

A.T. Still University
Arizona School of Health Sciences
Department of Athletic Training
Graduate Assistant Athletic Trainer Application Form

Name: _____ Date: _____
(Last) (First) (MI)

SS #: _____ Date of Birth: _____

Email: _____ Phone: _____

Current Address: _____

City, State, Zip: _____

Permanent Address: _____

City, State, Zip: _____

College / University: _____

Graduation Date: _____ Degree: _____

Are you NATABOC Certified? Yes No

Date of Certification: _____ Certification Number: _____

If not certified, when will you be eligible to sit for the exam? _____

Other certifications (CSCS, EMT, PT, etc.): _____

Are you a current member of NATA? Yes No

Member Number: _____

Have you had experience at the high school level? Yes No

If yes, please describe this experience (length, duties, etc.): _____

Have you had experience in a sports medicine clinic? Yes No

If yes, please describe this experience (length, duties, etc.): _____

Do you have your teacher certification? Yes No

If yes, which subject are you certified to teach and at which level? _____

Please indicate the number of seasons you have worked with each of the following sports. Additionally, indicate **(circle)** at which level you have worked, high school **(HS)** or college **(C)**, and with which gender, male **(M)** or female **(F)**.

Sport	Level	Gender	# of Seasons
Badminton	HS C	M F	
Baseball	HS C	M F	
Basketball	HS C	M F	
Cheerleading	HS C	M F	
Cross Country	HS C	M F	
Diving	HS C	M F	
Football	HS C	M F	
Golf	HS C	M F	
Gymnastics	HS C	M F	
Soccer	HS C	M F	
Swimming	HS C	M F	
Tennis	HS C	M F	
Track & Field	HS C	M F	
Volleyball	HS C	M F	
Wrestling	HS C	M F	
Other:	HS C	M F	
Other:	HS C	M F	

Additional Athletic Training Experience (summer camps, professional internships, etc.): _____

Please identify each of the following courses by departmental abbreviation and university catalog number as they would appear on your transcript (i.e. Basic Athletic Training as Kines 100). Additionally, please list the grade received next to each course and provide both your cumulative and major grade point average where requested.

Catalog #	Course	Grade
	Human Anatomy	
	Human Physiology	
	Exercise Physiology	
	Kinesiology	
	Psychology	
	Nutrition	
	Basic Athletic Training	
	Therapeutic Modalities	

Cumulative GPA: _____ Major GPA: _____

Please indicate which of the following positions you would be interested in. Please mark all that apply, but also rank them (1 being highest preference, 0 being do not want). Stipends for all positions will vary between \$7,000 - \$22,500.

- _____ High School (Part Time, 2-3 days a week)
- _____ High School (Full Time, 5 days a week)
- _____ College (Part Time, 2-3 days a week)
- _____ College (Full Time, 5 days a week)
- _____ Community College (Part Time, 2-3 days a week)
- _____ Community College (Full Time, 5 days a week)
- _____ Clinic (Part Time, 2-3 days a week)
- _____ Clinic (Full Time, 5 days a week)

GA application revised October 2006