



**CAATE ACCREDITED  
POST-PROFESSIONAL  
ATHLETIC TRAINING PROGRAM**

**DEPARTMENT OF HEALTH SCIENCE  
CALIFORNIA UNIVERSITY OF PENNSYLVANIA  
250 UNIVERSITY AVENUE  
CALIFORNIA, PA 15419**

***Application Instructions:** Complete this form by typing in the spaces below. You can then print the form for your own records by clicking on the Print Form button at the top of this page. Then email or mail the form along with the other application materials. This form will NOT save.*

## **Personal Data**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Undergraduate Universities or Colleges Attended**

| School | State | Dates Attended |
|--------|-------|----------------|
|--------|-------|----------------|

| School | State | Dates Attended |
|--------|-------|----------------|
|--------|-------|----------------|

Undergraduate Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ Athletic Training Grade Point Average: \_\_\_\_\_

## Athletic Training Experience

Are you a BOC Certified Athletic Trainer? ☐ Yes ☐ No

If yes, BOC certification Number: \_\_\_\_\_ NATA Membership Number: \_\_\_\_\_

If no, date you will first take the BOC certification examination: \_\_\_\_\_

Please list any other certifications you have, i.e. CPR, etc.: \_\_\_\_\_

Please indicate which sports that you have had a clinical experience with at your institution:

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Basketball - Men | <input type="checkbox"/> Basketball - Women | <input type="checkbox"/> Baseball   | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Field Hockey     | <input type="checkbox"/> Football           | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Lacrosse      |
| <input type="checkbox"/> Soccer - Men     | <input type="checkbox"/> Soccer - Women     | <input type="checkbox"/> Softball   | <input type="checkbox"/> Swimming      |
| <input type="checkbox"/> Tennis           | <input type="checkbox"/> Track & Field      | <input type="checkbox"/> Volleyball |  |

Please list any additional athletic training or related experiences:

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## Essay

Please write a short essay on how you believe a post professional degree from CalU will help you meet your professional goals.

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