



DEPARTMENT OF EXERCISE AND SPORT SCIENCE

GRADUATE SPORTS MEDICINE PROGRAM

GRADUATE ASSISTANTSHIP APPLICATION FORM

Name _____ SS# _____
Last First Middle

Current Address

Street/Apt# City State Zip Home Phone Work Phone

Permanent Address

Street/Apt# City State Zip Home Phone Work Phone

E-mail Address _____

University Attended

Name Location Major/Minors Current GPA

University Attended

Name Location Major/Minors Current GPA

Expected Graduation Date _____

Graduate Record Scores (if available) _____ Verbal _____ Quantitative _____ Analytical

Please send copies of official university transcripts and GRE scores with your application form.

A. **Athletic Training Experience:**

List the number of "directly supervised" hours you have accumulated to date in any of the categories and list the name of the athletic trainer supervising this experience.

	<u>Name/Location</u>	<u>Supervising Athletic Trainer</u>
High School	_____	_____
College	_____	_____
Clinical	_____	_____
Professional	_____	_____

B. Sport Experience:

In the check list below, indicate which athletic teams you served as an athletic training student or athletic trainer and the extent of your involvement by using the following code: (Please indicate men's or women's)

P = Primary - Principal athletic training student working with the team

A = Assistant - Athletic training student assisting principal athletic trainer or principal athletic training student

M = Minor - Limited association with team

N = None

- | | | |
|--------------------|---------------------|---------------------|
| _____ Football | _____ Soccer | _____ Softball |
| _____ Field Hockey | _____ Lacrosse | _____ Track & Field |
| _____ Basketball | _____ Swimming | _____ Volleyball |
| _____ Wrestling | _____ Skiing | _____ Golf |
| _____ Gymnastics | _____ Tennis | _____ Other |
| _____ Baseball | _____ Cross-country | _____ Other |

List other experiences related to athletic training you have had.

B. Do you have Certification in: (please provide a copy of all certification cards)

- | | | |
|--|--------------------|---------------------------------|
| AHA or Red Cross CPR | Yes _____ No _____ | Instructor level _____ |
| Red Cross First Aid | Yes _____ No _____ | Instructor level _____ |
| Physical Therapy License | Yes _____ No _____ | Date Certified and Number _____ |
| Certified Strength | | |
| & Conditioning Specialist (CSCS) | Yes _____ No _____ | Date Certified and Number _____ |
| Certified Athletic Trainer | Yes _____ No _____ | Date Certified and Number _____ |
| If not NATA certified, anticipated testing date _____ | | |

D. Background:

Have you pled guilty to, no contest to, or been convicted of a misdemeanor or felony in any jurisdiction within the past ten (10) years? If so, please provide background.

E. **References:** Please provide 3 letters of recommendation with your application. Listing below the name, title, address, phone number and e-mail address of each of your 3 references.

Reference 1.

Name: _____

Title: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Reference 2.

Name: _____

Title: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Reference 3.

Name: _____

Title: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Please return:

- 1) The above Graduate Assistanship application form.
- 2) A current resume or a curriculum vita that details your academic and/or professional accomplishments.
- 3) 3 Letters of recommendation on letterhead from individuals who know your academic and/or professional skills. These should be sent directly to the Dr. Charlie Hicks-Little from the person providing the recommendation.
- 4) A 500-word statement declaring your specialization degree area, thesis or non-thesis option, and a narrative of your professional and/or research objectives and rationale for seeking the degree.
- 5) Copies of Official University transcripts/GRE Scores/Certification Cards.
*GRE scores from the Verbal, Quantitative and Analytical Writing exam, must have been taken within the last 5 years. If taking the computerized GRE, use the drop-down menu to indicate that scores should be sent to the University of Utah Department Of Exercise and Sport Science.

GRE University code=4853 Department code=3909

Please send all materials to the address listed below **by Friday January 1st 2010** as review of applications will begin on this date:

Dr. Charlie Hicks-Little
Department of Exercise and Sport Science
University of Utah
250 South 1180 East, Room 253
Salt Lake City, UT 84112-0920