

Norwich University

Athletic Training Education Program

Declaration of Program Form

To Be Completed By Student:

Name Last: First: Middle:

Date of Birth: ID #: SS#:

School Address

Dorm:

Street:

City: State: Zip:

School Telephone Number: (). . E-Mail: @norwich.edu

Permanent Address

Apt:

Street:

City: State: Zip:

Permanent Telephone Number: (). .

Course Work

Please identify when you completed/will complete the following coursework and the grade earned:

BI 101

Semester/Year: Grade:

BI 102

Semester/Year: Grade:

BI 215

Semester/Year: Grade:

Semester/Year:

Grade:

~~SM 108~~

Semester/Year:

Grade:

ST 101

Semester/Year:

Grade:

ST 102

Semester/Year:

Grade:

ST 201

Semester/Year:

Grade:

PE 251

Semester/Year:

Grade:

Current Cumulative Norwich University GPA:

Athletic Training Experience/Information

Are you a student member of the National Athletic Trainers' Association

Yes No

Are you a student member of the Vermont Association of Athletic Trainers

Yes No

Have you read the ATEP Policies and Procedures Manual

Yes No

Are you CPR certified

Yes, Expiration Date: No

Are you certified in First Aid

Yes, Expiration Date: No

My appointment with the ATE Program Director to review my program file for completeness and turn in my clinical portfolio is:

Signature

Date