

YOUNGSTOWN STATE UNIVERSITY
SPORTS MEDICINE

Requirement for Student Athletic Training Aide Position:

1. Currently enrolled full-time, or anticipating full-time enrollment after high school graduation.
2. Current CPR/AED and First Aid certification.
3. Current students must be in good academic standing and maintain a GPA of at least 2.75.
4. Must complete and submit application by specified deadline.
5. Must have a current physical exam on file in the Athletic Training Room.

After review of applications, prospective SATA candidates will be invited to a personal interview with the Youngstown State University Certified Athletic Training staff. Each candidate will be assessed regarding the following qualities:

1. Character
2. Self-Confidence
3. Verbal and Non-Verbal Communication Skills
4. Initiative
5. Appearance
6. Problem Solving Ability
7. Overall Interview
8. Potential as an SATA

Please COMPLETE application and RETURN to:

Jeff Wills, ATC
Assistant Athletic Trainer
Youngstown State University
One University Plaza
Youngstown, OH 44555

YOUNGSTOWN STATE UNIVERSITY
STUDENT ATHLETIC TRAINING AIDE APPLICATION

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE NUMBER _____ ALTERNATE PHONE NUMBER _____
EMAIL ADDRESS _____ SS# _____ - _____ - _____
HIGH SCHOOL ATTENDED _____
YEAR GRADUATED _____ GPA _____ SAT _____ ACT _____
MAJOR FIELD OF STUDY AT COLLEGE _____
COLLEGIATE GPA _____ EXPECTED GRADUATION DATE _____

EXPERIENCES/INTERESTS/GOALS

Briefly explain your career plans/goals:

Briefly explain why you would like to become a student athletic training aide at Youngstown State University.

List experiences that you feel have helped your athletic training knowledge and skills:

SKILLS INFORMATION

Are you CPR/AED certified?	YES	NO
If yes please provide a copy of your card (front and back)		
Are you FIRST AID certified?	YES	NO
If yes please provide a copy of your card (front and back)		
Have you started the Hepatitis B series of injections?	YES	NO
Have you taken a BLOOD BORNE PATHOGEN Class	YES	NO

PERSONAL REFERENCES

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____