



## 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: 630-324-0402

Email: [contactus@chudikmd.com](mailto:contactus@chudikmd.com)



## ATC Career Development Program Application

Applying for:  One-year program  Six-month program  
(Please email [contactus@chudikmd.com](mailto: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 \_\_\_\_\_

\_\_\_\_\_



## Orthopaedic Surgery & Sports Medicine Teaching & Research Foundation

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

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

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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: \_\_\_\_\_

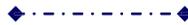
Relationship: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_



## Orthopaedic Surgery & Sports Medicine Teaching & Research Foundation

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 \_\_\_\_\_