

### Applicant Check-list

To be retained/admitted into the athletic training major, the applications must be submitted to Dr. Claiborne by **MARCH 17<sup>TH</sup>**.

AND

The Interview must be completed by announced due date.

Task	Complete	
Completed Application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Enclosed</b> Health Center verification of health history	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Enclosed</b> Health Center verification of immunization review	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Enclosed Proof</b> of physical Exam	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed Technical Standards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Completed interview with Director & Faculty	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Complete declaration of Major form (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Complete change of advisor form (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Enclosed Proof</b> of current CPR for the professional rescuer card/or equivalent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have taken class, but don't have card yet <input type="checkbox"/>	
	Will take class prior to next fall <input type="checkbox"/>	
<b>Enclosed Proof</b> of current first aid card	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have taken class, but don't have card yet <input type="checkbox"/>	
	Will take class prior to next fall <input type="checkbox"/>	

**\*\*The program utilizes a scoring rubric to determine entry into the Athletic Training Education Program. You will be evaluated on the following criteria (see below). Retention in the program is performance and space dependent. The program will retain the top students based on availability.\*\***

**1. Interview with program faculty (50 points). You will be scored on:**

- a. Professionalism (dress & demeanor)
- b. Communication skills
- c. Your potential for success based on academic performance, clinical performance, and extra-curricular activities

**2. GPA (50 points):**

- a. A minimum of 2.75 (major and overall) is required for retention, however, a higher GPA will earn you more points.

**3. Grades in required courses (60 points)**

- a. A minimum of a C- is required for retention, however, a higher grade will earn you more points.

**4. Application (10 points). You will be scored on:**

- a. complete application
- b. On-time submission

ADRIAN COLLEGE

**RETENTION APPLICATION  
ATHLETIC TRAINING MAJOR  
DUE MARCH 17TH**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CAMPUS PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME EMAIL ADDRESS (if different than Adrian College email): \_\_\_\_\_

CURRENT ADVISOR: \_\_\_\_\_

GRADE POINT AVERAGE (Overall) : \_\_\_\_\_ GRADE POINT AVERAGE (Required Courses Below) : \_\_\_\_\_

**COURSE INFORMATION:**

Please indicate the grade you have received for each of the following courses:

ESPE 100 – Principles of Fitness:	Grade _____ Currently Enrolled <input type="checkbox"/>
ESPE 145 –Clinical Observation and Orthoses	Grade _____ Currently Enrolled <input type="checkbox"/>
ESPE 201 (or proof of CPR/first aid certifications) Emergency Care and First Aid	Grade _____ Currently Enrolled <input type="checkbox"/> Took Class Elsewhere <input type="checkbox"/> Need to take <input type="checkbox"/> Waiting for Cards <input type="checkbox"/>
BIO 101 or 103 – Biology and Society or Plant Biology	Grade _____ Currently Enrolled <input type="checkbox"/>
ESPE 115 – Care and Prevention of Athletic Injuries	Grade _____ Currently Enrolled <input type="checkbox"/>
ESPE 203 – Foundations & Careers	Grade _____ Currently Enrolled <input type="checkbox"/>
ESPE 225 – Human Anatomy	Grade _____ Currently Enrolled <input type="checkbox"/>
ESPE 250 – Human Physiology	Grade _____ Currently Enrolled <input type="checkbox"/>
MATH 101 - Intermediate Algebra	Grade _____ Currently Enrolled <input type="checkbox"/> Waived <input type="checkbox"/>
PSYC 100 – General Psychology	Grade _____ Currently Enrolled <input type="checkbox"/>

## **IMMUNIZATION, HEALTH HISTORY, & PHYSICAL EXAM**

1. All students admitted to Adrian must have a health history, and immunization review on file with the campus health center.
  - Obtain a signed verification that these are on file by the health center staff (see next page).
2. A physical exam is necessary to be retained in the athletic training program.
  - If you are an athlete at Adrian, you already have a physical exam on file, and may simply obtain a copy from the health center or the athletic training room, and include it with your retention application.
  - If you have had a physical exam (performed by an MD, DO, PA, or NP) within the past year, you may obtain a copy, and include it with your retention application.
  - If you need to have a physical completed:
    - you may take the attached form to your family physician, and include a completed copy with your retention application.
    - OR
    - work with the program director to schedule a physical with our medical director for a fee. A copy of the form must be included with your retention application.

**Adrian College**  
**Proof of Health History and Immunization Review**  
Athletic Training Education Program

I, \_\_\_\_\_ (printed name of health center authority) certify that  
\_\_\_\_\_ (printed name of student) has the following on file at the  
Adrian College Health Center.

- Health History verified by an NP, PA, MD, DO.....  Yes  No
- Immunization review verified by an NP, PA, MD, DO.....  Yes  No

\_\_\_\_\_  
Signature of Health Center Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Physical Form**

ADRIAN COLLEGE  
ATHLETIC TRAINING PHYSICAL EXAM FORM

DATE \_\_\_\_\_ SS# \_\_\_\_\_  
Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_

Resting Heart Rate \_\_\_\_\_

Vision: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Corrected: Yes No

	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
General Appearance		
<b>PUPILS</b>		
Equal		
Unequal (describe)		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses (radial/brachial and femoral)		
Lungs		
Abdomen		
Genitalia (males only) (? Hernia)		
Skin		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

**CLEARANCE**  
\_\_\_\_ Based on the program technical standard, this student is cleared for all athletic training related activities  
\_\_\_\_ Not Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
Examiner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_