candidate information form  
Athletic Trainers

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Department** | | |
| Applying For | Year Employed | YEArs In Rank | Prior Service Credit (CBA 4.4.2) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Academic Background | | |
| [Degree at Institution], [Name of Institution] | [Year Completed] | [Emphasis/Discipline/Major] |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Athletic Training Experience | | | |
| Dates | Institution | Sport/ Department | Rank |
| [Start Year - End Year] | [Institution/Organization] | [Department] | [Title/Role] |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Other Work Experience | | |
| Dates | Place | Position |
| [Start Year - End Year] | [Institution/Organization] | [Title/Role] |
|  |  |  |

Management of the healthcare of student athletes

Including: risk management and injury prevention; recognition and evaluation of injuries/illnesses; injury treatment and disposition; rehabilitation; organization and administration of services; coordination of services with other sport medicine professionals; and education and counseling student athletes.

|  |  |
| --- | --- |
| **Dates** | **Summary Description of Activity (details in File)** |
|  |  |
|  |  |

Demonstrated level of care and professionalism when interacting with student athletes

**(DETAILS AND TESTIMONALS IN FILE)**

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|  |

**RECORD OF CONTINUED EDUCATIONAL GROWH AND SERVICE TO THE PROFESSION**

|  |  |
| --- | --- |
| **DATES** | **DESCRIPTION OF ACTIVITY/ATTENDANCE, ETC.** |
|  |  |
|  |  |

**SERVICE**

| **TYPE** | **DATE** | **POSITION** | **COMMITTEE** |
| --- | --- | --- | --- |
| University |  |  |  |
| School/College |  |  |  |
| Department |  |  |  |

**RECORD OF DISCIPLINARY ACTION**

**IN PERSONNEL FILE**

|  |  |
| --- | --- |
| **PLEASE CHECK ONE:** | **YES *or*  NO** |