



**APPLICATION FORM TO BE SUBMITTED TO THE ALBERTA ATHLETIC THERAPISTS ASSOCIATION IN  
APPLICATION FOR THE “FOUNDATIONS OF ATHLETIC THERAPY CERTIFICATE OF COMPLETION”  
RELATED TO HIGH SCHOOL CTS COURSE COMPLETION**

**Name of Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number (Including area code):** \_\_\_\_\_

**High School Attended:** \_\_\_\_\_

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**COURSE CONFIRMATION**

Course Checklist:

Technical Foundations for Injury Management	Grade Obtained: _____
Injury Management 1	Grade Obtained: _____
Injury Management 2	Grade Obtained: _____
Injury Management 3	Grade Obtained: _____
Musculoskeletal System 1	Grade Obtained: _____
Human Movement	Grade Obtained: _____

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**PRACTICUM CONFIRMATION**

- A minimum of 25 practicum placement hours must be achieved
- *Practicum supervisor must be a Certified Athletic Therapist or an AATA Executive Approved Equivalent*
- Please include the original copy of your Practicum Hour Logbook in your application

**Total Hours Achieved:** \_\_\_\_\_