

COLLEGE ACTIVITIES/ COLLEGE AWARDS:

LIST ANY CLUBS OR ORGANIZATIONS YOU BELONG TO:

YEARS IN SPORTS MEDICINE AND ATHLETIC TRAINING (if any) _____

NAME OF INSTITUTION _____

NAME OF SUPERVISING ATC _____

LIST ANY SPORTS MEDICINE, ATHLETIC TRAINING OR PHYSICAL THERAPY SKILLS:

List any COURSEWORK (Indicate date of completion/grade/school)

Anatomy _____	Kinesiology _____
Physiology _____	Exercise Physiology _____
First Aid _____	Nutrition _____
CPR _____	Care & Prevention of _____
EMT Certification _____	Athletic Injuries _____

Any other applicable course work _____

First Aid/CPR Certification & Expiration date: _____

MAXIMUM NUMBER OF HOURS AVAILABLE PER WEEK TO WORK? _____

TIME COMMITMENTS OTHER THAN CLASSES (work, church, clubs):

LIST HOBBIES AND SPECIAL SKILLS:

APPLICATION CHECK LIST:

1. Academic course work. (3.0GPA) _____
2. Copy of current GPA _____
3. Copy of current CPR certification _____
4. Copy of current First Aid certification _____
5. Two letters of recommendation _____
6. Personal statement/essay _____
7. Quarter Grade Check _____
8. Resume _____

RETURN COMPLETED APPLICATION TO:

**MEAGAN PECKHAM, MA ATC
ASSISTANT ATHLETIC TRAINER
SPORTS MEDICINE DEPT. – PE BLDG. RM 50
UNIVERSITY OF CALIFORNIA
ATHLETICS
RIVERSIDE, CA 92521
OFFICE: (951) 827-3813
FAX: (951) 827-7158
meagan.peckham@ucr.edu**