BEFORE YOU BEGIN

- Please read the instructions.
- Contact all schools to request that official transcripts be sent to the A.T. Still University, Admissions Office
- Release and forward official GRE test scores to the A.T. Still University, Admissions Office
- Release and forward official sealed documentation of licensure or certification

FILL OUT THE FOLLOWING FORMS

- Application form
- Resume
- Waiver of access to confidential statements (optional)
- Top portion of Evaluation I and II forms and envelopes and distribute to evaluators
- Top portion of Certification of BOC certificate or eligibility

COMPLETING THE PROCESS

- Copy completed forms for your records
- Mail: Completed application
  $60 application fee
  Sealed letters of recommendation
- Mail: Second copy of resume to:
  John Parsons, Ph.D., ATC
  Associate Professor and Director, Athletic Training Program
  A.T. Still University
  5850 E. Still Circle
  Mesa, AZ 85206
- Completed application form(s), all supporting documents and fees should be postmarked by program deadline.

QUESTIONS

For application processing questions contact:
A.T. Still University
Admissions Office
660.626.2237

Return application and fee to:
ASHS Application Materials
A.T. Still University
800 W. Jefferson Street
Kirkville, MO 63501-1497

For specific status/program information AFTER your file is complete contact:
John Parsons, Ph.D., ATC
Associate Professor and Director, Athletic Training Program
A.T. Still University
480.219.6032
jparsons@atsu.edu
APPLICATION FOR ADMISSION

Athletic Training Program
HOW TO APPLY FOR ADMISSION

STEP 1 Complete the enclosed application along with a non-refundable $60 processing fee (check, money order, or credit card) made payable to “Arizona School of Health Sciences.” The application, all supporting documents, and fee must be postmarked by the program deadline.

The AT program operates on a rolling admission basis, so applicants are encouraged to apply far in advance of the March 1 preference deadline. See the college catalog at www.atsu.edu for current application deadline dates.

Return application and fee to:
ASHS Application Materials
Arizona School of Health Sciences
800 W. Jefferson St.
Kirksville, MO 63501-1497

STEP 2 Official transcripts may be sent directly to Admissions from each college or university attended or, applicants may submit official transcripts directly in their application packet in sealed and endorsed envelopes. All transcripts must be in official college/university envelopes.

Courses recorded on one transcript as transfer credit from another institution are not considered official documentation of that coursework. If currently enrolled in coursework, please send the most recent transcripts from that college/university.

Applicants who have graduated from a foreign college or university must submit acceptable evidence of U.S. degree/course equivalency. Applicants must have foreign transcripts evaluated by an evaluation service specializing in foreign transcript evaluation.

Foreign Evaluation Services:
American Association of Collegiate Registrars & Admissions Officers
One Dupont Circle, NW, Suite 520 Washington, DC 20036-1135 202.293.9161 www.aacrao.org, link to Foreign Education Credential Service

Educational Credential Evaluators, Inc.
P.O. Box 514070 Milwaukee, WI 53203-3470 414.289.3400

International Education Research Foundation, Inc.
P.O. Box 69940 Los Angeles, CA 90066 310.390.6276

Josef Silny & Associates, Inc.
International Educational Consultants
P.O. Box 248233 Coral Gables, FL 33124 305.666.0233

World Evaluation Services, Inc.
P.O. Box 745 Old Chelsea Station
New York, NY 10113-0745 212.966.6311

All students are required to demonstrate proficiency in English when applying to the Arizona School of Health Sciences, A.T Still University. Written and spoken proficiency in the English language may be demonstrated by one of the following options:

Option 1: English is your primary spoken language.

Option 2: You have successfully completed one of the following from a university located in the United States or in another country in which English is the spoken language and the medium of instruction:
- A minimum of two years of full-time higher education study.
- A bachelor’s degree or higher degree.

Option 3: You may provide evidence of your English proficiency by submitting acceptable scores on the Test of English as a Foreign Language (TOEFL) as follows:
- Minimum total TOEFL score:
  - Paper based = 550
  - Computer based = 213
  - Internet based = 80

The TOEFL is administered by TOEFL/TSE Services, PO Box 6151, Princeton, NJ, 08541-6151, USA (609) 771-7100. Information is available on the Internet at www.toefl.org. A.T Still University’s institutional code is 0339.

STEP 3 Submit evaluation forms and letters of recommendation:

Evaluation I must be from a present or former faculty member, academic advisor, or employer.

Evaluation II must be from a health care professional.

A letter of recommendation on official letterhead should accompany each evaluation form. Applicants
may submit the evaluation form and letter of recommendation with their application packet in sealed, endorsed envelopes. Letters from an educational consulting service will not be considered. Letters of recommendations must be submitted for each application year.

**STEP 4** Test scores: GRE test scores are required. Forward the results of your Graduate Record Examination (GRE) to Admissions. Contact Score Reporting Services at the Educational Testing Service and request that an official report of your scores be forwarded to the 3743 ASHS code (there is no department code). The website for GRE is located at http://www.gre.org, telephone 609.771.7670. Student copies of GRE scores are not considered official. Allow several weeks for this process.

**STEP 5** Verification of BOC Eligibility: Graduate Athletic Training Education Program Applicants Only -- Applicants that are not yet certified are required to demonstrate their eligibility to take the Board of Certification Examination. These applicants should complete the Verification of BOC Eligibility form (enclosed). This form must be completed and signed by a supervising certified athletic trainer or Athletic Training Education Program Director. Applicants already certified must follow instructions in Step 6.

**STEP 6** Documentation of professional licensure/certification: Submit official documentation of health care licensure/certification. The applicant must request an official letter be sent directly from the national or state licensing board or certification board stating the status and expiration date of current national or state licensure/certification.

Individuals applying to the Graduate Athletic Training Education Program who are already BOC certified can request documentation of the verification directly from the BOC at:

- **BOC**
  - 1415 Harney Street
  - Omaha, NE 68102
  - 402.559.0091
  - 402.561.0598 fax
  - www.bocatc.org

Materials must be forwarded directly from the licensure or certification board to Admissions. Photocopies will not be accepted.

**STEP 7** Submit a resume according to the guidelines outlined in this packet.

Please make 2 copies of the resume. Submit one resume along with your application. Submit the second copy of your resume to:

- John Parsons, Ph.D., ATC
  - Director, Athletic Training Program
  - Arizona School of Health Training Program
  - 5850 E. Still Circle
  - Mesa, AZ 85206

**STEP 8** Applications will be reviewed upon receipt of the following official application items:

- Application and $60 application fee
- Official transcripts
- Resume
- Recommendation letters and evaluation forms
- Official GRE test scores
- Documentation of professional licensure/certification
- Verification of BOC Eligibility

**STEP 9** Eligibility for acceptance will be determined by the Admissions Committee and will be based on academic preparation, clinical experience, resume, life and work experiences, community service, letters of recommendation, and interest in graduate studies.

**GUIDELINES TO PREPARING THE RESUME**

The resume is an opportunity for the candidate to present an overview of the professional, academic, and non-academic activities and life experiences to the admissions process. The resume should present relevant facts about the applicant and organize information on an applicant’s unique assets, facts, and dates. This guide is provided to give applicants the opportunity to present themselves to the admissions process in a uniform manner.

**FORMAT**

The resume should be typed and printed on ivory or white 8-1/2" x 11" paper.

Information under each section should be arranged with the most recent experiences first. Dates should be
provided with each entry and should be accurate to the month and year. Groups, employers, schools, or individuals should have a city and state location provided.

The following information should be provided in the order given:

* **PERSONAL INFORMATION**
  Name: Provide your legal name with any nickname or most frequently used name in parentheses. Address: Provide both a current mailing address and a permanent address (if different) complete with ZIP codes. Telephone: Provide telephone numbers with area codes for both current and permanent address. Email: Provide a current email address. Social Security Number: Provide for identification purposes only.

* **EDUCATION**
  Please provide a chronological summary of your post-high school educational background. This should include degree (Bachelor of Science, Bachelor of Arts, etc.), institution, department or college, and month and year of graduation (or anticipated). Be sure to identify each institution attended where you received college credit applicable towards your degree and for which you will be submitting official transcripts. In addition, please identify if you have graduated (or anticipate graduation) from a CAATE Accredited Entry-Level Athletic Training Education Program.

* **PROFESSIONAL CERTIFICATIONS**
  Provide the title, awarding agency and dates attended for all professional licenses / certifications such as Athletic Trainer (ATC), Physical Therapist (PT), Physician Assistant (PA), Emergency Medical Technician (EMT), or Certified Strength and Conditioning Specialist (CSCS).

* **PROFESSIONAL EXPERIENCE**
  List your relevant professional experiences, providing dates of employment, position, short description of responsibilities (including sports assigned, travel responsibilities, etc.), number of persons supervised, if any, and any promotions received while employed. Also include continuing education and/or professional development experiences that you’ve participated in, including professional conference, workshop attendance and professional presentations. If your employment history is longer than ten years, you may summarize those years prior to the ten years requested.

* **VOLUNTEER EXPERIENCES**
  List any organizations for which you have volunteered your time since initial college enrollment. Provide the organization, the activity, and the dates you have been a member during the past five years. Include religious, social, athletic, school, community, and professional organizations. If you have held an office or served on a committee, please state the nature of your involvement. List most recent first.

* **HONORS AND AWARDS**
  List any scholarships, awards, or honors you have received since high school. You may include awards from any facet of your life.

* **UNIQUE LIFE EXPERIENCES AND HOBBIES**
  Use this section to provide information on yourself you feel is unique or makes you a qualified candidate for admission to a professional school. Items you may wish to include are experiences in the Peace Corps, exchange student, hobbies, life experiences, and family responsibilities or situations. This section is very important to “sell” yourself to the Admissions Committee.

* **REFERENCES**
  References in addition to those included with the application may be listed on a separate sheet. Include name, title, how you know this person (i.e., academic advisor, professor, employer, family friend, or minister), address (include ZIP code), and current telephone number for each reference. These references should include people you know personally who would give the Admissions Committee strong statements as to why you should be admitted.
Application for Admission

Mail application and $60 application fee to ASHS Application Materials, A.T. Still University, 800 W. Jefferson St., Kirksville, MO 63501-1497. The application fee is nonrefundable. Please do not use staples or special binding to secure application.

Name __________________________________________ SSN ____________________

Last First Middle

Do you have educational materials under another name? ☐ Yes ☐ No

If yes, please indicate name ______________________________________________________

Preferred Mailing Address ______________________________________________________________________________________

Street

City State Zip

Home Telephone (______) __________________ Work Telephone (______) __________________

Permanent/Legal Residence ______________________________________________________________________________________

Street

City State Zip

Home Telephone (______) ______ Fax Number (______) _________ Cell Phone (______) _______

Email Address ______________________________

GRE Score

Date of most recent GRE: __________________________ Date of pending GRE: __________________________

Verbal __________定量_________ Analytical _______________
EVALUATIONS AND LETTERS OF RECOMMENDATION

Please list the name and address of the individuals who will complete your evaluation forms and who will write your required letters of recommendation. Each individual must fill out their respective evaluation and submit a letter of recommendation. Your file will not be complete nor can you be considered for admission until these required evaluations are received.

Letters should be on official letterhead. Signing the waiver or retainer will not affect review of application.

EVALUATION I – Must be from a present or former faculty member, academic advisor, or employer.

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<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Degree</th>
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I voluntarily waive and relinquish my right of access to this evaluation / I retain my right of access to this evaluation.

Applicant’s signature Date Applicant’s signature Date

EVALUATION II – Must be from a health care professional.

<table>
<thead>
<tr>
<th>First</th>
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<th>Last</th>
<th>Degree</th>
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<td>Zip</td>
<td>Telephone</td>
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</table>

I voluntarily waive and relinquish my right of access to this evaluation. I retain my right of access to this evaluation.

Applicant’s signature Date Applicant’s signature Date
1. Have you ever applied to the Arizona School of Health Sciences? □ Yes □ No
   If yes, year: ____________________________
   Program ________________________________
2. Current Occupation ____________________________
3. Have you had any U.S. military experience? □ Yes □ No
   If yes, branch: ____________________________
4. Date and type of discharge ____________________________
5. Were you ever the recipient of any action for unacceptable academic performance or conduct violations
   (e.g., dismissal, suspension, or disqualification) by any college or school? □ Yes □ No
6. Have you ever voluntarily withdrawn from a health professions program? □ Yes □ No
   * If you answered “yes” to questions 4, 5 and/or 6, please explain fully as directed in the Personal
   Comments section below.

7. Are you a U.S. Citizen? □ Yes □ No
   a. If No, what is your residency status? □ Temporary □ Permanent
   b. If No, what is your visa type and number? _______________________________________________________
   c. If No, what is your country of birth? ____________________________________________________________

   □ Black (non-Hispanic) □ American Indian or Alaskan Native □ White (non-Hispanic)
   □ Asian or Pacific Islander (choose only one)
   □ Chinese □ Filipino □ Native Hawaiian
   □ Hispanic (choose only one)
   □ Korean
   □ Mexican American or Chicano □ Filipino
   □ Vietnamese □ Japanese
   □ Puerto Rican (Commonwealth) □ Indian or Pakistani
   □ Other Pacific Islander □ Other Asian
   □ Puerto Rican (Mainland) □ Southeast Asian (other than Vietnamese)
   □ Other Hispanic

8. Sex** □ Male □ Female
9. Birth Date** _______ / _______ / _______
10. How do you describe yourself?**

**A.T. Still University of Health Sciences does not discriminate on the basis of race, color, religion, national origin, sex, sexual preference, age or disability, or status as a Vietnam-era veteran in admission and access to, or treatment and employment in its programs and activities. Such information on the application form is requested solely for the purpose of gathering and reporting applicant flow data or to confirm information used to process the application.
12. Schools/Colleges Attended:

a. All Undergraduate Universities, Colleges, and Community Colleges Attended (list most recent first)

One official transcript from each college you have attended must be mailed directly from the institution to Admissions or enclosed in a sealed, endorsed envelope. All transcripts must be received before any action can be taken.

<table>
<thead>
<tr>
<th>Institution</th>
<th>State</th>
<th>Dates of Attendance (start/end)</th>
<th>Major and Degree</th>
<th>Graduation Date (or anticipated date)</th>
</tr>
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</table>

b. All Graduate or Professional Schools Attended

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<tr>
<th>Institution</th>
<th>State</th>
<th>Dates of Attendance (start/end)</th>
<th>Major and Degree</th>
<th>Graduation Date (or anticipated date)</th>
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Note: Failure to list all institutions previously attended or degrees pursued may result in loss of credit and dismissal from the program. Also, if you were previously enrolled in a graduate program that was not completed, please provide a written statement explaining the reasons for noncompletion.
PLEASE ANSWER THE FOLLOWING QUESTIONS

13. What particular qualities would you bring to the ATSU Athletic Training Program?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

14. Please describe briefly your professional goals for the next five years (job description, employment setting, etc).

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

15. Based on your current knowledge about the ATSU Master of Science degree program in Athletic Training, describe how you think the program will help you reach your professional goals.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

16. Personal Comments: This area should be used to complete any questions that require additional space. If you answered “yes” to questions 4, 5, or 6, explain fully in this section.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
STATEMENT OF PAST OR PENDING DISCIPLINARY ACTIONS

1. Have you ever been convicted of a felony or misdemeanor (excluding parking violations)? If yes, explain in detail.
   Answering yes will not necessarily exclude you from being considered for admission.
   [ ] Yes _________________________________
   [ ] No

2. Have you ever been subject to revocation or suspension of a professional license or been censured, reprimanded, or placed on probation for reasons relating to professional competence or conduct by a state licensing authority? If yes, please explain.
   [ ] Yes ______________________________________________________________________
   [ ] No

3. Have you ever had disciplinary action taken against you by any professional society or professional association? If yes, please explain.
   [ ] Yes ______________________________________________________________________
   [ ] No

4. Have you ever been subject to disciplinary action for academic or other reason(s) in any colleges, universities, or graduate or professional schools you have attended? If yes, please explain.
   [ ] Yes ______________________________________________________________________
   [ ] No

5. Are there any disciplinary charges pending or expected to be brought against you? If yes, please explain.
   [ ] Yes ______________________________________________________________________
   [ ] No

6. Is there any information that is relevant to your ability to complete the Arizona School of Health Sciences program and be eligible for licensure or employment that the College should consider? If yes, please explain.
   [ ] Yes ______________________________________________________________________
   [ ] No

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I know and understand that any or all items contained herein may be subject to verification, and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions, and other agencies. Furthermore, by submitting this application, I agree to abide by the policies and procedures as established in the College catalog, a copy of which is available through the Student Services department or on the web.

_______________________________________________________________________________
Please sign

_______________________________________________________________________________
Date

NOTICE OF NONDISCRIMINATION:
A.T. Still University of Health Sciences (ATSU) does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or disability in admission or access to, or treatment or employment in its programs and activities. Any person with questions concerning ATSU’s nondiscrimination policies is directed to contact the Vice President of Student and Alumni Affairs at 660-626-2236 or the Director of Human Resources at 660-626-2790.
EVALUATION I

PRESENT OR FORMER FACULTY MEMBER, ACADEMIC ADVISOR, or EMPLOYER (Required)

This form must be accompanied by a letter of recommendation on official letterhead.

☐ This letter is confidential and may not be viewed by the student.
☐ This letter is open and may be viewed by the student upon request.

I. APPLICANT INFORMATION (to be completed by applicant)

Name of Applicant __________________________________________________________

Last First Middle

Social Security Number ______________________________________________________

II. EVALUATOR INFORMATION (to be completed by evaluator)

Name ____________________________________________ Date ______________

Title ______________________________________________

Telephone Number ( ) ___________________________ Evaluator’s Signature

____________________________________________________

III. EVALUATION COMMENTS (to be completed by evaluator)

State nature, duration, and extent of your association with the applicant.

________________________________________________________________________

Has applicant ever been placed on disciplinary or academic probation? ☐ Yes ☐ No
Has applicant ever been required to leave school or been denied admission because of
deficiencies in conduct or scholarship? ☐ Yes ☐ No If yes, explain. ____________________________________________
In comparing health science school applicants, please check how you would rate this applicant on the following characteristics:

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
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<tr>
<td>Cooperation</td>
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<td>Initiative</td>
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<td>Study Habits</td>
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<td>Intellectual Curiosity</td>
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<td>Intellectual Ability</td>
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<td>Judgment</td>
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<td>Expression</td>
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<td>Emotional Stability</td>
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<td>Ethical Standards</td>
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<td>Self-understanding</td>
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<td>Attitude Toward Associates</td>
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<td>Ability to Inspire Confidence</td>
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Do you recommend this applicant to the Arizona School of Health Sciences? ☐ Yes ☐ No ☐ Undecided

Please mail completed evaluation AND letter of recommendation to:

ASHS Application Materials  
A.T. Still University  
800 W. Jefferson St.  
Kirkville, MO 63501-1497  
660.626.2237
EVALUATION II

A HEALTH CARE PROFESSIONAL (Required)

This form must be accompanied by a letter of recommendation on official letterhead.

☐ This letter is confidential and may not be viewed by the student.
☐ This letter is open and may be viewed by the student upon request.

I. APPLICANT INFORMATION (to be completed by applicant)

Name of Applicant ______________________________________________________________

Social Security Number _________________________________________

II. EVALUATOR INFORMATION (to be completed by evaluator)

Name__________________________________________________Date ________________

Title __________________________________________________________

Telephone Number ( ) ____________________ Evaluator’s Signature ___________________________________

III. EVALUATION COMMENTS (to be completed by evaluator)

State nature, duration, and extent of your association with the applicant ___________________________
In comparing health science school applicants, please check how you would rate this applicant on the following characteristics:

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<td>Leadership</td>
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<td>Personal Hygiene</td>
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<td>Emotional Stability</td>
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<td>Ethical Standards</td>
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<td>Self-understanding</td>
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<td>Attitude Toward Associates</td>
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<td>Ability to Inspire Confidence</td>
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Do you recommend this applicant to the Arizona School of Health Sciences?  [ ] Yes  [ ] No  [ ] Undecided

Please mail completed evaluation AND letter of recommendation to:
ASHS Application Materials
A.T. Still University
A.T. Still University
800 W. Jefferson St.
Kirksville, MO 63501-1497
660.626.2237
VERIFICATION OF BOC CERTIFICATION or ELIGIBILITY

Part I: To be filled out by applicant.

Name of Applicant ____________________________________________
               (Last)                      (First)                      (MI)

Social Security Number _______________________________________

Undergraduate Colleges or Universities where you have completed requirements towards BOC Certification:

<table>
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<tr>
<th>School</th>
<th>City</th>
<th>State</th>
<th>Dates Attended</th>
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</table>

If you are already certified, please submit proof of your BOC certification. You may contact the BOC at 877.262.3926 to request that official documentation be sent to ASHS Admissions Materials, Admissions, A.T. Still University, 800 W. Jefferson St., Kirksville, MO 63501-1497

If, at the current time, you have not completed all BOC course work and clinical experience requirements for certification, please list requirements to be completed and expected completion dates:

Course Work:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Clinical Experience:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
In the following space provided, please list all *completed* course work (title of course and grade) that is required for BOC eligibility.

<table>
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<tr>
<th>COURSE NAME</th>
<th>GRADE</th>
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Part II: To be filled out by Supervising Athletic Trainer or Program Director.

I hereby confirm that ______________________ has met ________ or will have met ______ all  
(Student’s Name)  

BOC course work and clinical experience requirements on _________.  
(Date)  

His/her total number of clinical hours under the direct supervision of a BOC certified athletic  
trainer at the current time is: __________________.  

Print Name ___________________________ Certification Number ______________________  

Signature ___________________________ Date ________________________________  

NOTE: Upon BOC certification, students admitted to the Graduate Athletic Training Education Program will be required to submit proof of certification via an official letter from the BOC. This letter can be obtained by calling 877.262.3926 and requesting that appropriate documentation be sent directly to:  

ASHS Application Materials  
A.T. Still University 800 W. Jefferson St.  
Kirkville, MO 63501-1497
 Athletic Training Program
SECONDARY APPLICATION FEE
Credit Card Payment Form

(Please Print)
Applicant’s Name ____________________________

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card Number ____________________________ Credit Card Expiration ____________________________

CID# ____________________________

Card Holder’s Name (as it appears on credit card) ____________________________

Card Holder’s Address ____________________________

_________________________ ____________________________
City State ZIP

Card Holder’s Telephone ____________________________

Amount: $60

I, as the credit card holder referenced above, agree to pay an application fee in the amount of $60 to the Arizona School of Health Sciences. I further agree to have my credit card charged in the stated amount for consideration of the application by said institution and to abide by the credit contract with my credit card issuer.

I understand that this fee is non-refundable in the event that the applicant cancels their application to the Arizona School of Health Sciences.

Card Holder’s Signature: ____________________________

Date ____________________________

For Office Use Only

Authorization Number: ____________________________

Batch Number: ____________________________