of TX? Yes No
If yes, what is your license number? _____

Place a check next to any other credentials that you currently possess:

<input type="checkbox"/> CPR Certification	Expiration date _____
<input type="checkbox"/> AED Certification	Expiration date _____
<input type="checkbox"/> First Aid Certification	Expiration date _____
<input type="checkbox"/> Professional Rescuer Certification	Expiration date _____
<input type="checkbox"/> EMT	Expiration date _____
<input type="checkbox"/> Other _____	Expiration date _____

Activities

List all extracurricular activities, organizations, etc. in which you are active. Include any leadership positions held.

Professional Memberships

List all professional memberships (NATA, SWATA, ACSM, etc.). **If not a NATA member, you will be required to obtain membership if accepted into MSAT program.**

Safety and Security

Yes No Have you ever entered a plea of nolo contendere or guilty for or been convicted of a felony or misdemeanor?

Yes No Have you ever been subject to discipline, suspension or probation at any institution of post-secondary education for reasons other than academic performance?

If you answered 'Yes' to any question, you must include an explanation with this application. Failure to do so will delay processing of your application. Students enrolled in the MSAT program may be required to undergo a background check and drug/alcohol screening for certain clinical placements.