



Arkansas Department of Health

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Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health

Arkansas State Board of Athletic Training

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ARKANSAS LICENSE VERIFICATION REQUEST

Name: _____

Arkansas Athletic Trainer License Number: _____

Signature: _____

By signing this document, I authorize the Arkansas State Board of Athletic Training to provide information to the listed entity below stating the current status of my Arkansas Athletic Trainer License including any claims filed with the Board against me.

Address for Verification Request to be sent:

Name: _____

Street: _____

City/State/Zip: _____