

Kenny Howard Athletic Training Fellowship Application



Name _____

Current Address _____

Permanent Address _____

Phone: _____ Cell: _____ Work: _____

E-mail _____

Are you BOCATC Certified? Yes _____ No _____

BOC Number: _____

Certification Date _____

Scheduled Examination Date: _____

States that you are Licensed in: _____

HBV Immunization: Yes or No Date: _____

Date: _____

Date: _____

TB Skin Test (Within one year of August 1st of the year you apply) :

Yes or No Date: _____

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Interpersonal Evaluation to be filled out by Supervising AT or Program Director



Applicant: _____

Supervising ATC: _____

Please rate the applicant in the following areas as compared to graduate level trainers you have supervised. (Place a check in the appropriate boxes.)

	Top 10%	Top 20%	Top 50%	Lower 50%
Intellectual Ability				
Oral Expression				
Motivation/Initiation				
Cooperation				
Emotional Maturity				
Dependability				
Creativity				
Ability To Work With Others				
Ability To Reason				
Professionalism				
Overall Potential				

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Application Checklist:

- Application
- Resume
- Transcript from institution graduating from (Unofficial is acceptable)
- 3 Letters of reference

Send application and all requested material to:

Kenny Howard Athletic Training Fellowship
Attn: Chad Abrams, M. Ed., ATC, Director
1199 S. Donahue Drive, Suite C
Auburn, AL 36832

