San José State University
Department of Kinesiology
B.S. in Athletic Training

(http://stage.sjsu.edu/kinesiology/programs/undergradutes/athletic_training/application/)

APPLICATION INFORMATION

We accept application once a year. The application deadline is April 10, 5:00 pm. For the Fall Admission. The following are application due dates for the next five years.

<table>
<thead>
<tr>
<th>Semester to Start</th>
<th>Application Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2015 Admission</td>
<td>April 10 (F), 2015</td>
</tr>
<tr>
<td>Fall 2016 Admission</td>
<td>April 8 (F), 2016</td>
</tr>
<tr>
<td>Fall 2017 Admission</td>
<td>April 10 (M), 2017</td>
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<tr>
<td>Fall 2018 Admission</td>
<td>April 10 (T), 2018</td>
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<tr>
<td>Fall 2019 Admission</td>
<td>April 10 (W), 2019</td>
</tr>
</tbody>
</table>

Note: For admissions to the university, an application must be submitted and accepted by San Jose State University. Please visit http://info.sjsu.edu/home/admission.html for the University admissions and application information. A separate application must be submitted for acceptance to the Undergraduate Athletic Training Program (ATP).

UG ATP application packet can be downloaded from the following webpage: http://stage.sjsu.edu/kinesiology/programs/undergradutes/athletic_training/application/
APPLICATION REQUIREMENTS

Complete all required supplemental application materials and enclose these materials in an envelope as a single packet and send it to the ATP Director:

KyungMo Han, PhD, ATC, CSCS
Director, Professional Athletic Training Program
Department of Kinesiology, SPX 173A
San José State University
San José, CA 95192-0054

1. Personal Information
2. Official transcript(s) for all collegiate level academic work.
3. Two letters of recommendation.
4. Copy of Hepatitis B vaccination record or signed hepatitis B vaccination waiver form.
5. Completed physical examination form.

7. Completed verification of clinical observation hours form. A minimum of 50 hours of athletic training observation required. This form can be submitted by the last day of the Spring semester of your application. For all applicants who need this requirement, the course instructor will assign you to one of our affiliate sites to complete the required observation hours while you are taking KIN 188 at San José State University. A proof of bloodborne pathogen training is required prior to begin observation hours.

8. Current copy (front and back) of CPR/AED Certification (American Red Cross Emergency Cardiac Care Certification must include the following adult & pediatric CPR, airway obstruction, 2nd rescuer CPR, AED and barrier devices (e.g., pocket mask, bag valve mask). Examples of course that provide the above certifications are: “CPR/AED for the Professional Rescuer” by the American Red Cross or “BLS Healthcare Provider CPR” by the American Heart Association. For consideration of other certifications, contact the program Director for validation.

9. Completed or concurrent enrollment in KIN 188/189: Prevention and Care of Athletic Injuries Lecture/Lab with a grade of C (not C-) or higher.
10. Completed or concurrent enrollment in BIOL 65 (Human Anatomy or equivalent) and BIOL 66 (Human Physiology or equivalent) with a grade of C (*or C-) or higher.
   Note: This requirement must be verified before the students is admitted to the ATP.

11. A minimum GPA of 2.75 (on 4.0 scale) or above required.
CHECKLIST FOR THE REQUIRED APPLICATION MATERIALS

Check (✓)

_____ Students must be accepted to San Jose State University per institutional admissions requirements. Please visit http://info.sjsu.edu/home/admission.html for admissions and application information.

The following items, including page 3 and 4, should be submitted in an envelope as a single packet.

_____ **Personal Information.** Form on page 5.

_____ **Official transcript(s) for all collegiate level academic work.**

_____ **Two letters of recommendation.** Form for two letters on pages 6 and 7.

_____ Copy of **Hepatitis B vaccination record** or signed **Hepatitis B waiver form**

Form on page 8.

_____ **Completed Physical Examination Form.** Form on page 9.

_____ **Signed Technical Standards Form.** Form on page 10 and 11.

_____ Completed **verification of clinical observation hours form** A minimum of 50 hours of athletic training observation required (can be submitted by the last day of the Spring semester of your application). Form on page 12.

A copy of bloodborne pathogen training certificate (a proof of bloodborne pathogen training is required to begin observation hours).

_____ **Current copy (front and back) of CPR/AED Certification** (American Red Cross Emergency Cardiac Care Certification must include the following: adult & pediatric CPR, airway obstruction, 2nd rescuer CPR, AED and barrier devices (e.g., pocket mask, bag valve mask). Examples of courses that provide the above certifications are: "CPR/AED for the Professional Rescuer" by the American Red Cross or "BLS Healthcare Provider CPR" by the American Heart Association. For consideration of other certifications, contact the Program Director for validation.)
______ Completed or concurrent enrollment in KIN 188/189 at San Jose State University: Prevention and Care of Athletic Injuries Lecture/Lab with a grade of C (not C-) or higher.

**Semester and Year took the Classes and Grades**

<table>
<thead>
<tr>
<th>Class</th>
<th>Semester</th>
<th>Year</th>
<th>Grade</th>
<th>or</th>
<th>In Progress (V)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIN 188</td>
<td>Fall/Spring</td>
<td>_____</td>
<td>_____</td>
<td></td>
<td>_____</td>
</tr>
<tr>
<td>KIN 189</td>
<td>Fall/Spring</td>
<td>_____</td>
<td>_____</td>
<td>or</td>
<td>_____</td>
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______ Completed or concurrent enrollment in BIOL 65 (Human Anatomy or equivalent) and BIOL 66 (Human Physiology or equivalent) with a grade of C (not C-) or higher.

**Semester and Year took the Classes and Grades**

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<tr>
<th>Class</th>
<th>Semester</th>
<th>Year</th>
<th>Grade</th>
<th>School Name</th>
<th>In Progress (V)</th>
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</thead>
<tbody>
<tr>
<td>BIOL 65</td>
<td>Fall/Spring</td>
<td>_____</td>
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<tr>
<td>BIOL 66</td>
<td>Fall/Spring</td>
<td>_____</td>
<td>_____</td>
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______ I met the minimum required GPA and my overall GPA is ________________
SAN JOSE STATE UNIVERSITY
Department of Kinesiology
B.S. in Athletic Training

PERSONAL INFORMATION

Name

______________________________________________________________

Last Name  First Name  MI

SJSU Student ID Number

______________________________________________________________

Mailing Address

______________________________________________________________

City  State  Zip Code

E-mail

______________________________________________________________

Phone Number

______________________________________________________________

Name of High School Graduated From

______________________________________________________________

City  State

SAN JOSE STATE UNIVERSITY
Department of Kinesiology
B.S. in Athletic Training
LETTER OF RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT:

Name (print) ____________________________________________

Last Name   First Name   MI

Under the U.S. Family Education Rights and Privacy Act of 1974, students enrolled at San Jose State University have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation in which case the letters will be held in confidence. IF the applicant has not signed the waiver, he or she may request to see the letter after enrolling at San Jose State University.

If you wish to waive your right to examine the evaluation, please sign here:

____________________    ______________________
Signature      Date

TO THE INDIVIDUAL COMPLETING THE RECOMMENDATION FORM:

We would appreciate a candid statement from you concerning the applicant named above. Please use the reverse side (or an attached sheet) to comment in detail concerning the applicant accomplishments, abilities, character, and capacity for success as a student in the undergraduate Athletic Training Education Program. It would be helpful for us to know how long, and in what capacity, you have known the applicant.

In addition to your written statement, please indicate below where the applicant would rank either among students currently or recently in your department, if you have known in an academic setting or another caparison group, which you should identify.

<table>
<thead>
<tr>
<th>Knowledge of athletic training/sports medicine</th>
<th>Lowest 50%</th>
<th>Next Highest 30%</th>
<th>Next Highest 20%</th>
<th>Highest 10%</th>
<th>Unable to Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>General scholarly and analytical abilities</td>
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<tr>
<td>Written communication skills</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Interpersonal skills</td>
<td></td>
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<tr>
<td>Potential ability as a leader</td>
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<tr>
<td>Other notable traits</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommend enthusiastically ______ Name ____________________________

Recommend with confidence ______ Signature ____________________________

Recommend ______ Job Title ____________________________________________

Recommend with reservation ______ Employment Address ____________________________

Phone ____________________________

SAN JOSE STATE UNIVERSITY
Department of Kinesiology
B.S. in Athletic Training
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TO BE COMPLETED BY THE APPLICANT:

Name (print) ____________________________
Last Name   First Name   MI

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Signature ____________________________ Date __________

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</tr>
</tbody>
</table>

Recommend enthusiastically ______ Name __________________________
Recommend with confidence ______ Signature _______________________
Recommend ______ Job Title __________________________
Recommend with reservation ______ Employment Address
Phone __________________________
HEPATITIS B VACCINATION WAIVER FORM

I understand that due to my exposure to blood or other potentially infectious materials during my clinical practicums at San Jose State University, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination at the San José State University Student Health Center. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have exposure to blood or other potentially infectious materials during my assigned clinical practicums while at San José State University, and I want to be vaccinated against hepatitis B, I can receive the vaccination series at the Student Health Center upon request.

Student Name: __________________________________________
Student Signature: ________________________________________
SJSU ID Number: _________________________________________
Date: ___________________________________________________

Program Director Signature: ________________________________
Date: ___________________________________________________
**PHYSICAL EXAMINATION FORM**

Name: ______________________  Sex: □ M  □ F
Date of Birth: ______________________

<table>
<thead>
<tr>
<th>Health History</th>
<th>Physical Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Illnesses?</td>
<td>Vitals Reading</td>
</tr>
<tr>
<td>Hospitalization?</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Surgery?</td>
<td>Comments</td>
</tr>
<tr>
<td>Injuries treated by Physician?</td>
<td></td>
</tr>
<tr>
<td>Current Medications?</td>
<td></td>
</tr>
<tr>
<td>Organs Missing?</td>
<td></td>
</tr>
<tr>
<td>Head Injury?</td>
<td></td>
</tr>
<tr>
<td>Heat Injury(ies)?</td>
<td></td>
</tr>
<tr>
<td>Dizziness, Fainting, Convulsions and/or Headaches?</td>
<td></td>
</tr>
<tr>
<td>Wear Glasses or contacts?</td>
<td></td>
</tr>
<tr>
<td>Dental appliances?</td>
<td></td>
</tr>
<tr>
<td>Hear Murmur?</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure?</td>
<td></td>
</tr>
<tr>
<td>Any sudden deaths before the age of 50 in immediate family?</td>
<td></td>
</tr>
<tr>
<td>Live, spleen, kidney problems?</td>
<td></td>
</tr>
<tr>
<td>Hernia?</td>
<td></td>
</tr>
<tr>
<td>Bone/Joint Injury?</td>
<td></td>
</tr>
<tr>
<td>Allergy to Medications?</td>
<td></td>
</tr>
<tr>
<td>Diabetes?</td>
<td></td>
</tr>
<tr>
<td>Epilepsy?</td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS ON ANY YES answers to the Health History:

Reviewed immunization record: □ Yes (require to review an immunization record)

□ Cleared  Physician Name: ______________________
□ Cleared Pending  Physician Signature: ______________________
□ Not Cleared  Date: ______________________

I agree to allow the release of this information to the Undergraduate Athletic Training Program Faculty as a condition of my admission to the program.

Name: ______________________  Signature: ______________________  Date: ______________________
The Athletic Training Program (ATP) at San José State University in the Department of Kinesiology is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the ATP establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level certified athletic trainer, as well as meet the expectations of the program's accrediting agency, CAATE. The following abilities and expectations must be met by all students admitted to the Athletic Training Education Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Candidates for selection to the Athletic Training Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;
4. The ability to record physical examination results and a treatment plan clearly and accurately;
5. The capacity to maintain composure and continue to function well during periods of high stress;
6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced;
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;
8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Technical Standards Continued

Initial ____________________
Candidates for selection to the Athletic Training Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The San José State University Disabilities Resource Center (DRC) will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and practicums deemed essential to graduation.

I certify that I have read and understand the technical standards of selection listed above and I believe, to the best of my knowledge, that I can meet each of these standards with or without certain accommodations. I will contact the Department of Kinesiology ATP to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Name ________________________________

Signature ________________________________

Date ________________________________
I hereby verify that ________________________________ has obtained ____________________ hours of clinical observation experience as an Athletic Training Student under my direct supervision, in accordance with the guidelines for clinical experiences. I further submit that I am a BOC certified member in good standing. Hours were obtained between the dates of ____________________ and ____________________.

Supervisor Name:

BOC Certification Number:

Job Title:

Clinical Site Address:

Telephone Number:

Signature:

Date: