Athletic Training Program (ATP)
Application Instructions

The following requirements must be submitted to the ATP Program Director no later than April 1st to be considered for admission to the ATP. The ATP Admission Committee will begin evaluation of applications after Spring Break and will continue until the April 1st deadline, or until all available seats have been awarded. The ATP Admission Committee will extend a Letter of Acceptance on a rolling basis following the ATP Interview. Applications received after April 1st may be reviewed on a case by case basis. Students with incomplete prerequisites are encouraged to submit an incomplete application with a plan for completing requirements by the start of the fall term with this application. Preference is given to students with completed applications by the April 1 deadline.

- Completed Application Form
- Unofficial copy of your transcript(s) with ATP pre-requisites highlighted OR declared major in Athletic Training (preferred)
- Two (2) Letters of Recommendation from Preceptors, Faculty or other professionals emailed to the ATP Program Director vince_diller@pba.edu by the April 1 deadline
- One-page essay stating why you want to become an Athletic Trainer and how you will contribute to the ATP
- Completed Observation Experience (minimum of 50 hours)
- Completed ATP Benchmarking Evaluation – Provided by Program Director or designee upon initial submission of ATP Application. Evaluation does not have a “passing score”, results are used for qualitative purposes in discussing student preparedness for the rigors of the ATP during interview phase of application
- Signed Technical Standards Form (last page of application)
- Complete a successful interview with the ATP Admissions Committee. This last stage of the application process is held at the end of each spring semester and arranged by the Program Director after qualifying applications are reviewed
- Evidence of Bloodborne Pathogens Training (Signed attendance sheet or proof of Red Cross BBP Certificate)

Dr. Vince Diller DHSc, ATC, LAT
901 S. Flagler Drive
PO Box 24708
West Palm Beach, FL 33416-4708
Athletic Training Program (ATP)
Application

Name: ________________________________________  PBA Student ID#: ____________________

Permanent Address: ________________________________________________________________

______________________________________________________________________________

University Address: ______________________________________________________________

______________________________________________________________________________

PBA Email: __________________________ Back-up Email: _____________________________

Cell Phone: (______)__________________  Alt. Contact: (______)_____________________

Emergency Contact: (______)__________________  Affiliation: _______________________

**Academic Status At Time of Application (see my.pba transcript)**

[ ] Freshman  [ ] Transfer  [ ] Other Major: __________________________ GPA _______

**Education**

High School: __________________________  Graduation date: _______________________

Were you a high school athletic training student?  [ ] Yes  [ ] No

**Transfer students only: (copy of unofficial transcript required with application)**

College/University: _______________________________________________________________

Degree/major: __________________________  Credits earned: _______________________

Are you currently Accepted or Deposited to PBA? (circle current status)

Disclaimer: ATP Applicants must be deposited to receive a Letter of Admission to the ATP.
Athletic Training Experience

Athletic Training observation hours completed to date: __________ (attach Observation Form)

Other medical or health care observation hours completed: __________ (attach brief description)

Please describe your experiences (give the location and type of experience and population observed)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Optional Conferences/Educational Lectures (give names, dates and locations):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Current Memberships or Certification/s (mark all that apply)

[ ] First Aid expiration date: ____________ (include copy of card)
[ ] CPR with AED expiration date: ____________ (include copy of card)
[ ] National Athletic Trainers’ Association student-member (Member # ____________)
[ ] Other: ______________________________

Extracurricular activities
(Workshop activities, student organizations, church, coaching, employment, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

APPLICATION STATUS CHECKLIST: PROGRAM USE ONLY

[ ] Completed ATP Application Form
[ ] Essay (typewritten)
[ ] Copy of Transcript (unofficial) or confirmed ATR major
[ ] Completed Observation Hour Evaluations (>50hr) Remaining: ____________
[ ] Signed Technical Standards form
[ ] [ ] Letters of recommendation
[ ] ATP Benchmarking Evaluation
[ ] Copies of CPR/AED and BBP certifications/forms
[ ] ATP Interview Date Scheduled: ____________
Athletic Training Program Technical Standards

The Athletic Training Program at Palm Beach Atlantic University is a rigorous and intense educational program that places specific mental, physical, and emotional demands on the students enrolled in the program. These are the technical standards needed to achieve the knowledge, skills and abilities of an entry-level athletic trainer. All students admitted to the Athletic Training Program must be able to satisfy the requirements and expectations set forth in the technical standards below. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be permitted enter or continue to participation in the program.

To successfully participate in the Athletic Training Program students will be asked to:

- analyze and integrate concepts of injury prevention and management;
- problem solve and choose appropriate judgments for assessment and therapeutic situations;
- distinguish deviations from the norm;
- perform the appropriate physical examinations using accepted techniques (see Program Director for physical requirements); and accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients;
- communicate effectively and sensitively, at a competent and professional level with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, establishing rapport with patients and communicating judgments and treatment information effectively. (The athletic training student must be able to understand and speak the English language at a level consistent with competent professional practice);
- document assessment findings and treatment plans clearly and accurately;
- maintain composure and continue to function well during periods of high stress;
- demonstrate flexibility and adjust to changing situations and uncertainty in clinical situations;
- demonstrate affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

The University Disability Services Office can provide access to reasonable accommodations for registered students per applicable laws and work with ATP personnel to determine what, if any, reasonable accommodations can be made in clinical and classroom settings that still adhere to professional standards of care.

Please see the ATP Program Director or Disability Services Staff with questions regarding, or clarifications needed, to any of these technical standards or available reasonable accommodations.

I (the undersigned) certify that I have read and understand the technical standards listed above, and I believe to the best of my knowledge that I can meet each of these standards with or without reasonable accommodations. I understand that if I am now or at any time in the future unable to meet these standards, I will not be permitted to continue in the program.

__________________________________________  _______________________________________
Signature of the Student                    Date

__________________________________________
Printed Name of the Student