

CALIFORNIA LUTHERAN UNIVERSITY
ATHLETIC TRAINING EDUCATION PROGRAM
Application Form

I. Personal

Name _____ Date _____

Student ID# _____ Date of Birth _____

School Address _____

Permanent Address _____

School Phone _____

Work Phone _____

Cell Phone _____

Permanent Phone _____

E-mail _____

Father' Name _____

Mother's Name _____

II. Education

High School _____

City: _____ State _____ Zip Code _____

HS GPA _____ Date of Graduation _____

College/University	City, State, Zip Code	Dates Attended	GPA
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Anticipated CLU Graduation Date Semester_____ Year_____

III. Athletic Training Observation Experience

AT Site/Locale	Supervising ATC	Hours	Dates
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IV. Support Materials: Include all of the following in your application packet to be submitted to the Director of Athletic Training Education at CLU on or before March 31.

_____ Copy of current CPR card (both sides)

_____ College/University transcripts (all)

_____ Verification of vaccinations

_____ Letter of Recommendation (character)

_____ Physical examination verification

_____ Signed technical standards for admission form

_____ Proof of at least 50 hours of observation in an ATEP Approved Athletic Training facility
Please see the Program Director for a list of Approved Athletic Training facilities

_____ Observation Student Evaluation(s)

These will be submitted to the Program Director by the evaluating ATC/ACI
See admission policy for more information concerning evaluation criteria