

# Internship Application

Attention: Due to heightened security and badging requirements at this government facility, it will not be possible to except Non-US citizens at this time. Please accept our apologies.

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## Personal Information

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**US Citizen:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
/ /

## School Information

**School Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Year/Classification:** \_\_\_\_\_

## Address Information

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

## Permanent Address Information

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Advisor Information

**Academic Advisor's Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Phone:**

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**What semester are you considering to intern at KSC?**

**Is your college program accredited by the NATA?**

**How many years have you been involved with your college's Athletic Training Program?**

**What athletic training settings have you participated in?**

(Choose all that apply)

Clinic

Industrial

Camps

Professional

University/College

Intramural/Club Sports

Corporate

High School

**Why do you want to become an Athletic Trainer and what is your favorite aspect of Athletic Training?**

**How did you hear about the RehabWorks Internship Program?**

**What are your best personal attributes?**

**Select your top three strengths in athletic training:**

Injury

Fitness/Strength Training

Acute Injury Care

Evaluations	Knowledge of Rehabilitation	Chronic Injury Care
Therapeutic	Exercises	Post Surgical Rehabilitation
Modalities	Outreach (presentations, educational	Administration Tasks (SOAP notes, progress notes,
Rehabilitation	material design)	time management)
Design	Leadership Skills	
Anatomy	Emergency Care	
Understanding of		
Injuries		

**Select your top three weaknesses in athletic training:**

Injury	Fitness/Strength Training	Acute Injury Care
Evaluations	Knowledge of Rehabilitation	Chronic Injury Care
Therapeutic	Exercises	Post Surgical Rehabilitation
Modalities	Outreach (presentations, educational	Administration Tasks (SOAP notes, progress notes,
Rehabilitation	material design)	time management)
Design	Leadership Skills	
Anatomy	Emergency Care	
Understanding of		
Injuries		

**At this time in your education, if you were to choose your final professional occupation what would it be:**

- ATC
- PT
- PTA
- PA
- OT
- Orthopedic Surgeon
- General Practitioner
- Paramedic/EMT
- Educator
- Researcher/Ex Phys.
- Other:

**If you were to work as an ATC what employment setting would you desire:**

- High School
- College
- Industrial/Corporate
- Clinical
- Professional Sports
- Arts/Dance
- Hospital
- Military
- Other:

**Answer the following questions on a scale of 1-5.**

(1=poor, 2=below average, 3=average, 4=above average, 5=excellent)

How do you feel about your skills in evaluating?

1    2    3    4    5

How do you feel about your skills in modality usage?	1	2	3	4	5
How do you feel about your skills in rehabilitation program design?	1	2	3	4	5
How do you feel about your skills in health and wellness?	1	2	3	4	5
How do you feel about your skills in computer use?	1	2	3	4	5

**What would you like to obtain most from this internship?**

**What are your future goals?**