

**Southwestern Oklahoma State University  
School of Allied Health Sciences  
Athletic Training Education Program**

Submit completed application by:  
**Nov. 1** (for Spring Admission) to:

**Jessica Young, MS, ATC, LAT  
ATEP Director  
Southwestern Oklahoma State University  
100 Campus Drive  
Weatherford, OK 73096**

You must have completed 40 college credit hours to make application to the Athletic Training Degree Program.  
In addition, the prerequisite requirements below should be satisfied.

**Personal Information**

<b>Name</b>		<b>Today's Date</b>	
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<b>Social Security Number</b>	
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<b>Permanent Address:</b>	<b>Street</b>		<b>Phone</b>	
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<b>City</b>		<b>State</b>		<b>Zip</b>	
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<b>Local Address: (if different)</b>		<b>Local/Alternate Phone</b>	
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**University**

<b>Total Credit Hours Completed</b>	<b>Credit Hours Complete at SWOSU</b>	<b>Cumulative GPA</b>

**Previous Areas of Study at SWOSU** *(if applicable)*

<b>Previous Major</b>	<b>Previous Minor/Concentration</b>

**Other Universities Attended** *(if applicable)*

<b>University</b>	<b>Dates Attended</b>	<b>Major</b>

**Extracurricular Activities** (school and non-school related):  
Please list activities, years of participation, and leadership positions held.

**Academic and Extracurricular Honors:**

**Professional Experience**

Please list places of employment, dates, and positions held.

**Other Educational and Athletic Training Experiences** (clinics, workshops, job shadowing, etc.)

What are your **specific personal** and **professional goals**? (use reverse side if necessary)

How does ATEP program admittance address your personal and professional goals?

**Explain your rationale for applying to the ATEP at this time?**

**Prerequisite Requirements:**

**Coursework (Attach official transcripts and Graduation Check)**

FIRST YEAR			
FIRST SEMESTER		SECOND SEMESTER	
1922 Intro to Athl Train 1004 Biol Concepts 1133 Wellness Concepts	Grade	1003 Gen. Psychology 1401 Allied Health Careers 2442 Med Terminology	Grade
SECOND YEAR			
FIRST SEMESTER		SECOND SEMESTER	
3443 Kinesi & Anatomy 2633 Cardiac & Emer. Care 2433 AT Care & Prev/lab 2531 Dir. Observation in AT	Grade		Grade

**Observation Hours (Attach signed/approved hour sheets)**

Clinical Instructor	Location	Number of Hours Observed

**Total**

**Hours:** \_\_\_\_\_

**Proper Health and Vaccination Documentation must be on file in Student Health Services**

**Other:**

**Attach Proof of Current Professional Rescuer + AED Certification**

**Attach Current Technical Standards for Admission  
with personal and designated physician signature**

**Recommendations:**

Official Letters of Recommendation specifically relating to program admittance, while not required, will be accepted from SWOSU Faculty, Certified Athletic Trainers, or other Allied Health clinical personnel.

I attest that the information contained in this application is accurate. I understand that program admittance is not certain and realize that if admitted, retention and other standards must be met or removal from the program may occur. I understand that costs are associated with program acceptance including: course supply fees, annual student-liability insurance premiums, transportation costs associated with clinical education rotations, professional membership and uniform.

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**Name Printed**

**Name Signed**

**Date of Application**

Southwestern Oklahoma State University, in compliance with Title VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, the Americans with Disabilities Act of 1990, and other Federal laws and regulations, does not discriminate on the basis of race, color, ethnicity, national origin, sex, age, religion, disability, political affiliation, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services.