

# **UNIVERSITY OF HOUSTON**

**3100 CULLEN BLVD., SUITE 1100**

**HOUSTON, TX 77204-6002**

**713-743-9422**

**713-743-0679 (FAX)**

## **Graduate Athletic Trainer Application**

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Numbers: Cell: \_\_\_\_\_

Home: \_\_\_\_\_

### **ATHLETIC TRAINING EXPERIENCE**

Teams Covered: \_\_\_\_\_  
\_\_\_\_\_

Special Events: \_\_\_\_\_

College/University Currently Attending: \_\_\_\_\_  
\_\_\_\_\_

Present GPA: \_\_\_\_\_ GPA in Major: \_\_\_\_\_ GRE Score: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

### **CERTIFICATION**

NATA Certified? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Certified: \_\_\_\_\_ Number: \_\_\_\_\_

If not Certified, anticipated testing date: \_\_\_\_\_

State Licensure (TX)? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Number: \_\_\_\_\_

If not Licensed, anticipated testing date: \_\_\_\_\_

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## **GOALS**

What do you wish to accomplish (Professionally/Personally) with a Master's Degree?

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What aspects of your didactic knowledge or clinical skills would you like to improve?

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Please list your interest while attending Graduate School – Desired Major/Research Interest.

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Type of work desired after graduation?

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## **REFERENCES**

Name

Title

Email:

Phone #

Name

Title

Email:

Phone #

Name

Title

Email:

Phone #

## **PLEASE RETURN THIS FORM TO:**

John D Houston, MS, ATC-L, CES  
Associate Director of Sports Medicine  
University Of Houston  
3100 Cullen Blvd., Suite 1100  
Houston, TX 77204-6002

Email address:     jhouston@Central.UH.EDU

**Please send cover letter and resume with application.**