

April 15, 2010

Dear Colleague:

### **Important - Read - Save Money**

As per the Rules and Regulations of the Athletic Training Act and as stated on your initial athletic training licensure application, all athletic training licenses expire annually on June 30. All athletic trainers must complete the renewal process listed below. If you should have any questions please do not hesitate to contact the Arkansas State Board of Athletic Training.

The application can be completed and the fee paid on the website at [www.aratb.org](http://www.aratb.org). A processing fee will be added to all online renewals.

1. **A.** Complete and return the renewal application to the Arkansas State Board of Athletic Training office along with the renewal fee of \$50.00. The online processing fee is \$2.50. **Return postmarked before July 1, 2010 or...**  
**B.** Renewal applications, and fees returned postmarked July 1 through September 30, 2010 will be assessed a reactivation fee of \$75.00 in addition to the renewal fee of \$50.00 or **\$125.00 total**. The online processing fee is \$4.75. **or...**  
**C.** Renewal applications and fees returned postmarked October 1, 2010 or later will be assessed a late fee of \$100.00 in addition to the reactivation fee of \$75.00 and the renewal fee of \$50.00 or **225.00 total**. The online processing fee is \$7.75.
2. A current Physician Direction Form must be submitted by your directing physician to the Arkansas State Board of Athletic Training if you are partially or fully practicing in a non-clinical setting. **The Physician Direction Form is part of the renewal process and must be received by June 30 in addition to the renewal form and fee. Additional fees, as stated above, will be assessed if the form is not received by June 30.**

The Board office will verify your NATA-BOC certification online.

Renewal licenses will be issued upon receipt of the renewal application with appropriate fee, physician direction form and verification from NATA-BOC (completed by the Board office.)

Please contact us if necessary.

Sincerely,



Ron Carroll ATC, LAT  
Athletic Training Board Chairman  
(870) 972-3342

## **2010 ATHLETIC TRAINERS RENEWAL NOTICE FOR LICENSURE**

**\*To avoid license suspension and a penalty fee, payment is required on or before June 30, 2010\***

*Complete the following and return with the required fee to:*

*Arkansas State Board of Athletic Training*

*9 Shackelford Plaza, Suite 3, Little Rock, AR 72211*

### **FEE: ATHLETIC TRAINER - \$50.00**

License # \_\_\_\_\_ Issue Date \_\_\_\_\_ BOC Certification # \_\_\_\_\_

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

Address \_\_\_\_\_

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

Place of Birth (City and State) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Race \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Educational Institution of Professional Education \_\_\_\_\_

***List the name of each facility where you provide athletic training. Attach additional sheet if necessary.***

Facility \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Facility \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Do you practice fully or partially in a non-clinical setting? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes to the above, please complete and submit the Physician Direction Form.

### **LICENSE RENEWALS**

Licenses are effective from July 1 to June 30th of the following year. Renewal fees of \$50.00 are due upon receipt of the renewal notice. Unrenewed licenses become inactive as of July 1. To return to regular status, a reactivation fee of \$75.00 must be paid in addition to the renewal fee. Licenses reactivated after September 30th will be assessed a late fee of \$100.00 in addition to the renewal fee and the reactivation fee.

**DEADLINE FOR RENEWALS - JUNE 30, 2010  
IT IS ILLEGAL TO PRACTICE WITHOUT A LICENSE**

### **BOARD USE ONLY**

Amount \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

