

Fort Hays State University Athletic Training Program
Application for Admission

Name _____

Date _____ E-mail address: _____

Permanent Address _____

City _____

State _____ Zip _____

Home phone _____ - _____ - _____ Cell phone _____ - _____ - _____

Current Address _____

City _____

State _____ Zip _____

Current phone _____ - _____ - _____

High School _____

High School GPA _____

Colleges Attended: _____

Dates: _____

Colleges Attended: _____

Dates: _____

Colleges Attended: _____

Dates: _____

Cumulative College GPA _____

Athletic Training Experience:

Activities and/or Club:

Honors and/or Awards:

Do you plan to pursue athletic training as your primary career? Yes No

If no, what do you intend as your primary career? _____

Essay: In a one page typed essay please explain why you would like to become an athletic trainer and why you would like to be admitted to the Athletic Training Program at Fort Hays State University.

Before returning the application to the below address, be sure the application packet contains the following:

- _____ Completed application
- _____ Transcripts from all college work
- _____ Two completed recommendation forms
- _____ Essay
- _____ Observation hours signed by a BOC Certified Athletic Trainer

David K. Fitzhugh, PhD, AT, Paramedic, I/C
Director, Athletic Training Program
Health and Human Performance Department
Fort Hays State University
600 Park Street
Hays, KS 67601

*****All materials should be mailed together, including letters of recommendation and transcripts. Applications must be postmarked by March 1st for consideration for admission the following fall. Falsification of any information in the application materials will lead to immediate dismissal from consideration or the program.

For Office Use Only

_____ Date application received
_____ Application complete/incomplete
_____ Date application status e-mail sent to candidate
_____ Date letter and e-mail sent scheduling required interview
_____ Application does/does not meet admission criteria
_____ Date letter and e-mail sent regarding admission status

NOTICE OF NON-DISCRIMINATION: Fort Hays State University does not discriminate on the basis of gender, race, religion, national origin, color, age, marital status, sexual orientation, disability or veteran status in its educational programs, employment and all other activities. In addition, the university does not discriminate on the basis of a person's genetic information. FHSU is committed to an environment in which students, faculty, administrators, and staff work together in an atmosphere free from all forms of discrimination, harassment, exploitation and intimidation, including, but not limited to, verbal, physical, or written behavior directed toward or relating to an individual or group on the basis of their protected class status. Individuals who believe they have been discriminated against or harassed on the basis of their protected class status or are victims of sexual harassment should report such acts to the university Equal Employment Opportunity Officer who will assist the grievant in seeking redress through the appropriate procedure. The university's Discrimination and Harassment Complaint Procedure applies to grievances involving students, administrators, faculty or staff. The EEO Officer may be contacted at 600 Park Street, Hays, KS 67601, (785) 628-4033.

NOTICE OF ACCESSIBILITY: Fort Hays State University will ensure that no qualified person with a disability is denied the benefits of, excluded from participation in, or otherwise subjected to discrimination because of inaccessibility to employment, education programs and all activities of Fort Hays State University. For information pertaining to services, activities, and facilities that are accessible to persons with disabilities, contact Disability Student Services, Kelly Center, Picken Hall Room 111, 600 Park Street, Hays, KS 67601, (785) 628-4401.

Fort Hays State University Athletic Training Program Recommendation Form

(Top Section to be completed by the candidate)

Name of Candidate (printed): _____

Read the following statements and type your initials next to the appropriate statement. This must be done **before** forwarding this form to the individual completing this recommendation.

_____ I waive the right provided by the Family Education Rights and Privacy Act (FERPA) of 1974 (Buckley Amendment) to view this letter of recommendation in my file at Fort Hays State University.

_____ I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at Fort Hays State University.

SIGNATURE OF APPLICANT _____

DATE _____

*You may complete the above information by typing it on your computer and then forwarding a digital copy to the people who will be completing the recommendation for you so they can type their comments before printing and mailing it. If you do this, you **MUST** complete and sign the recommendation form cover sheet.*

=====

To the person completing this recommendation form:

The Fort Hays State University Athletic Training Program is a selective admissions program in the Department of Health and Human Performance. The program places stringent academic and clinical demands on students. With your help, our selection committee can best identify candidates most likely to successfully complete the program. Please complete this recommendation form as accurately as possible. Feel free to type your responses, print your recommendation, sign the form, and follow the instructions below. **The form should be placed in an envelope and sealed with your signature over the seal to maintain confidentiality. The student will then mail the sealed completed form with the other application materials.** If you have any questions, please feel free to call:

Athletic Training Program Director
Fort Hays State University
(785) 628-4354

Name and credentials (please type or print): _____

Signature: _____

Organization/Institution: _____

Title: _____

Work Address: _____

Work Phone Number: () _____

Relationship to applicant? _____

How long have you known the applicant? _____

Are you a licensed and/or certified athletic trainer? ____ Yes ____ No

If yes, and the candidate completed observation hours under your supervision, please indicate the number of hours completed: _____

How would you rate the applicant for each of the following characteristics? Please select the rating that best describes the applicant in the category. (5) Excellent (4) Good (3) Average (2) Below Average (1) Poor (N/O) Not Observed. Select 'Not Observed' (N/O) if you have not had an opportunity to evaluate the characteristic or have no basis for assessment.

Criteria	Rating					
Commitment to Learning: The ability to self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding.	5	4	3	2	1	N/O
Interpersonal Skills: The ability to interact effectively with patients, families, colleagues, other healthcare professionals and the community; deal effectively with cultural or ethnic diversity issues.	5	4	3	2	1	N/O
Communication Skills: The ability to communicate effectively (speaking, body language, reading writing, listening) for varied audiences and purposes.	5	4	3	2	1	N/O
Effective Use of Time: The ability to obtain the maximum benefit from a minimum investment of time and resources.	5	4	3	2	1	N/O
Use of Constructive Feedback: The ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving personal interaction.	5	4	3	2	1	N/O
Ethical and Professional Behavior: The ability to exhibit appropriate ethical and professional conduct and to represent the profession effectively.	5	4	3	2	1	N/O
Responsibility: The ability to fulfill commitments, be accountable for actions and outcomes, and to persevere to achieve goals.	5	4	3	2	1	N/O
Critical Thinking: The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions; distinguish the relevant from the irrelevant.	5	4	3	2	1	N/O
Stress Management: The ability to identify sources of stress, develop effective coping behaviors, and adapt well to change.	5	4	3	2	1	N/O
Problem Solving: The ability to recognize and define problems, use imagination and creativity to solve problems, analyze data, develop and implement solutions, and evaluate outcomes.	5	4	3	2	1	N/O
Leadership: The ability to take initiative and motivate or guide others; generates ideas and plans or shares a vision for the future.	5	4	3	2	1	N/O

Taking into consideration these characteristics, how do you think this person would perform as a health care provider?

Based on your observations, please describe the strengths of this candidate.

Based on your observations, please describe the areas of needed improvement for this candidate.

Summarize your overall recommendation of the candidate for the Fort Hays State University Athletic Training Program:

_____ I highly recommend the candidate for admission into the Fort Hays State University Athletic Training Program

_____ I recommend the candidate for admission into the Fort Hays State University Athletic Training Program

_____ I recommend the candidate with reservations for admission into the Fort Hays State University Athletic Training Program

_____ I am unable to recommend this candidate for admission into the Fort Hays State University Athletic Training Program

My reservations include:

Fort Hays State University Athletic Training Program Recommendation Form

(Top Section to be completed by the candidate)

Name of Candidate (printed): _____

Read the following statements and type your initials next to the appropriate statement. This must be done **before** forwarding this form to the individual completing this recommendation.

_____ I waive the right provided by the Family Education Rights and Privacy Act (FERPA) of 1974 (Buckley Amendment) to view this letter of recommendation in my file at Fort Hays State University.

_____ I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at Fort Hays State University.

SIGNATURE OF APPLICANT _____

DATE _____

You may complete the above information by typing it on your computer and then forwarding a digital copy to the people who will be completing the recommendation for you so they can type their comments before printing and mailing it. If you do this, you MUST complete and sign the recommendation form cover sheet.

=====

To the person completing this recommendation form:

The Fort Hays State University Athletic Training Program is a selective admissions program in the Department of Health and Human Performance. The program places stringent academic and clinical demands on students. With your help, our selection committee can best identify candidates most likely to successfully complete the program. Please complete this recommendation form as accurately as possible. Feel free to type your responses, print your recommendation, sign the form, and follow the instructions below. **The form should be placed in an envelope and sealed with your signature over the seal to maintain confidentiality. The student will then mail the sealed completed form with the other application materials.** If you have any questions, please feel free to call:

Athletic Training Program Director
Fort Hays State University
(785) 628-4354

Name and credentials (please type or print): _____

Signature: _____

Organization/Institution: _____

Title: _____

Work Address: _____

Work Phone Number: () _____

Relationship to applicant? _____

How long have you known the applicant? _____

Are you a licensed and/or certified athletic trainer? ____ Yes ____ No

If yes, and the candidate completed observation hours under your supervision, please indicate the number of hours completed: _____

How would you rate the applicant for each of the following characteristics? Please select the rating that best describes the applicant in the category. (5) Excellent (4) Good (3) Average (2) Below Average (1) Poor (N/O) Not Observed. Select 'Not Observed' (N/O) if you have not had an opportunity to evaluate the characteristic or have no basis for assessment.

Criteria	Rating					
Commitment to Learning: The ability to self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding.	5	4	3	2	1	N/O
Interpersonal Skills: The ability to interact effectively with patients, families, colleagues, other healthcare professionals and the community; deal effectively with cultural or ethnic diversity issues.	5	4	3	2	1	N/O
Communication Skills: The ability to communicate effectively (speaking, body language, reading writing, listening) for varied audiences and purposes.	5	4	3	2	1	N/O
Effective Use of Time: The ability to obtain the maximum benefit from a minimum investment of time and resources.	5	4	3	2	1	N/O
Use of Constructive Feedback: The ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving personal interaction.	5	4	3	2	1	N/O
Ethical and Professional Behavior: The ability to exhibit appropriate ethical and professional conduct and to represent the profession effectively.	5	4	3	2	1	N/O
Responsibility: The ability to fulfill commitments, be accountable for actions and outcomes, and to persevere to achieve goals.	5	4	3	2	1	N/O
Critical Thinking: The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions; distinguish the relevant from the irrelevant.	5	4	3	2	1	N/O
Stress Management: The ability to identify sources of stress, develop effective coping behaviors, and adapt well to change.	5	4	3	2	1	N/O
Problem Solving: The ability to recognize and define problems, use imagination and creativity to solve problems, analyze data, develop and implement solutions, and evaluate outcomes.	5	4	3	2	1	N/O
Leadership: The ability to take initiative and motivate or guide others; generates ideas and plans or shares a vision for the future.	5	4	3	2	1	N/O

Taking into consideration these characteristics, how do you think this person would perform as a health care provider?

Based on your observations, please describe the strengths of this candidate.

Based on your observations, please describe the areas of needed improvement for this candidate.

Summarize your overall recommendation of the candidate for the Fort Hays State University Athletic Training Program:

_____ I highly recommend the candidate for admission into the Fort Hays State University Athletic Training Program

_____ I recommend the candidate for admission into the Fort Hays State University Athletic Training Program

_____ I recommend the candidate with reservations for admission into the Fort Hays State University Athletic Training Program

_____ I am unable to recommend this candidate for admission into the Fort Hays State University Athletic Training Program

My reservations include: