



WELCOME LETTER!

Dear Applicant,

We thank you for your interest in the Athletic Training Education Program in the Department of Physical Therapy and Human Performance at Florida Gulf Coast University. This letter is provided to guide you through the application process.

The Department of Physical Therapy and Human Performance offers a Bachelor of Science degree in Athletic Training. The program consists of 60 semester credit hours at the undergraduate, upper division level. Students typically enter the Athletic Training Education Program in the fall of each year.

Students are required to successfully complete all lower division general education and elective courses, and to complete all of the Florida State University System (SUS) Common Prerequisite Courses for the Athletic Training Education Program prior to entering the program. The (SUS) Common Prerequisite Courses for the Athletic Training Education Program are outlined on the enclosed fact sheet. Contact the Department of Physical Therapy and Human Performance (239-590-7530) if you have questions about these requirements.

Begin now to make requests to all of your previous institution(s) of higher education to have your transcripts forwarded to FGCU. Be sure that these official transcripts are sent by the institution soon enough to be received at FGCU by February 1st. A transcript sent by a student is not an official transcript. The Athletic Training Education Program conducts a competitive admissions process. For priority consideration, all application materials must be received by February 1st of the year in which entry is sought. Application materials received after February 1st will be considered on a space available basis. Admissions decisions are made based on materials and coursework completed at the time of the application.

The Department of Physical Therapy and Human Performance Admissions and Recruitment Committee reviews all completed applications. Applicants meeting all minimum admissions criteria are rank ordered to select the top-qualifying applicants. The rank assigned to each applicant will be determined based on the policy included in this application packet. Written notification of the applicant's admission status will be mailed to the applicant. Enrollment is limited; therefore, all qualified applicants may not be admitted.

Requested application materials and a fact sheet that includes prerequisite information are enclosed. Please call the Department of Physical Therapy and Human Performance at (239) 590-7530 for additional information or assistance. Feel free to take a look at our website: <http://www.fgcu.edu/chp/pt/> for further information about the Program, faculty and students. We look forward to hearing from you!

Sincerely,

Sharon Irish Bevins, PhD, PT
Chair
Department of Physical Therapy and Human Performance

Enclosures:

- ◇ Athletic Training Education Program Fact Sheet
- ◇ Athletic Training Admission Checklist
- ◇ Athletic Training Education Portfolio Development Guidelines
- ◇ Athletic Training Technical Standards Signature Form
- ◇ Physical Examination Form
- ◇ Present/Future Coursework Planning Form
- ◇ Course Equivalency Form
- ◇ Validation of Athletic Training Shadowing Experience Form
- ◇ Immunization Requirements

ADMISSION CHECKLIST

Athletic Training Education Program Application

OFFICIAL USE ONLY

_____: Completed

- A.** Submit a copy of all **OFFICIAL** transcript(s) from all other institutions attended other than FGCU and mail to:
- College of Health Professions,
 - Department of Physical Therapy and Human Performance
 - Athletic Training Education Program
 - Florida Gulf Coast University
 - 10501 FGCU Blvd. South
 - Fort Myers, FL 33965-6565

The official transcripts must be submitted with the Athletic Training Education Program application by February 1st.

_____: Completed

- B.** If currently not enrolled as a FGCU student, you must complete the following:
- Submit a State University System of Florida Application for Admission for admittance to Florida Gulf Coast University (FGCU).
 - Submit official transcripts of any institution other than FGCU to Undergraduate Admissions at:
 - Office of Admissions
 - Florida Gulf Coast University
 - 10501 FGCU Blvd. South
 - Fort Myers, FL 33965-6565
 - \$30.00 application fee

C. Complete and submit the following items to the FGCU Athletic Training Education Program, College of Health Professions Department of Physical Therapy and Human Performance. The application consists of the following:

_____: Completed

- 1.** Athletic Training Education Program Portfolio, including your
- Cover Sheet
 - Resume
 - Responses to Sections 3 and 4 on the Athletic Training Education Portfolio Development Guidelines

_____: Completed

- 2.** Submit the following Athletic Training Education Application Forms:
- Athletic Training Education Technical Standards Signature Form (**signed by a physician**)
 - Completed Physical Exam form **within one year prior** to application (signed by a physician and submit with application)
 - Completed immunization requirements form and a copy of your Immunization records
 - Present and Future Coursework Planning Sheet
 - Course Equivalent Substitution Form (if applicable)
 - **TWO** Validation of Athletic Training Shadowing Experience

Application Packet Received: _____

Application Completed: _____

ADMISSION PORTFOLIO DEVELOPMENT GUIDELINES

Athletic Training Education Program

These guidelines are designed to assist you in developing an application portfolio that represents your best attributes to the Department of Physical Therapy and Human Performance Admissions and Recruitment Committee. Please note that only completed application portfolios for the Athletic Training Education Program are sent forward to the Department of Physical Therapy and Human Performance Admissions and Recruitment Committee. Write your name and social security number at the top of every item submitted. All writing in the portfolio must be your own original work.

1) COVER SHEET

- Name
- Social Security Number
- Mailing Address
- Phone Numbers (Home, Work)
- E-mail address

2) RESUME *Please include a resume that incorporates the following information:*

Education History

- Starting with the most recent institution first, list all post-secondary institutions attended (*dates attended, major, degrees if any*)
- List continuing education courses

Employment History Start with the most recent employer, and for each position held, include:

- Company/Agency name
- Description of agency (workplace, company, institution)
- Position and Responsibilities
- Length of employment
- Personal contributions to agency (describe significant achievements)
- Describe how this employment experience contributed to your growth

Volunteer Activity

- Agency/Organization name
- Description of agency/organization
- Position and Responsibilities
- Personal contributions to agency (describe significant achievements)
- Describe how this volunteer experience contributed to your growth

Achievements

- Awards/Honors
- Published Material
- Leadership Positions
- Involvement in professional and/or student organizations or honor societies

Athletic Training Education Portfolio Development Guidelines (Cont'd.)

SECTIONS 3 & 4 :

Please answer each question separately. The total length of your answers for Sections 3 & 4 should be no more than six double-spaced typed pages. The Physical Therapy and Human Performance Admissions and Recruitment Committee will not review information beyond six pages for Sections 3 & 4. These sections must be typed in order to be readily legible. No smaller than 12 point font size will be accepted.

3) PREPARATION FOR A CAREER IN ATHLETIC TRAINING:

a. Based on your previous experiences:

•**List** and **discuss** positive characteristics that you have observed in Athletic Training professionals that you would associate with quality, caring, and professional service.

Explain why you believe these are important characteristics.

•The role of an Athletic Training professional encompasses many responsibilities. **List** and **discuss** ten responsibilities of a professional in the Athletic Training field that you have observed.

b. **Summarize** your life experiences that have contributed to your interest in the Athletic Training field as a career.

c. **Describe** talents, aptitudes, and gifts that you possess and **elucidate** how these will enhance your career in Athletic Training.

d. **Discuss** your previous educational experiences **and** how your goals were met or not met.

4) PREPARATION FOR BECOMING AN ATHLETIC TRAINING STUDENT AT FGCU:

There is a very diverse delivery of curriculum in the FGCU Athletic Training Education Program. The Program uses an active, modified problem-based learning model, with complementary computer-based learning activities.

a. **Discuss** your experience and/or willingness to participate in active, problem-based learning and or other active learning strategies.

b. **Discuss** your experience and/or willingness to use technology for learning activities.

TECHNICAL STANDARDS SIGNATURE FORM

Athletic Training

The Athletic Training Education Program at Florida Gulf Coast University is a very intense program that requires the student to have the knowledge and physical ability to perform specific tasks. The technical standards listed below, established by Florida Gulf Coast University, represent the qualities and abilities the student must possess to succeed in the Athletic Training Education Program.

1. Possess sufficient verbal and non-verbal communication skills that are necessary to communicate effectively within diverse situations and to people with different social and cultural backgrounds.
2. Demonstrate professional behaviors and standards needed to assimilate, analyze, and clearly process in a logical, practical manner to effectively implement proper care to the physically active individual through the use of established protocols.
3. Demonstrate a calm demeanor during highly stressful/emergency situations and make sound judgments concerning the physically active and the medical professional.
4. Ability to develop a rapport with fellow students, health care professionals, clinical instructors, and other individuals to insure quality medical attention is achieved.
5. Ability to record information given by individuals such as athletes, medical personnel and instructors efficiently and accurately.
6. Sufficient strength, coordination, auditory perception, and sensory function to be able to perform physical examinations as well as position, transport and assist in the moving of an individual.

The student may request accommodation to one or more of the standards to the office of Multi Access Services. The phone number is 590-7925.

STUDENT NAME: _____ (Please print)

I certify that I have read and understand the physical requirements and technical standards of the Florida Gulf Coast University Athletic Training Education Program.

Student Signature

Date

I certify that I have read and understand the physical requirements and technical standards of the Florida Gulf Coast University Athletic Training program. I certify that the student named above is physically able to meet the technical standards listed above based on my physical examination.

Physician Name (Please print)

Physician Signature

Date



STUDENT HEALTH CENTER

Phone: (239) 590-7966
 Fax: (239) 590-7968

PHYSICAL EXAM FORM

Name: _____ UIN#: _____

Height: _____ Weight: _____ lbs. Allergies: _____

Pulse: _____ BP: _____ Temp: _____ F° Age: _____

Eyes: Are glasses worn? _____ No _____ Yes

Visual Acuity: Right 20/_____ Corrected to 20/_____
 Left 20/_____ Corrected to 20/_____

Ears: Is hearing normal? _____ No _____ Yes Comments

Skin	Normal () Abnormal () Not Examined ()	_____
Eyes, Head	Normal () Abnormal () Not Examined ()	_____
Ears, Nose/Sinuses	Normal () Abnormal () Not Examined ()	_____
Throat	Normal () Abnormal () Not Examined ()	_____
Thyroid/Neck	Normal () Abnormal () Not Examined ()	_____
Teeth/Mouth	Normal () Abnormal () Not Examined ()	_____
Lymph Nodes	Normal () Abnormal () Not Examined ()	_____
Lungs and Chest	Normal () Abnormal () Not Examined ()	_____
Heart	Normal () Abnormal () Not Examined ()	_____
Pulses	Normal () Abnormal () Not Examined ()	_____
Abdomen	Normal () Abnormal () Not Examined ()	_____
Extremities/Joints	Normal () Abnormal () Not Examined ()	_____
Spine	Normal () Abnormal () Not Examined ()	_____
Neurologic/DTRs	Normal () Abnormal () Not Examined ()	_____
Hernia Exam	Normal () Abnormal () Not Examined ()	_____
Genitals	Normal () Abnormal () Not Examined ()	_____

Chemistry Profile: _____

CBC & Diff: _____

Urinalysis: _____

Signature: _____ ARNP/MD

Date: _____

PRESENT AND FUTURE COURSEWORK PLANNING SHEET

COLLEGE/UNIVERSITY RECORD

List all college/university-level courses in which you are *presently enrolled*.
Please note that enrollment in the program is contingent upon you providing official
documentation of completion of courses listed as admission requirements.
(Attach a separate sheet if necessary.)

Course Title & Course Number	College or University	Sem./Qtr. Hours	From	To
			Mo./Yr.	Mo./Yr

List any college/university-level courses not listed above you *expect to complete prior to the first class day*.
Please note that enrollment in the program is contingent upon you providing
official documentation of completion of courses listed as admission requirements.
(Attach a separate sheet if necessary.)

Course Title & Course Number	College or University	Sem./Qtr. Hours	From	To
			Mo./Yr.	Mo./Yr

CERTIFICATION

I certify that all information provided on this application is true and correct to the best of my knowledge. I also pledge on my honor that all application materials were authored solely by me in accordance with this certification statement. I acknowledge that any misrepresentation of information will nullify my application for admission, and if enrolled, will result in disciplinary action, which may include dismissal from the College of Health Professions and/or the University.

Signature _____ Date _____

Please note that the Athletic Training Education Program is a Limited Access Program. Admission to this program is competitive and based on an evaluation of all required submitted materials. Because enrollment is limited, all qualified applicants may not be admitted.

COURSE EQUIVALENT SUBSTITUTION FORM (if applicable)

Instruction to the Applicant:

A request for any course to be accepted as a substitute for a prerequisite or required course must be made in writing to the Department of Physical Therapy and Human Performance. In order to request that a course be reviewed for equivalency to one of the prerequisite or required courses, an applicant/student must:

1. Submit in writing a letter directed to the Department of Physical Therapy and Human Performance Admissions and Recruitment Committee explaining the request.
2. Complete Part I of this form with your request, including specification of the prerequisite or required course, identification of the course being suggested as an equivalent to the prerequisite or required course with the course number, course title, and institution where the course was taken
3. Attach to this form a copy of the course description from the course catalog for the course being suggested as an equivalent to the prerequisite or required course.
4. Attach to this form a copy of the course syllabus for the course being suggested as an equivalent to the prerequisite or required course.

These materials are reviewed by FGCU faculty and a decision about course equivalence is made by the Department of Physical Therapy and Human Performance. The applicant/student is notified in writing of the decision.

PART 1: (To be filled out by the applicant)

Applicant's/Student's Name: _____ Social Security Number: _____
Applicant's/Student's Request: _____

Prerequisite or Required Course: _____

Suggested Equivalent Course: _____
(course number and title)

(institution where course was completed)

(Please DO NOT write below this line)

PART 2: (To be filled out by Department of Physical Therapy and Human Performance Admissions and Recruitment Committee)

The applicant/student has had the equivalent of _____
(prerequisite course)

Signed: _____
(FGCU faculty member reviewing the course equivalence)

Signed: _____
(Chair, Department of Physical Therapy and Human Performance)

One copy of this completed form will be provided to the student, a second copy placed in the applicant's/student's file, and a third copy is kept in a central Department of Physical Therapy and Human Performance file.

VALIDATION OF ATHLETIC TRAINING SHADOWING EXPERIENCE

B.S. – Athletic Training

The objective for the applicant's shadowing experience is direct observation of the various settings and professional responsibilities of a licensed and certified athletic trainer (ATC, LAT). Volunteer opportunities, while helpful to the applicant, are not the focus of the shadowing experiences.

Instructions for Validation of Athletic Training Shadowing Experience Form

1. It is the responsibility of each applicant to complete a minimum of two shadowing experiences, for a total of 50 hours. It is the responsibility of each applicant to locate facilities willing to participate in the shadowing experience. It is recommended that you observe an ATC, LAT in the activities of examination, diagnosis, prognosis, and intervention.
2. Every one of the required hours of the shadowing experience must occur under the supervision of an ATC, LAT.
3. An applicant must complete one shadowing experience in a hospital outpatient setting, rehabilitation center, sports medicine clinic, or private practice facility. The other shadowing experience must be completed in a school or team setting. If you are unsure whether a site is appropriate, please call the Florida Gulf Coast University Department of Physical Therapy and Human Performance for clarification (phone: 239-590-7530; email: jcraddoc@fgcu.edu).
4. Work experience or school related experiences **cannot** be used for shadowing experiences.
5. Some facilities may require several hours of orientation prior to being allowed to shadow the ATC, LAT. These hours **cannot** be counted towards the 50 hours shadowing requirement. The applicant may choose to participate in a shadowing experience in a facility with such requirements; however, the applicant must complete 50 hours of shadowing of an ATC, LAT beyond the orientation requirement.
6. The shadowing experience must be validated by a licensed ATC, LAT.
7. If the 50 hours of shadowing does not provide enough exposure to Athletic Training to answer the portfolio essay questions, you may choose to spend additional shadowing hours with an ATC, LAT. We wish to clarify; however, that any hours in excess of the 50 required hours of shadowing will in no way affect the evaluation of this portion of your portfolio.

VALIDATION OF ATHLETIC TRAINING SHADOWING EXPERIENCE

B.S. – Athletic Training

Applicant's Name _____
Applicant's Social Security Number _____

Dear Practitioner,

The objective for the applicant's shadowing experience is a direct observation of the various settings and professional responsibilities of a licensed and certified athletic trainer (ATC, LAT). All aspects of the job of a ATC, LAT are a valuable exposure, from treatment preparation, to communication with other professionals, through service delivery. Volunteer opportunities, while helpful to the applicant, are not the focus of this shadowing experience.

Because of the changing nature of athletic training practice, it is required that the shadowing experience has occurred within two years of the application date.

Name of facility: _____

Name of ATC/L: _____

Certification Number: _____

State License Number: _____

Mailing address of the facility: _____

Phone Number of the facility: (____)____ - _____

Type of facility: _____

Please validate that the applicant has met the minimum requirement of the shadowing experience with you and that the following conditions were met:

- This shadowing experience provided an opportunity for the applicant to observe characteristics of an ATC, LAT that are associated with quality, caring, and professional service.
- and**
- This shadowing experience provided an opportunity for the applicant to observe a minimum of ten responsibilities of an ATC, LAT.
- This shadowing experience provided _____ hours toward the minimum requirement of 50 hours at two different observation sites.

Additional Comments: _____

Date(s) of shadowing: _____

(ATC, LAT signature)

Date

IMMUNIZATION REQUIREMENTS

Immunizations listed below are required prior to registering for Introduction to Athletic Training (First Fall Semester). The Athletic Training Education Program requires additional immunizations above and beyond University Requirements. Official documentation (copies of medical records) must be provided for all immunizations listed below.

A. University required immunizations (prior to registration):

_____ Positive Rubella (German Measles) Titer Test **or** Immunization

_____ Positive Rubeola (Measles) Titer Test **or** Immunization

B. Athletic Training Education Program required immunizations and screening tests (prior to registration):

_____ Positive Varicella (Chicken Pox, Herpes Zoster) Titer Test **or** Immunization

_____ Current Tetanus booster (must be “Td” within 10 years)

_____ Mantoux TB screening test within 1 year of application and yearly thereafter
A positive Mantoux test result must be followed up with a chest x-ray and verification of inactive status

_____ Hepatitis B (HB) Vaccine series (series of 3 immunizations at 0, 1, and 6 months) and positive titer results *(A student signed waiver for the Hepatitis B Vaccine series is also accepted by the Department of Physical Therapy and Human Performance but may exclude you from working at certain Clinical Sites due to requirements of individual clinics. The series of 3 immunizations must be completed along with a titer, however, only proof of the 1st immunization in the series is required with application)*

The following are also required:

Completed Physical Exam (Form must be completed by Physician)

Completed Technical Standards Form (Must be completed by a Physician)

*Please submit a copy of your immunization records with your application!