



## University of Georgia Sports Medicine

UGA Athletic Association, Post Office Box 1472, 1 Selig Circle, Butts-Mehre Building, Athens, GA 30602  
706-542-9060 phone - - 706-542-9061 fax

*Dear Prospective Student:*

*Thank you so much for your request for the 2010 Athletic Training Graduate Assistantship application and your interest in the University of Georgia. Please find attached a copy of the job description as well as a Graduate Assistantship application. Please note the November 16<sup>th</sup> deadline...*

*If you need additional information regarding admission to Graduate School, please access that website at <http://www.coe.uga.edu/kinesiology/exs/athletictraining> then click on "Graduate Programs". This particular page will provide you with information on every degree program in each area that is offered. Toward the bottom of the page, please click on "Application Procedures and Electronic Application". Step 1 will lead you through the process of applying to the Graduate School. Step 2 contains the forms you need to print and follow to get all the information into the department.*

*Again, thanks for your interest. If I can be of further assistance to you, please feel free to give me a call at 706-542-9060. Have a wonderful day and I look forward to hearing from you in the very near future.*

*Sincerely yours,*

*Sarah Black*

*Sarah Black  
Assistant to the Director of Sports Medicine*

*CGG:st*

*Attachments*



**ATHLETIC TRAINER**  
**GRADUATE ASSISTANTSHIPS**

**2010- 2011 Academic Year**

***Application Deadline – Monday November 16, 2009***

**Job Description Includes:**

Responsibilities include but are not limited to: assist the athletic training staff with the overall sports medicine care of all student-athletes, athletic training coverage and team travel with assigned sports, supervision of athletic training students, operation and maintenance of athletic training facilities, and other duties as assigned by the Director of Sports Medicine.

**Required Criteria:**

- GPA – Minimum of 2.75; 3.2 or higher preferred
  - GRE – Minimum of 850; 1000 preferred
    - BOC – Certified by June 2010
  - UGA Graduate Assistantship Application
- Letter of Introduction, Resume & Transcripts
  - Names of Four (4) References

**Complete documentation must be submitted no later than November 16, 2009 to:**

**Sarah Black**  
**Director of Sports Medicine**  
**University of Georgia Athletic Association**  
**Post Office Box 1472 – Butts-Mehre Building**  
**Athens, Georgia 30603-1472**

**If you have any questions, please call 706-542-9060 or email to [sblack@sports.uga.edu](mailto:sblack@sports.uga.edu)**

**Athletic Training Graduate Assistantship  
Application Form  
The University of Georgia**

Name \_\_\_\_\_

Local Mailing Address \_\_\_\_\_

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *ZIP*

Local Telephone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *ZIP*

Home Telephone Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current University \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Anticipated Major in Graduate School \_\_\_\_\_

GRE Score (Date Test Taken) \_\_\_\_\_ Math \_\_\_\_\_ Verbal \_\_\_\_\_ Total \_\_\_\_\_

Undergraduate GPA (cumulative) \_\_\_\_\_ Undergraduate GPA (major) \_\_\_\_\_

BOC Certified \_\_\_\_ Yes \_\_\_\_ No ATC Certification # \_\_\_\_\_

NATA Membership # \_\_\_\_\_

If Not Certified, Date Anticipated to take NATABOC Exam \_\_\_\_\_

Other Professional Credentials (EMT, CSCS, etc.) \_\_\_\_\_

Other Certifications (CPR Instructor, WSI, etc.) \_\_\_\_\_

Athletic Training Clinical Experiences (number of semesters of experience):

Baseball \_\_\_\_\_ Gymnastics \_\_\_\_\_ Tennis \_\_\_\_\_  
Basketball \_\_\_\_\_ Soccer \_\_\_\_\_ Track and Field \_\_\_\_\_  
Football \_\_\_\_\_ Softball \_\_\_\_\_ Volleyball \_\_\_\_\_

Other Pertinent Clinical Experiences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervising Athletic Trainer(s) \_\_\_\_\_  
\_\_\_\_\_

References

**PLEASE REFER TO ATTACHED REFERENCE SHEET**

1.	_____	2.	_____
	<i>Name</i>		<i>Name</i>
	_____		_____
	<i>Street Address</i>		<i>Street Address</i>
	_____		_____
	_____		_____
	<i>City</i>	<i>State</i>	<i>Zip</i>
	_____		_____
	<i>Telephone</i>		<i>Telephone</i>
	_____		_____
	<i>E-mail</i>		<i>E-mail</i>
	_____		_____
3.	_____	4.	_____
	<i>Name</i>		<i>Name</i>
	_____		_____
	<i>Street Address</i>		<i>Street Address</i>
	_____		_____
	_____		_____
	<i>City</i>	<i>State</i>	<i>Zip</i>
	_____		_____
	<i>Telephone</i>		<i>Telephone</i>
	_____		_____
	<i>E-mail</i>		<i>E-mail</i>
	_____		_____

Please attach an essay explaining why you wish to be a Graduate Assistant Athletic Trainer at the University of Georgia and how it relates to your professional goals.

**Return completed with your application to:**

Sarah Black  
Assistant to the Director of Sports Medicine  
University of Georgia Athletic Association  
Post Office Box 1472 – Butts-Mehre Building  
Athens, Georgia 30603-1472  
sblack@sports.uga.edu

**APPLICATIONS ARE DUE NOVEMBER 16, 2009**