

**ARKANSAS STATE BOARD OF ATHLETIC TRAINING**  
9 SHACKLEFORD PLAZA, SUITE 3  
LITTLE ROCK, AR 72211  
**APPLICATION INSTRUCTIONS FOR ATHLETIC TRAINER  
LICENSURE/TEMPORARY PERMIT**

• **Education:**

Athletic trainers seeking licensure in the state of Arkansas must possess a baccalaureate degree from an accredited institution.

• **All Applications** for Licensure and One Year Non-Renewable Temporary Permits:

1. Licensure and Temporary Permit Applicants: (You must answer all questions on the application or it will be returned for completion). A passport type photograph taken within one year must be attached and embossed with an official Notary seal or stamp. Attach your photograph to the application before having it notarized. Part of the notary seal or stamp should be on the picture and part should be on the application form.
2. Facsimile copies of the application and all other application forms are not acceptable.

• **Required Documents:**

1. Initial Licensure by Examination/Certification Applicants:
  - a. The Board will verify your NATABOC certification on the NATABOC website.
  - b. The Physician Direction Form should be submitted to the Arkansas State Board of Athletic Training if you are partially or fully practicing in a non-clinical setting.
2. Initial Licensure by Examination/Certification for full time graduate students already NATABOC Certified:
  - a. The Board will verify your NATABOC certification on the NATABOC website.
  - b. The Physician Direction Form should be submitted to the Arkansas State Board of Athletic Training if you are partially or fully practicing in a non-clinical setting.
  - c. Please provide a letter from a responsible party at the College or University you attend that indicates that you have full time graduate student status.
3. Initial Licensure by Reciprocity Applicants:
  - a. The Board will verify your NATABOC certification on the NATABOC website.
  - b. The Physician Direction Form should be submitted to the Arkansas State Board of Athletic Training if you are partially or fully practicing in a non-clinical setting.
  - c. The Reciprocity Verification Form should be submitted to all states in which you are currently credentialed as an athletic trainer. This form should be sent back directly to the Arkansas State Board of Athletic Training by the appropriate state agencies.
4. Temporary Permit Application
  - a. The NATABOC Certification Examination Eligibility Form will only be accepted if sent back directly to the Arkansas State Board of Athletic Training by the NATABOC.
  - b. The Physician Direction Form should be submitted to the Arkansas State Board of Athletic Training.

**FEES:**

Licensure by Examination/Certification Application Fee:	\$25.00
Licensure by Examination/Certification Initial Licensure Fee:	\$100.00
Licensure by Examination/Certification for full time graduate students already NATABOC Certified Application Fee:	\$25.00
Licensure by Examination/Certification for full time graduate students already NATABOC Certified Initial Licensure Fee:	\$50.00
Licensure by Reciprocity Application Fee:	\$25.00
Licensure by Reciprocity Initial Licensure Fee:	\$100.00
Temporary Permit Application Fee:	\$25.00
Temporary Permit Licensure Fee:	\$300.00 * quarterly

\*This fee is a total of \$1200.00 annually, but can be paid on a quarterly basis. A reminder of quarterly payment due will not be sent to the person holding a temporary permit. Unpaid quarterly permits become inactive on the 10th day after the quarterly payment fee deadline.

**License Renewals:**

Licenses are effective from July 1 to June 30th of the following year. Renewal fees are due upon receipt of the renewal notice. Those graduate students already NATABOC certified must provide a letter from a responsible party at the University where they have full time graduate student status indicating their full time student status. Unrenewed licenses become inactive as of July 1. To return to regular status, a reactivation fee must be paid in addition to the renewal fee. Licenses reactivated after September 30th will be assessed a late fee in addition to the renewal fee and the reactivation fee.

Renewal Fee:	\$50.00
Renewal Fee:	\$25.00 for graduate student already NATABOC certified
Reactivation Fee:	\$75.00
Late Fee:	\$100.00

**ARKANSAS STATE BOARD OF ATHLETIC TRAINING**

9 Shackleford Plaza, Suite 3

Little Rock, AR 72211

(501) 683-4076

**APPLICATION FOR LICENSURE OF ATHLETIC TRAINERS**

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**Please print or type answers to all questions**

Please check the appropriate box:

Initial License by Examination/Certification     Reciprocity     Temporary Permit

BOC Certification # \_\_\_\_\_

**General Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Current Place of Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security # \_\_\_\_\_ City & State of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender:  Male  Female    Ethnicity \_\_\_\_\_ Race \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**EDUCATION:**

State in chronological order the name and location of each college or university attended.

<b>Name/Location of School</b>	<b>Dates Attended</b>	<b>Major</b>	<b>Degree</b>
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_____	_____	_____	_____
_____	_____	_____	_____

**ADDITIONAL INFORMATION:** *(attach additional sheet if necessary.)*

Are you credentialed as an AT in any other state? \_\_\_\_ If yes, please list each state. \_\_\_\_\_

Verification of credentials must be sent directly from each state agency

Have you previously been denied AT credentials by any governing agency or the NATABOC? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Have your AT credentials ever been revoked by any governing or state agency? \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain.

**ATHLETIC TRAINING EXPERIENCE**

Dates	Employer/Location	Supervisor/Address

**PHOTOGRAPH**

(Affix photo here.)

A passport type photograph taken within one year must be attached and embossed with an official notary seal or stamp. Attach your photo to the application form before it is notarized. Part of the notary seal or stamp should be on the photo and part on the application form.

**NOTARIZED** - This is to certify that the photograph attached is a correct likeness of the applicant.

\_\_\_\_\_ Notary Public My commission expires \_\_\_\_\_

Appropriate fees must accompany application. See instruction sheets for fee schedule. Your notarized signature must accompany this application.

I, \_\_\_\_\_ hereby certify under oath or affirmation that I am the person named in the application. I swear/affirm that the contents of this application are true. All information contained in this application may be verified by the Arkansas State Board of Athletic Training.

**APPLICANT'S SIGNATURE**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

# Arkansas State Board of Athletic Training

9 Shackleford Plaza, Suite 3 \* Little Rock, AR 72211 \* 501-683-4076

## ATHLETIC TRAINER LICENSE/TEMPORARY PERMIT PHYSICIAN DIRECTION FORM

Athletic Trainer Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Directions to Applicant:** If practicing fully or partially in a non-clinical setting, please request your supervising/directing physician to complete the following form and return to the address listed above. Ark. Code Ann S 17-93-411 of 1995 Act 1279 licenses athletic trainers and requires the following supervision of the athletic trainer.

1. In a non-clinical traditional setting, the athletic trainer may practice the art and science of athletic training under the direction of a physician licensed in the state of Arkansas.
2. In a clinical setting, the athletic trainer may practice athletic training in a hospital or outpatient clinic under the direct supervision of a physical therapist and upon the referral of a physician licensed in the state of Arkansas.

**Directions to Physician:** Please read the information below and complete the following.

Supervising / Directing Physician: a person holding a current unrestricted license to engage in the practice of medicine or osteopathy. Other physicians, who act on a referral basis with athletic trainers who hold a current unrestricted license to engage in the practice of chiropractic, optometry, and podiatry in the state of Arkansas.

**Please check the activity or activities for which direction is given:**

- 1. Interscholastic (High School Athletics)
- 2. Intramural
- 3. Intercollegiate (College Athletics)
- 4. Professional
- 5. Sanctioned Recreational Sports Activities:
  - a. Has officially designated coaches who have the responsibility for athletic activities of the organization.
  - b. Has a regular schedule of practices or workouts which are supervised by the officially designated coaches.
  - c. Is an activity generally recognized as having an established schedule of competitive events of exhibitions.
  - d. Has a policy requiring documentation of having passed a pre-participation medical examination conducted by a licensed physician as a condition for participation in the athletic activities of the organization.

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
City/State/Zip Phone Number

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**RECIPROCITY VERIFICATION FORM**

**Applicant:** Complete top section and send entire page to the state licensing board/s where all AT credentials have been granted. Please make additional copies and send to all states where AT credentials were granted. The Board must determine whether the credentials you hold as an AT are at least equal in requirements to Arkansas' requirements.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Maiden

**Address:** \_\_\_\_\_  
Street Home Phone  
\_\_\_\_\_  
City Sate Zip Work Phone  
\_\_\_\_\_  
Social Security # State of Licensure/Certification/Registration

**The following section is to be completed by state licensing board where license / certificate / registration was obtained.**

The Board of \_\_\_\_\_ of the State of \_\_\_\_\_ hereby certifies that \_\_\_\_\_ was issue license/certificate/registration number \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_.

The license/certificate/registration expires on \_\_\_\_\_.

Disciplinary action: \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTE:**  
**If disciplinary action has been taken against this individual, please provide additional information.**

(SEAL)

\_\_\_\_\_  
Signature of Authorized Representative Date

**Return directly to the address indicated above.**