San José State University
Department of Kinesiology
B.S. in Athletic Training

(https://www.sjsu.edu/kinesiology/programs/undergradutes/athletic_training/)

APPLICATION INFORMATION

We accept applications once a year. The application deadline is **April 10, 5:00 p.m. for the Fall Admission**. Please note that if an application deadline falls on a weekend, the deadline will be the Friday just prior to the Saturday or Sunday weekend deadline. The following are application due dates for the next five years.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Application Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2014 Admission</td>
<td>April 10 (Th), 2014</td>
</tr>
<tr>
<td>Fall 2015 Admission</td>
<td>April 10 (F), 2015</td>
</tr>
<tr>
<td>Fall 2016 Admission</td>
<td>April 8 (F), 2016</td>
</tr>
<tr>
<td>Fall 2017 Admission</td>
<td>April 10 (M), 2017</td>
</tr>
<tr>
<td>Fall 2018 Admission</td>
<td>April 10 (T), 2018</td>
</tr>
</tbody>
</table>

**Note**: For admission to the university, an application must be submitted and accepted by San José State University. Please visit [http://info.sjsu.edu/home/admission.html](http://info.sjsu.edu/home/admission.html) for the University admissions and application information. A separate application must be submitted for acceptance to the Undergraduate Athletic Training Education Program (UG ATEP).

**UG ATEP application packet can be downloaded from the following website:**
[http://www.sjsu.edu/kinesiology/programs/undergradutes/athletic_training/application/](http://www.sjsu.edu/kinesiology/programs/undergradutes/athletic_training/application/)
ADMISSION REQUIREMENTS
Complete all required supplemental application materials and enclose these materials in an envelope as a single packet and send it to the ATEP Director.

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

1. Personal Information
2. Official transcript(s) for all collegiate level academic work.
3. Two letters of recommendation.
4. Copy of Hepatitis B vaccination record or signed Hepatitis B vaccination waiver form.
5. Completed physical examination form.
7. Completed verification of clinical observation hours form. A minimum of 50 hours of athletic training observation are required. This form can be submitted the last day of the Spring semester of your application. For all applicants who need this requirement, the course instructor will assign you to one of our affiliate sites to complete the required observation hours while you are taking KIN 188 at San José State University. A proof of bloodborne pathogen training is required prior to begin observation hours. Visit the following web-site for the bloodborne pathogen training information: https://hrwebtrain.sjsu.edu/login/login.aspx

8. Current copy (front and back) of CPR/AED Certification (American Red Cross Emergency Cardiac Care Certification must include the following adult & pediatric CPR, airway obstruction, 2nd rescuer CPR, AED and barrier devices (e.g., pocket mask, bag valve mask). Examples of course that provide the above certifications are: “CPR/AED for the Professional Rescuer” by the American Red Cross or “BLS Healthcare Provider CPR” by the American Heart Association. For consideration of other certifications, contact the ATEP Director for validation.

9. Completed or concurrent enrollment in KIN 188/189 at San José State University: Prevention and Care of Athletic Injuries Lecture/Lab with a grade of C (not C-) or higher.
10. Completed or concurrent enrollment in BIOL 65 (Human Anatomy) or equivalent and BIOL 66 (Human Physiology) or equivalent with a grade of C (not C-) or higher. Note: These requirements (#9 and #10) must be verified before the student is admitted to the ATEP.

11. A minimum GPA of 2.75 (on 4.0 scale) or above required.
CHECKLIST FOR THE REQUIRED APPLICATION MATERIALS

Check (√)

_____ Students must be accepted to San José State University per institutional admissions requirements. Please visit http://info.sjsu.edu/home/admission.html for the University admissions and application information.

The following items, including pages 3 and 4, should be submitted in an envelope as a single packet:

_____ Personal Information. Form on page 5.

_____ Official Transcript(s) for all collegiate level academic work.

_____ Two Letters of Recommendation. Forms for two letters on pages 6 and 7.

_____ Copy of Hepatitis B Vaccination Record or signed Hepatitis B Waiver form. Form on page 8.

_____ Completed Physical Examination form. Form on page 9.

_____ Signed Technical Standards form. Form on page 10 and 11.

_____ Completed Verification of Clinical Observation Hours form
A minimum of 50 hours of athletic training observation required (can be submitted by the last day of the Spring semester of your application). Form on page 12. And a copy of Bloodborne Pathogen Training Certificate (a proof of bloodborne pathogen training is required prior to begin observation hours).

_____ Current copy (front and back) of CPR/AED Certification (American Red Cross Emergency Cardiac Care Certification must include the following: adult & pediatric CPR, airway obstruction, 2nd rescuer CPR, AED and barrier devices (e.g., pocket mask, bag valve mask). Examples of courses that provide the above certifications are: "CPR/AED for the Professional Rescuer" by the American Red Cross or "BLS Healthcare Provider CPR" by the American Heart Association. For consideration of other certifications, contact the ATEP Director for validation.)
Check (√)

_____ Completed or concurrent enrollment in KIN 188/189 at San José State University: Prevention and Care of Athletic Injuries Lecture/Lab with a grade of C (not C-) or higher.

Semester and Year took the Classes and Grades

<table>
<thead>
<tr>
<th>Class</th>
<th>Semester</th>
<th>Year</th>
<th>Grade</th>
<th>or</th>
<th>In Progress (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIN 188</td>
<td>Fall/Spring</td>
<td>_____</td>
<td>_____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIN 189</td>
<td>Fall/Spring</td>
<td>_____</td>
<td>_____</td>
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</tbody>
</table>

_____ Completed or concurrent enrollment in BIOL 65 (Human Anatomy) or equivalent and BIOL (Human Physiology) or equivalent with a grade of C (not C-) or higher.

<table>
<thead>
<tr>
<th>Class</th>
<th>Semester</th>
<th>Year</th>
<th>Grade</th>
<th>School Name</th>
<th>In Progress (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 65</td>
<td>Fall/Spring</td>
<td>_____</td>
<td>_____</td>
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</tr>
<tr>
<td>BIOL 66</td>
<td>Fall/Spring</td>
<td>_____</td>
<td>_____</td>
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</table>

_____ I meet the minimum required GPA 2.75 and my Overall GPA is ____________
SAN JOSÉ STATE UNIVERSITY
Department of Kinesiology
B.S. in Athletic Training

PERSONAL INFORMATION

Name ________________________________________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

SJSU Student ID Number ________________________________________________

Mailing Address _________________________________________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

E-mail _________________________________________________________________

Phone Number _________________________________________________________

Name of High School Graduated From _______________________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>
LETTER OF RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT:

Name (print) ________________________________

Last Name   First Name   MI

Under the U.S. Family Education Rights and Privacy Act of 1974, students enrolled at San Jose State University have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation in which case the letters will be held in confidence. If the applicant has not signed the waiver, he or she may request to see the letter after enrolling at San José State University.

If you wish to waive your right to examine the evaluation, please sign here:

Signature          Date

FOR THE INDIVIDUAL COMPLETEING THE RECOMMENDATION FORM:

We would appreciate a candid statement from you concerning the applicant named above. Please use the reverse side (or an attached sheet) in needed to comment more specifically on the applicant’s accomplishments, abilities, character, and capacity for success as a student in an Undergraduate Athletic Training Education Program. It would be helpful for us to know how long, and in what capacity, you have known the applicant.

In addition to your written statement, please indicate below where the applicant would rank either among students currently or recently in your department. If you have known the applicant in comparison group, would you please identify the group. Note comparison group: ____________________________________

<table>
<thead>
<tr>
<th>Knowledge of athletic training/sports medicine</th>
<th>Highest 10%</th>
<th>Second Highest 20%</th>
<th>Third Highest 30%</th>
<th>Lowest 40% or lower</th>
<th>Unable to Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>General scholarly and analytical abilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Written communication skills</td>
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<tr>
<td>Clinical competence</td>
<td></td>
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<td></td>
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<tr>
<td>Interpersonal skills</td>
<td></td>
<td></td>
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<tr>
<td>Potential ability as a leader</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Other notable traits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mark one of the following:

Enthusiastically recommend _______  Signature __________________________

with no reservations

Strongly recommend _______  Employment __________________________

Recommend _______  Address __________________________

Recommend with reservation(s) _______  Phone __________________________

Name __________________________
LETTER OF RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT:

Name (print) ____________________________
Last Name   First Name   MI

Under the U.S. Family Education Rights and Privacy Act of 1974, students enrolled at San Jose State University have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation in which case the letters will be held in confidence. If the applicant has not signed the waiver, he or she may request to see the letter after enrolling at San José State University.

If you wish to waive your right to examine the evaluation, please sign here:

Signature          Date

TO THE INDIVIDUAL COMPLETING THE RECOMMENDATION FORM:
We would appreciate a candid statement from you concerning the applicant named above. Please use the reverse side (or an attached sheet) to comment in detail concerning the applicant accomplishments, abilities, character, and capacity for success as a student in the undergraduate Athletic Training Education Program. It would be helpful for us to know how long, and in what capacity, you have known the applicant.

In addition to your written statement, please indicate below where the applicant would rank either among students currently or recently in your department. If you have known the applicant in comparison group, would you please identify the group. Note comparison group: ____________________________________

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<tr>
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<td>Other notable traits</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Mark one of the following:

Enthusiastically recommend _______  Signature ____________________________
with no reservations

Strongly recommend _______  Job Title ____________________________

Recommend _______  Employment ____________________________

Recommend with reservation(s) _______  Address ____________________________

Phone ____________________________
HEPATITIS B VACCINATION WAIVER FORM

I understand that due to my exposure to blood or other potentially infectious materials during my clinical practicums 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 assigned clinical practicums 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.

Student Name: ________________________________________

SJSU ID Number: ________________________________________

Student Signature: ________________________________________

Date: ________________________________________

ATEP Director Signature: ________________________________________

Date: ________________________________________
# PHYSICAL EXAMINATION FORM

<table>
<thead>
<tr>
<th>Health History</th>
<th>Physical Examination</th>
<th>Vitals</th>
<th>Reading</th>
<th>Satisfactory</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Illnesses?</td>
<td>YES</td>
<td>NO</td>
<td>Pulse</td>
<td>BP</td>
<td></td>
</tr>
<tr>
<td>Hospitalization?</td>
<td>YES</td>
<td>NO</td>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery?</td>
<td>YES</td>
<td>NO</td>
<td>Head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injuries treated by Physician?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Medications?</td>
<td>YES</td>
<td>NO</td>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organs Missing?</td>
<td>YES</td>
<td>NO</td>
<td>Ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Injury?</td>
<td>YES</td>
<td>NO</td>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat Injury?</td>
<td>YES</td>
<td>NO</td>
<td>Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness, Fainting, Convulsions and/or Headaches?</td>
<td>YES</td>
<td>NO</td>
<td>Heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear Glasses or contacts?</td>
<td>YES</td>
<td>NO</td>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental appliances?</td>
<td>YES</td>
<td>NO</td>
<td>Genitalia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hear Murmur?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any sudden deaths before the age of 50 in immediate family?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver, spleen, kidney problems?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone/Joint Injury?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy to Medications?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes?</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments on any YES answers to the Health History:**

**Comments on Physical Examination:**

Reviewed immunization record: □ Yes (require to review an immunization record)

- □ Cleared
- □ Cleared Pending
- □ Not Cleared

Physician Name: _________________________

Physician Signature: _________________________

Date: _________________________

I agree to allow the release of my medical information to the Undergraduate Athletic Training Education Program Faculty as a condition of my admission to the program.

Name: _________________________

Signature: _________________________

Date: _________________________
The Athletic Training Educational Program (ATEP) at San José State University in the Department of Kinesiology is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the ATEP establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level certified athletic trainer, as well as meet the expectations of the program's accrediting agency, CAATE (Commission on Accreditation of Athletic Training Education). The following abilities and expectations must be met by all students admitted to the Athletic Training Education Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC (Board of Certification) certification exam.

Candidates for selection to the ATEP must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;

2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;

3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice;

4. The ability to record physical examination results and a treatment plan clearly and accurately;

5. The capacity to maintain composure and continue to function well during periods of high stress;

6. The perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced;

7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations;

8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Initial: _____________________
Technical Standards Continued

Candidates for selection to the Athletic Training Education Program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The San José State University Disabilities Resource Center (DRC) will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and practicums deemed essential to graduation.

I certify that I have read and understand the technical standards of selection listed above and I believe, to the best of my knowledge, that I can meet each of these standards with or without accommodations. I will contact the Department of Kinesiology ATEP to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Student Name:  _______________________________________________________

Student Signature:  _______________________________________________________

Date:   _______________________________________________________
VERIFICATION OF CLINICAL OBSERVATION HOURS FORM
(a minimum of 50 hours are required)

I hereby verify that ___________________________ has obtained _________ hours of clinical observation experience as an Athletic Training Student under my direct supervision, in accordance with the guidelines for clinical experiences. I further submit that I am a BOC certified member in good standing. Hours were obtained between the dates of _________________________ and ______________________.

Supervisor Name: __________________________________________________________

BOC Certification Number: __________________________________________________

Job Title: ____________________________________________________________________

Clinical Site: ____________________________________________________________________

Address: ____________________________________________________________________

Telephone: ____________________________________________________________________

Number: ____________________________________________________________________

Signature: ____________________________________________________________________

Date: ____________________________________________________________________