

## Application -- Trainer Education Program

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Previous  
Experience \_\_\_\_\_

Briefly explain your career goals/plans

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain why you became a certified athletic trainer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include the following information with your application:

- Proof of employment in Mecklenburg County
- First year licensing receipt

Please send the completed applications to:

*OrthoCarolina Foundation  
C/O Blair Primis  
4601 Park Rd.  
Charlotte NC 28209*