

**FROSTBURG STATE UNIVERSITY
PROFESSIONAL MASTER OF SCIENCE IN ATHLETIC TRAINING
PROGRAM**

Frostburg State University
Department of Kinesiology
Professional Master of Science in Athletic Training Program Application

Please print in black ink or type. Application should be returned to:

Office of Graduate Services
Frostburg State University
101 Braddock Road
Frostburg, Maryland 21532-2303

Personal Data

Name _____
 Last First MI

Home Address _____

Home Phone Number _____

Student's Cell Phone Number _____

E-mail Address _____

Academic Information

Undergraduate degree: _____ GPA: _____

Send official transcript to: Office of Graduate Services

Pre-professional Memberships

List any professional organizations in which you have membership.

Organization	Date(s) of Membership
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Extracurricular Activities

List any club or organization that you belong to. Please include any activities that have provided you with experience with diverse populations or technology.

<u>Organization</u>	<u>Activities Participated In</u>	<u>Dates of Activities</u>
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Awards and Honors

List any awards and/or honors that you have received as a FSU student or while in high school.

<u>Name of Award</u>	<u>Date Received</u>	<u>Description of Award</u>
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Work Experience

Please list your three most recent work experiences.

<u>Name of Employer</u>	<u>Dates of Employment</u>	<u>Responsibilities</u>
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Other Interests

List any other interests that you may have.

Essay

Please attach a typed 500-word essay that includes:

1. A statement on why you are interested in Athletic Training as a career.
2. What leadership abilities you have to offer that would enhance the MSAT program at Frostburg State University.
3. What observations/experiences you have obtained that would make you an asset to the MSAT Program.
4. Why you should be accepted for admission to the MSAT Program.
5. A brief description of your professional career goals.

Additional Admission Requirements:

- ☐ The MSAT Program follows [University immunization requirements](#). Submit your required immunization records (MMR and Td or Tdap) with this application. You will not be able to upload medical records into your Patient Portal until after you have matriculated into the MSAT Program.
- ☐ Complete the “Medical History and Questionnaire” document contained in this packet and sign in the appropriate location.
- ☐ Read the “Technical Standards for Admission” document contained in this packet and sign in the appropriate location.
- ☐ Read the “Assumption of Risk” document contained in this packet and sign in the appropriate location.

Students admitted into the MSAT Program must upload immunization records and the TB screening form into the Brady Health Center Patient Portal and complete Bloodborne Pathogen Training prior to beginning their first clinical rotation.

Applicant's Signature

Date

Return all information and documentation to:
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Frostburg State University
101 Braddock Road
Frostburg, Maryland 21532-2303

Questions? Contact: Dr. Jackie Durst, LAT, ATC, Athletic Training Program Director, Frostburg State University | jrdurst@frostburg.edu | 301.687.3228

ADDITIONAL PROGRAM COSTS

- \$90 [NATA membership](#) dues (includes NATA, MAATA and MATA dues).
- [ATrack membership](#): \$45 for an annual subscription; \$90 for a lifetime subscription.
- \$50 FSU fingerprinting fee required for criminal history background check. If a student has already been fingerprinted from a previous employer, the student must provide proof/documentation.
- Inoculations current with OSHA requirements for healthcare providers. Others may be required by affiliate sites, including a negative TB (PPD) Test within the past twelve months.
- \$45 American Red Cross Professional Rescuer and First Aid Certification fee.
- \$50-\$100 Travel costs: Students are responsible for all travel costs during clinical education experiences. Cost may vary depending on geographical local and clinical setting (2 to 30 miles from FSU). Students are responsible for the cost of gas during specific off-campus rotation and opportunities to car-pool.

**FROSTBURG STATE UNIVERSITY
DEPARTMENT OF KINESIOLOGY**

**ATHLETIC TRAINING STUDENT
MEDICAL HISTORY & INJURY QUESTIONNAIRE**

(This information will be kept confidential)

Name: _____

Date: ____/____/____

Disease and Illness

When reply is YES, place mark (x) before the condition and the date after, along with any information that we should be aware of.

_____ Epilepsy (Seizures)

_____ Hepatitis

_____ Mononucleosis

_____ Diabetes

_____ Rheumatic Fever

_____ Allergies

_____ Menstrual Problems

_____ High Blood Pressure

_____ Frequent Headaches

_____ Asthma

_____ Anemia

_____ Sickle Cell Trait

_____ Heart Murmur

_____ Chest Pain

_____ Heart Disease

_____ Scarlet Fever

_____ Prescription Drug Use

_____ Hernia

Injuries

Please take your time and complete each area carefully and **accurately**. Your description of each injury should be in as much detail as possible. Include dates if possible and the exact diagnosis by your physician. If you are unsure please consult your physician. List any surgical procedure performed. The primary emphasis should be given to injuries suffered in the past three (3) years.

1) History of concussions? Date ____/____/____ Yes_____

No_____

If yes, were you hospitalized? Yes_____ No_____

2) Neck or pinched nerves: Date____/____/____ Yes_____

No_____

3) Shoulder: Date____/____/____ Yes_____ No_____

4) Elbow or Wrist: Date____/____/____ Yes_____ No_____

5) Hands or Fingers: Date____/____/____ Yes_____ No_____

6) Upper and lower back: Date ___/___/___

Yes_____

No_____

7) Hip/Groin: Date ___/___/___

Yes_____

No_____

8) Knee (please be specific) Date ___/___/___

Yes_____

No_____

Anterior crutiate ligament_____

Medial collateral ligament_____

Meniscus_____

Other structures_____

Surgeries_____

9) Ankle

Date ___/___/___

Yes_____

No_____

10) Foot/toes Date ___/___/___

Yes_____

No_____

11) Muscle Strains Date ____/____/____ Yes ____ No ____

12) Fractures Date ____/____/____ Yes ____ No ____

13) Major non-orthopedic problems or surgeries: Date ____/____/____ Yes ____ No ____

Please explain _____

14) Has student/athlete been told that he/she needs surgery now or in the future?

Yes ____ No ____

Please explain _____

15) Has any immediate family member suffered sudden or unexplained death?

Yes ____ No ____

If yes, please explain: _____

Athletic Training Student Signature _____

Date: ____/____/____

Frostburg State University
Professional Master of Science in Athletic Training Program

TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Program at Frostburg State University 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 Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). All students admitted to the Athletic Training Program must meet the following abilities and expectations. In the event a student is unable to fulfill these technical standards, 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 certification exam.

Candidates for selection to the Athletic Training education program 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 the 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.

Candidates for selection to the Athletic Training Program will be required to verify they understand and meet these technical standards. Frostburg State University is committed to providing an accessible and supportive environment for students with disabilities. Students requesting accommodation for a disability are responsible for notifying the University of their disability and their request for accommodation. To initiate a request for accommodations,

students must contact the Disabled Student Services, (DSS), 150 Pullen Hall, 301-687-4438. The Office of Disability Services (DSO), in conjunction with the Athletic Training Program faculty, will evaluate a student's request for accommodations to ascertain if the request is able to fulfill the program's technical standards with reasonable accommodations.

I certify that I have read and understand the technical standards for selection into the Athletic Training Program. I understand that if I am unable to meet these requirements, with or without reasonable accommodations, I will not be admitted into the program.

Print Name

Applicant's Signature

Date

Frostburg State University
Professional Master of Science in Athletic Training Program

Physical Capability Information

Assumption of Risk

I, (print name) _____, understand that participating in the field of athletic training as an athletic training student at Frostburg State University may be physically demanding, requiring me to sometimes lift heavy objects (i.e. lifting an athlete on a spine board, coolers of water, medical bags), run (i.e. get to an injured athlete on the field of play), and otherwise engage in activity or positions to perform necessary medical and facility related task (i.e. evaluating an injury and cleaning the athletic training clinic respectively). The physically demanding activities pose an inherent risk of injury and I acknowledge that these risks exist and I am willing to assume these risks and will not hold Frostburg State University and its personnel responsible for any pre-existing medical condition(s) that I may have.

Applicant's signature: _____ Date: _____