

April 29, 2011

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 Board's website at [www.aratb.org](http://www.aratb.org). A processing fee of 5% 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, 2011 or...**
  - B.** Renewal applications, and fees returned postmarked July 1 through September 30, 2011 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, 2011 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.

If you have questions, please contact the Board office at 501-683-4076.

Sincerely,



Ron Carroll ATC, LAT  
Athletic Training Board Chairman

## 2011 ATHLETIC TRAINERS RENEWAL NOTICE FOR LICENSURE

\*To avoid license suspension and a penalty fee, payment is required on or before June 30, 2011\*

Complete the following and return with the required fee to:

Arkansas State Board of Athletic Training

9 Shackleford Plaza, Suite 3, Little Rock, AR 72211

### ATHLETIC TRAINER RENEWAL FEE - \$50.00

<b>License #</b>	
<b>Last Name</b>	
<b>First Name</b>	
<b>Middle Name</b>	
<b>Mailing Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Residence County</b>	
<b>Home Phone</b>	
<b>Work Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<i>List the name of each facility where you provide athletic training. Attach additional sheet if necessary.</i>	
<b>Facility Name</b>	
<b>Facility City &amp; State</b>	
<b>Facility Name</b>	
<b>Facility City &amp; State</b>	
<b>Facility Name</b>	
<b>Facility City &amp; State</b>	
Do you practice fully or partially in a non-clinical setting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If the answer is yes to the above, please complete and submit the Physician Direction Form.</i>	

### LICENSE RENEWALS

Licenses are effective from July 1 to June 30th of the following year. A renewal fee of \$50.00 is due upon receipt of the renewal notice. Unrenewed licenses lapse as of July 1. To return to regular status, a reactivation fee of \$75.00 must be paid in addition to the renewal fee for a total of \$125.00. Licenses reactivated after September 30th will be assessed a late fee of \$100.00 in addition to the renewal fee and the reactivation fee for a total of \$225.00.

**DEADLINE FOR RENEWALS IS  
JUNE 30, 2011  
IT IS ILLEGAL TO PRACTICE  
WITHOUT A LICENSE**

**BOARD USE ONLY**

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

Date \_\_\_\_\_

# Arkansas State Board of Athletic Training

9 Shackleford Plaza, Suite 3, Little Rock, AR 72211  
(501) 683-4076

## ATHLETIC TRAINER PHYSICIAN DIRECTION FORM

Athletic Trainer Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**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 or 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