



**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:**

- A copy of your immunization records including a negative TB (PPD) Test within the past twelve months.
- Proof of criminal background check.
- Completed “Medical History and Questionnaire” document contained in this packet and sign in the appropriate location.
- Physical examination (signed by your family physician or Frostburg State University’s Brady Health Center on the appropriate form included in this packet) noting you have passed a physical exam and can meet the technical standards for this program. This exam must be completed within the last 12 months of your application to the MSAT Program.
- 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 to the MSAT Program must complete Bloodborne Pathogen Training prior to beginning their first clinical rotation.

Students admitted to the MSAT Program must provide evidence of student membership in the National Athletic Trainers’ Association and maintain this membership as they matriculate through the ATP; for details go to <http://www.nata.org/membership>

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Applicant’s Signature

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Date

**Return all information and documentation to:**

**Office of Graduate Services  
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](mailto:jrdurst@frostburg.edu) | 301.687.3228

**FROSTBURG STATE UNIVERSITY  
DEPARTMENT OF KINESIOLOGY & RECREATION**

**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\_\_\_

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2) Neck or pinched nerves: Date \_\_\_/\_\_\_/\_\_\_ Yes\_\_\_ No\_\_\_

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3) Shoulder: Date \_\_\_/\_\_\_/\_\_\_ Yes\_\_\_ No\_\_\_

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4) Elbow or Wrist: Date \_\_\_/\_\_\_/\_\_\_ Yes\_\_\_ No\_\_\_

5) Hands or Fingers: Date \_\_\_/\_\_\_/\_\_\_ Yes\_\_\_ No\_\_\_

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6) Upper and lower back: Date \_\_\_/\_\_\_/\_\_\_ Yes\_\_\_ No\_\_\_

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7) Hip/Groin: Date \_\_\_/\_\_\_/\_\_\_ Yes\_\_\_ No\_\_\_

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8) Knee (please be specific) Date \_\_\_/\_\_\_/\_\_\_ Yes\_\_\_ No\_\_\_

Anterior crutiate ligament\_\_\_\_\_

Medial collateral ligament\_\_\_\_\_

Meniscus\_\_\_\_\_

Other structures\_\_\_\_\_

Surgeries\_\_\_\_\_

9) Ankle Date \_\_\_/\_\_\_/\_\_\_ Yes \_\_\_ No \_\_\_

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10) Foot/toes Date \_\_\_/\_\_\_/\_\_\_ Yes \_\_\_ No \_\_\_

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11) Muscle Strains Date \_\_\_/\_\_\_/\_\_\_ Yes \_\_\_ No \_\_\_

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12) Fractures Date \_\_\_/\_\_\_/\_\_\_ Yes \_\_\_ No \_\_\_

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

Please explain \_\_\_\_\_

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

Yes \_\_\_ No \_\_\_

Please explain \_\_\_\_\_

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

Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

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Athletic Training Student Signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**FROSTBURG STATE UNIVERSITY**

**DEPARTMENT OF KINESIOLOGY & RECREATION**

**ATHLETIC TRAINING STUDENT  
PHYSICAL EXAMINATION FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_/\_\_\_\_

**EXAMINATION: PLEASE CHECK AND EXPLAIN ANY ABNORMALITIES OR IRREGULARITIES THAT ARE FOUND DURING EXAMINATION.**

**EXTREMITIES**

**(SPECIAL ATTENTION)**

\_\_\_\_ EYES

\_\_\_\_ EARS

\_\_\_\_ NOSE

\_\_\_\_ OROPHARYNX

\_\_\_\_ TEETH

\_\_\_\_ BREASTS

\_\_\_\_ RESPIRATION

\_\_\_\_ CARDIOVASCULAR (PEDAL, PULSE,  
MURMURS OR ANY OTHER)

\_\_\_\_ ABDOMEN (HERNIA, SPLEEN, LIVER)

\_\_\_\_ GENITALIA/ANUS

\_\_\_\_ FOOT

\_\_\_\_ ANKLE

\_\_\_\_ KNEE

\_\_\_\_ HIP

\_\_\_\_ SHOULDER

\_\_\_\_ ELBOW

\_\_\_\_ WRIST

**EXPLANATION OF ABNORMAL FINDINGS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
I have on this date personally examined this student, reviewed the medical history and other data, and find the student physically able to perform the duties of an athletic training student.

\_\_\_\_\_  
WITH NO EXCLUSIONS

\_\_\_\_\_  
HEALTH CARE PROVIDER'S 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 accommodations 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: \_\_\_\_\_

## ADDITIONAL PROGRAM COSTS

- \$40 required/approved uniforms (minimum of 1 uniform shirt and 1 set of khakis slacks/shorts). Rain gear and 1 game day uniform polo will be provided by the program. Additional clothing is suggested, but not mandatory: cold gear, weather appropriate shoes/boots, hats, and gloves.
- \$78 [NATA membership](#) dues (includes NATA, MAATA and MATA dues).
- [ATrack membership](#): \$45 for an annual subscription; \$90 for a lifetime subscription.
- \$45 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.
- \$36 American Red Cross Professional Rescuer 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 cost of gas during specific off-campus rotation and opportunities to car-pool.