Shenandoah University
Performing Arts Medicine Graduate Certificate Program
Program Information Form

Please print responses on the lines below:

1. Name: ______________________________________________

2. Mailing Address: ______________________________________

   Street

   City ___________________ State ________________________

   Zip Code ______________________________

3. Phone Numbers

   Mobile ________________________________

   Home _________________________________

   Work ________________________________

4. Email Address ________________________________

5. Please Circle the Track that you plan to attend below. Then go to the respective Track form and complete it.

   Track I for Health Professionals

   Track II for Performing Arts Educators
Track I for Health Professional Information Form

1. Please circle which of the health profession(s) in which you are currently licensed to practice. Please note that for each profession that you have circled, that you must submit a photocopy of the current license as part of your admission documents.

   Medical Doctor

   Physical Therapist

   Certified Athletic Trainer

   Occupational Therapist

   Podiatrist

   Chiropractor

   Physician Assistant

   Nurse Practitioner

2. This program requires that it is up to you to find a facility that has access to performing artists to observe treatment and/or collect data for a research case report (requirements within the courses PAM 706 and PAM 708). This facility will need to meet the approval of the course instructor.

   I, ____________________________ am aware of this program responsibility.

   ____________________________  __________
   Your Signature               Date
Track II for Performing Arts Educator Form

1. Please type or write in below your work setting and demonstrate how within this setting that you are instructing performing artists and how you intend to use the contents learned throughout this program:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

2. Please circle below the degree(s) from the admission application choices that you are using as your selection for fulfilling the admission requirement:
   Bachelor of Fine Arts in Dance (or Dance Education)
   Bachelor of Arts in Dance
   Bachelor of Science in Dance (or Dance Education)
   Bachelor of Music in Performance (or Music Education)
   Bachelor of Science in Music Education
   Other related degrees will be reviewed by the Program Director for possible admission.

Write the degree name as on official transcript on this line

3. This program requires that it is up to you to find a facility that has access to performing artists to observe instruction or treatment and to access a subject for a research case report (requirements within the courses PAM 706 and PAM 708). This facility will need to meet the approval of the course instructor. I, __________________________am aware of this program responsibility.

__________________________________ ____________________
Your Signature Date