

**ARKANSAS STATE BOARD OF ATHLETIC TRAINING
NATABOC VERIFICATION FORM
Passing Examination -- CEU Requirements -- Certification Status**

Please type or print in ink.

TO BE COMPLETED BY APPLICANT:

Last Name _____ First _____ Middle _____ Maiden _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Social Security Number _____ NATABOC Cert. # _____

The remainder of this verification form must be completed by an appropriate official of the NATA Board of Certification (NATABOC). Mail this form, along with a check or money order in the amount of \$25.00 made payable to "NATABOC: to the following address:

**NATA BOARD OF CERTIFICATION
4223 So. 143rd Circle
Omaha, NE 68137**

Effective September 1, 2008 electronic verifications are available for a fee of \$15.00. Further information is on the NATABOC website at www.bocatc.org or you may call NATABOC at 877-262-3926.

TO BE COMPLETED BY THE NATABOC:

Please complete all three of the following questions and return to:

**Arkansas State Board of Athletic Training
9 Shackelford Plaza, Suite 3
Little Rock, AR 72211**

I hereby verify that the following certified athletic trainer has:

1. Received a passing score on the NATABOC Certification Examination. Yes No
2. Fulfilled current CEU requirements. Yes No
3. The current certification status (i.e. active, inactive, suspended, etc.) _____

Seal

Signature (NATABOC official)

Title _____ Date _____