Moore Traditional School Medical Arts School Year applying for: \_\_\_\_\_ Date Submitted to Teacher: \_\_\_\_/\_\_\_\_/\_\_\_

Rank in order of preference (1 being first): □ EKG Tech □ Nursing (MNA) □ Pharmacy Tech □ Sports Medicine (Athletic Training)

Student’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current School year: \_\_\_\_\_\_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Student’s School Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please address/answer the following statements by circling the acknowledgement that best suits you, the student:

1. I know my username/password for school computers. YES NO
2. I know to log-off school computers. YES NO
3. I know student expectations of the school electronic device code. YES NO
4. I know to follow the school uniform/dress code. YES NO
5. I know to practice study habits that will help me become academically successful. YES NO
6. I know to accept criticism as positive and constructive. YES NO
7. I pledge to participate in extra-curricular (after school) activity(ies). YES NO
8. I can acknowledge those whom support me academically and socially. YES NO
9. I pledge to report wrongdoing and I pledge to support my peers in this program. YES NO
10. I pledge to DO RIGHT. YES NO

Obtain endorsement from a peer, family member, and two school staff members as listed below.

By signing this endorsement, I feel that this candidate will benefit by participating in the sports medicine program. She/he can be a leader and can apply his core content knowledge the studies in Career Technical Education program at Moore. She/he thinks using intellectual/critical skills. She/he practices character and integrity that I expect of a future HealthCare Worker. I will encourage him/her throughout their program of studies to be nothing but exceptional.

1. PEER PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. MEDICAL FACULTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION:\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. FACULTY/ADMINISTRATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTIION: \_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. FAMILY MEMBER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROLE:\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolled students will maintain their evidence binder and prepare for successful completion of any/all high-stakes testing including the KY Occupation Skills Standards Assessment (KOSSA) and industry certification. Students are also to maintain CPR/First Aid/AED skills through an accredited agency and are to practice workplace controls. By asking for enrollment in sports medicine, we acknowledge the need for successful completion in the course sequence (see reverse side) and we pledge to be academically successful the best we can.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Sequence for Sports Medicine Program:**

*Course Completion data:*

*COURSE NAME: High School Credits School Year Trimester # Grade*

Emergency Procedures\* .5 \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Medical Terminology\* .5 \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Health Science Principles\* .5/ 1.0 \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Essentials of Sports Medicine .5/ 1.0 \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Applied Sports Medicine .5/ 1.0 \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Sports Medicine Internship .5/ 1.0 \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

**Electives should include, but not limited to:**

Health and Wellness .5 \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

EKG tbd \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Pharmacy tbd \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Business Management/Sports Marketing tbd \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Phlebotomy tbd \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

Anatomy and Physiology 1.0 \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

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* Denotes potential post-secondary articulation/credit.