



Orthopaedic Surgery & Sports Medicine Teaching & Research Foundation

Application Requirements for ATC Career Development Programs

- Completed Athletic Trainer Career Development Program application
- Resume/curriculum vitae
- Undergraduate transcripts
- Two letters of recommendation
- Proof of NATA-BOC certification, or BOC scheduling receipt documenting date of test prior to beginning program.
- Proof of Illinois athletic trainers' licensure or copy of completed application forms.
- CPR/AED certification

Send completed information and required documents to:

OTRF Athletic Trainer Career Development Program
c/o Dr. Steven Chudik
1010 Executive Court, Suite 250
Westmont, IL 60559

Fax: 630-920-2382

Email: contactus@chudikmd.com





Orthopaedic Surgery & Sports Medicine Teaching & Research Foundation

ATC Career Development Program Application

Applying for: One-year program Six-month program
(Please email contactus@chudikmd.com for next available start date)

Name: _____ Date of Application: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate/Cell: _____

Email: _____

BOC Certification Number: _____

IL License Number: _____

Other Special Credentials/Certifications:

Training/Educational Background (Please include school, location, dates of completion, and degree earned):

• Undergraduate _____

• Graduate _____

• Other _____



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Relevant clinical/professional experience (Please include length of time):

Other special relevant experiences you would like to share (Use separate sheet if more space is needed):

References for letters of recommendation

Name: _____ Credentials: _____

Relationship: _____

How long have you known this person? _____

Name: _____ Credentials: _____

Relationship: _____

How long have you known this person? _____

Name: _____ Credentials: _____

Relationship: _____

How long have you known this person? _____



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Please submit a short, one-page essay about your interest in this program, your goals for the experience and your plans upon completing the residency.



I certify that all information submitted in the application process, including the application, transcripts, proof of licensure and certification (application), and all supplemental material is my own, factually true and honestly presented.

Signature _____ Date _____