

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
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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.