



**SAN JOSÉ STATE UNIVERSITY**  
**Department of Kinesiology**  
**Graduate Athletic Training Education Program**

**Specific Academic Requirements for Admission to SJSU GATEP**

- Candidates must have completed a CAATE accredited Undergraduate Athletic Training Education Program.
- A minimum grade point average of 3.0 overall, or in the last 60 semester units (or 90 quarter units) of work. Students with a GPA of under 3.0 *may* be considered if GRE scores or experience warrant conditional admission.
- A fully completed CSU Mentor Application, including the Statement of Purpose on the application.
- A combined GRE General Test score of 900 (verbal plus quantitative).
- Candidates must be admitted to San José State University and the Department of Kinesiology in addition to the Graduate Athletic Training Education Program.



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We accept applications once a year. The application deadline is January 5<sup>th</sup> for the Fall admission each year. Please note that GATEP application deadline is approximately 3 month earlier than the Kinesiology Department Graduate Program application of April 1<sup>st</sup>. Your application must be submitted or posted marked by the deadline. Please note that if an application deadline falls on Sunday, the deadline will be the Saturday just prior to the Sunday deadline.

**ADMISSION REQUIREMENTS**

You must go through the following two (2) steps in order to apply SJSU GATEP.

**Step 1: To Apply to the University and Department of Kinesiology**

1. You simply go through the [CSU Mentor page \(http://www.csumentor.edu\)](http://www.csumentor.edu), and follow the step-by-step instructions. Please be sure to completely fill out your application, as incomplete applications will not be considered. Please send *official* transcripts from ALL higher education institutions attended (even if you did not get your degree) to the Graduate Admissions & Program Evaluations Office by mail or in person.

All transcripts must be sealed and unopened in order to be accepted as official documents.  
COPIES OF TRANSCRIPTS OR OPENED TRANSCRIPTS WILL NOT BE ACCEPTED.

Please send in transcripts to the following address:

**Graduate Admissions and Program Evaluations**  
**San José State University**  
**One Washington Square**  
**San José, CA 95192-0017**

2. When filling out the application, be sure to indicate Kinesiology as the department, as well as your intended concentration, Athletic Training. In addition, be sure to indicate your GRE scores.

Note: Once all materials are in, your application will be evaluated by Graduate Admissions and Program Evaluations. In approximately 3-4 weeks, they will be forwarded to the KIN Graduate Program Coordinator for evaluation, after which you will be notified of your status.



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**Step 2: Complete all required supplemental application materials and enclose these materials in an envelope as A SINGLE PACKET and send it to the GATEP Director by January 5.**

**KyungMo Han, PhD, ATC, CSCS**  
**Director, Undergraduate Athletic Training Education Program**  
**Interim Director, Graduate Athletic Training Education Program**  
**Department of Kinesiology, SPX 59**  
**San José State University**  
**One Washington Square**  
**San José, CA 95192-0054**

- Application Checklist (Form on page 5)
- Personal Information (Form on page 6)
- PD Verification of Athletic Training Education Program Completion (Form on page 7)
- Three Completed Letters of Recommendation (Forms for three letters on pages 8-10)
- Copy of Hepatitis B Vaccination Record or Signed Hepatitis B Waiver Form (Form on page 11)
- Copy of Professional Liability Insurance
- An Official Transcript From Each Previous College or University Attended, Including Community and/or Junior College if Applicable.
- Copy of GRE Score
- Current copy (front and back) of CPR/AED Certification

**Application Required Materials Continued on Page 4**



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➤ Candidate's Position Statement:

On a separate sheet of paper, please explain why you wish to be considered for admission in the Graduate Athletic Training Education Program at San José State University. Your four-part response should include:

- 1) The nature of/the basis for your interest in studying athletic training
- 2) Your areas of special interest in relation to graduate research
- 3) Your perception of the role the athletic trainer plays on the total sports medicine "team", and
- 4) A summary of your career aspirations and long-term goals.

Note: your Position Statement should be edited for clarity and typewritten (word-processed).

➤ Candidate's Resume/Curriculum Vitae:

Please include the following information in your **one page** resume:

- 1) Education record
- 2) Professional experience – detailing major responsibilities
- 3) Certifications and licenses held – including date of expiration and by whom granted
- 4) Professional organizations in which you hold membership
- 5) Awards /honors
- 6) Publications and/or research projects (please include on-going projects)
- 7) Invited lectures or other professional presentations



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**APPLICATION CHECKLIST FORM**

- \_\_\_\_\_ **Application Checklist (This page)**
- \_\_\_\_\_ **Personal Information**
- \_\_\_\_\_ **PD Verification of Athletic Training Education Program Completion**
- \_\_\_\_\_ **Three Completed Letters of Recommendation**
- NOTE: These letters of recommendation replace the standard 2 letters of recommendation required of all Kinesiology applicants. AT applicants need not send further letters of recommendation to the Department to Kinesiology Graduate Coordinator.
- \_\_\_\_\_ **Copy of Hepatitis B Vaccination Record or Signed Hepatitis B Waiver Form**
- \_\_\_\_\_ **Copy of Professional Liability Insurance**
- \_\_\_\_\_ **Official Transcript(s)**
- \_\_\_\_\_ **Copy of GRE Score**
- \_\_\_\_\_ **Current Copy (front and back) of CPR/AED Certification**

**INCOMPLETE APPLICATION WILL NOT BE EVALUATED**



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**PERSONAL INFORMATION FORM**

Name \_\_\_\_\_  
Last Name First Name MI

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of University Currently Attending or Graduated From  
\_\_\_\_\_  
\_\_\_\_\_  
City State



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**PD VERIFICATION OF**  
**ATHLETIC TRAINING EDUCATION PROGRAM COMPLETION FORM**

Complete only if not BOC certified and from a CAATE Accredited ATEP

I hereby verify that \_\_\_\_\_ has completed or will complete by \_\_\_\_\_ all requirement of a CAATE accredited athletic training program in accordance with the guidelines for academic and clinical competencies and proficiencies.

**Name:** \_\_\_\_\_

**Title:** **ATEP Director**

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_









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**HEPATITIS B VACCINATION WAIVER FORM**

I understand that due to my exposure to blood or other potentially infectious materials during my clinical assignment(s) at San José State University, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated to prevent HBV at the San José State University Student Health Center for a fee of \$84.00. However, if I decline HBV vaccination at this time, I understand that I will continue to be at risk of acquiring HBV, which is a serious disease. If, in the future, I continue to have exposure to blood or other potentially infectious materials during my clinical assignment(s) while at San José State University, and I want to be vaccinated for HBV, I can receive the vaccination series at the Student Health Center upon request.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_