

# AUBURN UNIVERSITY SPORTS MEDICINE

## Graduate Assistant Athletic Trainer Application

Please print and complete the following application and return it as soon as possible to the address or email listed at the bottom of the page. Please include this application page, a formal letter of application, current resume, an unofficial copy of your transcript(s), GRE scores, and three (3) letters of recommendation.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Most Recent College/University: \_\_\_\_\_

**Current Address:** \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Supervising Athletic Trainer:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Certification or proposed test date: \_\_\_\_\_

NATA Certification No. (if applicable): \_\_\_\_\_ NPI No. (if applicable) \_\_\_\_\_

Current GRE Scores Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_ Analytical: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Last Quarter/Semester GPA: \_\_\_\_\_

CPR/AED/First Aid Instructor: Yes \_\_\_\_\_ No \_\_\_\_\_ Red Cross or AHA: \_\_\_\_\_ Expiration: \_\_\_\_\_

Current EMT: Yes \_\_\_\_\_ No \_\_\_\_\_ What level? \_\_\_\_\_ Expiration: \_\_\_\_\_

Do you hold any other certifications? \_\_\_\_\_

Sport Preference (please list top 3): \_\_\_\_\_

When is the best time for you to visit our campus?

\_\_\_\_\_

(Please understand that any visit to our campus is not reimbursed by Auburn University)

**Please send all information to:**

Nate Warner, [ndw0003@auburn.edu](mailto:ndw0003@auburn.edu)  
Auburn University Athletics, Coliseum Athletic Training Room  
651 Heisman Dr, Auburn, AL 36849