APPLICATION PROCESS

Please send the following documents in one envelope to the address listed below. The following items are necessary for applications to be considered for review:

- Completed Application
- Cover Letter
- Resume
- 3 Letters of Recommendation - (One letter must be from AT Curriculum Director)
- Official College Transcript
- Proof of Liability Insurance
- Copy of CPR/AED card (Front & Back)

Shari Clark MS, LAT
Clinical Internship Coordinator
UW Health Sports Medicine Center
621 Science Drive
Madison, WI 53711
608.263.7041
sclark3@uwhealth.org

Application Deadlines:

First Monday of February

Candidates being considered will be invited for a personal interview with the Clinical and Sports Rehabilitation Coordinators and select faculty. Candidates will be notified within two weeks of interviewing or six weeks after the application deadline.
UW Health Sports Medicine Center
Athletic Training Internship Application

CONTACT INFORMATION

First Name ____________________   MI _____   Last Name ____________________
Address ____________________________________________      Apt. # __________
City / State ______________________________   Zip Code ______________________
Home Phone __(____)____________    Cellular Phone __(____)_____________
Email Address ______________________________

ACADEMIC INFORMATION

Current Undergraduate Institution _________________________________________
Athletic Training Curriculum Director ______________________________________
Phone ___(____)__________________  Email _________________________________
Cumulative GPA _________   Anticipated Graduation Date  __/___/_______

Which Semester are you applying for?  ______________________________________

What athletic training settings have you participated in?  Circle all that apply.
Clinic    Corporate    College/University    Camps    Professional
Industrial    High School    Intramural / Club Sports    Other __________

REFLECTION  Please answer the following questions on a separate sheet and attach to
application. No minimum or maximum length.

1. Why would you like to participate in the UWHSM clinical internship program?

2. Identify specific skills or areas that you hope to advance during this internship.

3. What are your future career short term and long term goals?

4. Describe personal qualities or experiences that make you a competitive candidate
   for this position.