

NAME:

ID#:

Athletic Training Clinical Graduate Assistantship Application Texas State University

IMPORTANT: Please make sure to save this form as a PDF document upon completion before uploading to your application. The Graduate Admissions Document Upload system only allows PDF formats.

Are you a member of the NATA? Yes ☐ No ☐ Membership#

Are you a certified athletic trainer? Yes ☐ No ☐

If yes, please answer parts (a) through (c) below; if “no,” go on to the next question:

- (a) What is your certification number?
- (b) When were you certified?
- (c) Via what route were you certified?

☐ CAATE accredited curriculum

☐ Internship route

☐ Other (please specify):

If you are already certified, please include a copy of the BOC card with this form as one PDF document.

If not certified, what is the date you plan to take the BOC examination?

AFTER SAVING THIS FORM AS A PDF, PLEASE turn form in to Dr. Carla Heffner or office staff. NO LATER THAN FEBRUARY 1