



Application for Summer 20

PERSONAL INFORMATION

Name: _____
Last First M.I.

Mailing Address:

Street City State Zip

Email Address: _____

Cell Phone #: _____

ACADEMIC BACKGROUND

Please list your degree(s) received below. Most recent education should be placed at the top and the oldest placed towards the bottom.

Degree/Major	Institution	Date Completed (MM/YY)

For more information, please contact:

Email: ui-at@uidaho.edu

Phone: 208-885-0349

**ATHLETIC TRAINING
GRADUATE TEACHING ASSISTANT
APPLICATION**



University of Idaho
Department of
Movement Sciences

INTENDED COURSE OF STUDY

Please identify which academic program you intend to pursue:

[Doctor of Athletic Training \(D.A.T.\)](#)

[Doctor of Philosophy \(Ph.D.\)](#)

If pursuing a Ph.D., have you:

- Identified/Assigned a Major Professor? YES NO
- Identified a specialization area? YES NO
- Created a Study Plan? YES NO
- Established a Doctoral Committee? YES NO

RESEARCH INTERESTS

Please list your areas/topics of interest in research.

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PROFESSIONAL COURSE TEACHING PREFERENCE SHEET

INSTRUCTIONS: Identify areas which represent your knowledge, expertise, and/or teaching strengths. Only check areas in which you have experience, knowledge, and skill necessary to teach a course(s). If possible, please provide evidence of any certifications/specialties that support your teaching ability.

Content/ Teaching Area	Level of Knowledge/Expertise			Certifications or Specialties
	BEG.	INTERM.	ADV.	
Human Anatomy				
Human Physiology				
Biomechanics				
Care/Prev. of Emergent Injuries				
Eval./Diag. of Lower Extremity Inj.				
Eval./Diag. of Upper Extremity Inj.				
Basic Therapeutic Rehab and Exerc.				
Adv. Therapeutic Rehab and Exerc.				
Basic Manual Therapy				
Advanced Manual Therapy				
Therapeutic Modalities				
Psychology of Injury				
Health Promotion				
Neuroscience				
Ethics/Administration in AT				
General Medicine for ATs				
Pharmacology for ATs				
Basic Research Methods & Stats				
Adv. Research Methods & Stats				
Scientific Inquiry & Research Present.				
Current Issues in AT				
Other Areas (Not Identified Above)				

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Based on the content areas above, please identify the courses you would prefer to teach/assist in order of preference. These choices should represent your strongest areas of preparation.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

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REFERENCES

Please list at least three references that we may contact to discuss your professional, academic, and/or character strengths.

REFERENCE 1

Name:

Position:

Employer/Institution:

Phone:

Email:

What is their relationship to you?:

How long as this person known you?:

REFERENCE 2

Name:

Position:

Employer/Institution:

Phone:

Email:

What is their relationship to you?:

How long as this person known you?:

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REFERENCE 3

Name:

Position:

Employer/Institution:

Phone:

Email:

What is their relationship to you?:

How long has this person known you?:

APPLICATION COMPLETION CHECKLIST

Please review the checklist below. Once all forms have been completed, please compile PDF files of each and submit to Dr. Matthew Smitley via email (msmitley@uidaho.edu).

- Completed TA Application Form
- Completed CV
- Completed Clinical and Teaching Philosophy

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