

The National Sports Medicine Foundation

NSMIs Integrated Clinical Sports Medicine Athletic Training Residency Application



Dear Prospective Candidate,

Thank you for your interest in the National Sports Medicine Foundation Athletic Training Residency. By completing this form, you have taken your first step in becoming an advanced practitioner in the field of Athletic Training!

If accepted into the residency, you will have the opportunity to become a leader in examination, evaluation, diagnosis, prognosis and intervention of the athlete and active individual. You can be assured our faculty mentors are focused on your success not only as a resident but as a practicing professional. Our faculty mentors have an extreme passion in treating the athletic population and advancing the Athletic Training profession. We believe the best way to do this is by helping athletic trainers to become highly skilled, evidence-based practitioners who support the vision of CAATE, AOSSM, ATPPS and the NATA!

Below you will find information regarding the application process. Please follow the instructions to complete the application and include all of the requested materials to prevent any delay in processing your application. Please use the included checklist as a guide.

Thank you again for your interest!

Sincerely,

Elizabeth Zwicker MS, ATC, OTC Director of Athletic Training Residency Program Director of Clinical Athletic Training National Sports Medicine Institute



NSMF Athletic Training Residency Program Application Checklist

Application Deadline: **February 28th** of each calendar year

Please send the completed application to:

NSMF ATC Residency Program National Sports Medicine Institute 19455 Deerfield Ave, Suite 306 Lansdowne, VA 20176

Please complete and print this application

- o NSMF Athletic Training Residency Program Application
- o 3 Sealed recommendation letters
- Cover letter
- o Resume/CV
- o Official School Transcripts
- o Evaluation form
- o Essay

If applicable, please include copies of:

- o VA License
- o BOC
- o NPI
- o OTC
- o Other

Send any questions or concerns to: <u>Foundation@nationalsportsmed.com</u>



Please submit the completed application to:

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Section 1: Personal Information

First Name:	Last Name:		M.I.:
Gender:	SSN:	DOB:	
Permanent Address:			
Current Address:			
Phone:			
Home:		Work:	
Cell:			
Email:			
Drivers License #:	State):	Exp. Date:

Section 2: Education Background	
High School:	Location:
Graduation Date:	
College:	Location:
Major:	Minor:
Graduation Date:	Degree:
College:	Location:
Major:	Minor:
Graduation Date:	Degree:

Do you think your academic record accurately reflects your abilities? Explain

The residency will require travel between sites. You must have transportation. Do you currently have a reliable mode of transportation for travel between sites? If not, how do you plan to acquire a reliable mode of transportation if accepted for the Residency?

Section 3: Certifications & Licensures

What certifications do you currently hold? Please include copies of all certification cards with this application

TYPE	CERTIFICATION	EXPLANATION DATE
ATC BOC		
VA Licensure		
CPR/AED		
ОТС		
CSCS		
EMT		
Other		

<u>Section 4:</u> References One reference MUST be from your most current supervising athletic trainer.

1. Name:	Position:
Institution/Facility:	
Address:	
Phone:	Fax:
Email:	
2. Name:	Position:
Institution/Facility:	
Address:	
Phone:	Fax:
Email:	
3. Name:	Position:
Institution/Facility:	
Address:	
Phone:	Fax:
Email:	

Section 5: Athletic Training Experience/Employment Background

- 1. How did you learn about the NSMF Residency?
- 2. The NSMF residency program is a highly independent learning experience which requires a high level of critical thinking (i.e. strong ability to actively and skillfully conceptualize, apply, analyze, synthesize and evaluate information) What experiences do you have that will prepare you for this high-intensity, demanding position?

3. During your education/internship, what sports teams did you work with directly? (Please include all student and certified AT related clinical locations and employment)

4. Have you taken an active part in any scientific research projects? If so, please briefly explain the project and the nature of your involvement. (Attach additional sheet if necessary)

5. Other National/International Event Coverage/Volunteer ATC work:

6. What sports have you participated in?

Section 6: Awards and Honors

List any awards received for scholarship, athletics or other outstanding achievements

Please include any other information that may be pertinent to this position

Section 7: Short Answers

1. What do you hope to gain from this 12- month NSMF Residency experience?

2. What are your strengths, weaknesses, hobbies and career goals?

3. Briefly develop a research study topic you might be interested in pursuing during this residency, including hypothesis and research approach.

Essay

- a. Please include your response to the following question
 - i. When your career legacy is written what personal qualities do you possess that you would most want to see highlighted in that write up and describe what qualities you find to be important but admittedly fall short on?
- b. Limit to 1000 words

I certify that the information in this application is true and complete to the best of my knowledge and I understand that inaccurate information may affect my acceptance into the program. I agree to provide, if requested, documentation necessary to verify information reported in this form. I also give permission for NSMI to contact my previous employers and/or clinical preceptors

Signature: _____

Date: _____

Return application and supporting documentation to:

NSMF ATC Residency Program National Sports Medicine Institute 19455 Deerfield Ave, Suite 306 Lansdowne, VA 20176

If you have any questions or concerns please contact us through

Phone: 703 729 5010 Fax: 703 729 5833 Email: <u>Foundation@nationalsportsmed.com</u>

NSMF Athletic Trainer Residency Program Evaluation Form

(To be completed by supervising athletic trainer)

The NSMF Athletic Training Residency program is designed to expand the skills of the Athletic Trainer in the Orthopaedic office setting. Your perspective on the applicant's skills will enable us to assess the suitability of the applicant for our program.

Applicant: _____

Please rate the applicant in the following areas:

Characteristics	Upper 10%	Upper 25%	Upper 50%	Lower 50%	Lower 25%
Evaluation Skills	1070	2J /0	5078	5070	2370
Field Management Skills					
Taping & Bracing Skills					
Therapeutic Modalities					
Rehabilitation Techniques					
Intellectual Ability					
Oral Expression					
Written Expression					
Motivation					
Emotional Maturity					
Attitude					
Ability to work					
Independently					
Professionalism					
Ability to reason					
Conflict/Resolution skills					
Punctuality / Time					
management					
Dependability					
Creativity					
Interpersonal Skills					
Overall competence					

Supervising Athletic Trainer: _____

Position and Location: _____

Signature of Supervising Athletic Trainer: _____

Date: _____