

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*