

**TEXAS A&M UNIVERSITY – COMMERCE**  
**APPLICATION FOR ATHLETIC TRAINING OPTION**



**Personal Information**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Nickname \_\_\_\_\_ CWID \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Academic Information**

High School Attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ GPA \_\_\_\_\_

High School Athletic Trainer \_\_\_\_\_

College/University Attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ GPA \_\_\_\_\_

College Athletic Trainer \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

*If student has attended more than one college/university, please attach additional information on a separate sheet.*

**Extracurricular Activities (High School and/or College)**

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**Athletic Training Student Experience (High School and/or College)**

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**Additional Related Experience**

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**CPR/First Aid/AED Certification(s)**

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In addition to providing the above information, prospective athletic training students need to submit the following prior to beginning their first semester:

- 1) Verification of current Adult CPR/First Aid/AED certification (must be valid through May of first year)
- 2) Verification of current Bloodborne Pathogen training (must be valid through May of first year)
- 3) Verification of Hepatitis B Vaccination (HBV), complete series of 3 shots -OR- signed declination form

Students will also need to:

- 1) declare major as Human Performance
- 2) receive academic advising from the Director of Athletic Training Education
- 3) begin completing the 1800 apprenticeship hours under the direct supervision of a Texas Licensed Athletic Trainer during at least 5 long semesters (see Director of Athletic Training Education for details)

Documentation of the following prerequisites is required before a student can be placed in the clinical setting for apprenticeship hours:

1. Current certification in CPR/AED and First Aid
2. Completion of blood-borne pathogens training
3. Proof of immunization against hepatitis B\* (HBV)  
\* a signed declination form can substitute for HBV
4. ATEP Athletic Training Student Handbook Acknowledgement Form

All application materials should be sent to: Sarah Mitchell, MS, ATC, LAT  
Texas A&M University – Commerce  
Department of Health & Human Performance  
P.O. Box 3011  
Commerce, TX 75429  
Office: (903) 886-5543  
Fax: (903) 886-5365  
sarah.mitchell@tamuc.edu