



ARKANSAS STATE BOARD OF ATHLETIC TRAINING

P.O. Box 250254
Little Rock, AR 72225

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 if online approval is not available on the state's website. This form should be sent back directly to the Arkansas State Board of Athletic Training by the appropriate state agencies. The board office will verify licenses that can be verified online.

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
Total fee to mail with exam/certification application:	\$125.00

Licensure by Exam/Certification/Reciprocity for full time graduate students already NATABOC Certified Application Fee:	\$25.00
Licensure by Exam/Certification/Reciprocity for full time graduate students already NATABOC Certified Initial Licensure Fee:	\$50.00
Total fee to mail with application:	\$75.00

Licensure by Reciprocity Application Fee:	\$25.00
Licensure by Reciprocity Initial Licensure Fee:	\$100.00
Total fee to mail with reciprocity application:	\$125.00

Temporary Permit Application Fee:	\$25.00
Temporary Permit Licensure Fee:	\$300.00 * quarterly
Total fee to mail with application:	\$325.00 **

*This fee is a total of \$1200.00 annually, but can be paid on a quarterly basis. **The application fee is due only once with the first temporary permit application. 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

P.O. Box 250254
Little Rock, AR 7225
(501) 683-4076

APPLICATION FOR LICENSURE OF ATHLETIC TRAINERS

Please print or type answers to all questions

Please check the appropriate box:

- Initial License by Examination/Certification Reciprocity Temporary Permit

BOC Certification # _____ National Provider Identifier (NPI) # _____

General Information

Last Name _____ First _____ Middle _____ Maiden _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____

Fax _____ Email _____

Social Security # _____ City & State of Birth _____ Date of Birth _____

Gender: Male Female

Ethnic/Race Information: American Indian or Alaska Native Asian Black/African American
 Hispanic/Latino Native Hawaiian or Other Pacific Islander White/Caucasian

Are you an active member of the Military being stationed in AR? Yes No

Are you a former member of the Military Yes No

If yes, what is the discharge date? _____

Is your spouse an active member of the Military being stationed in AR Yes No

Is your spouse a former member of the Military? Yes No

If yes, what is the discharge date? _____

EDUCATION:

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

Name/Location of School	Dates Attended	Major	Degree
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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. _____

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 and submit legal documents.

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

P.O. Box 250254, Little Rock, AR 72225
(501) 683-4076, aratb@arkansas.gov

Supervision/Standing Orders Agreement

Directions to Applicant: If practicing fully or partially in a non-clinical setting, please request your supervising/directing physician to complete the form and return to the address listed above.

Ark. Code Ann S 17-93-411 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.

Supervising Physician

Athletic Trainer

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State/Zip: _____

State/Zip: _____

Phone: _____

Phone: _____

Business Name: _____

AT Employer: _____

I, the above named Supervising Physician, agree to be the designated supervisor for the Athletic Trainer named above, under the Rules of the Arkansas State Board of Athletic Training. We understand and agree to abide by the following standing orders:

The Supervising Physician agrees to be available for consultation and to provide direction as necessary. Supervision means that the Supervising Physician is readily available to give aid, direction, and instruction.

The Supervising Physician shall allow the Athletic Trainer to perform independently the functions for which the Athletic Trainer has training and experience, as outlined in the 5 Domains from the Board of Certification's Practice Analysis, 7th Edition and additional education as approved by the Board.

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D1: Injury & Illness Prevention and Wellness Promotion

D2: Examination, Assessment and Diagnosis

D3: Immediate & Emergency Care

D4: Therapeutic Intervention

D5: Healthcare Administration & Professional Responsibility

The Athletic Trainer shall adhere to the Arkansas State Board of Athletic Training Rules, and applicable Standards of Practice for the profession.

In the event of termination of this Agreement, the Athletic Trainer shall notify the Board in writing. The Athletic Trainer will not provide services until documentation of an appropriate Supervisor is approved by the Board.

Any changes in this agreement shall be submitted in writing within ten (10) days to the Board.

Supervisor's Signature

Date

Athletic Trainer's Signature

Date

**Arkansas State Board of Athletic Training
Athletic Trainer Temporary Permit
Board of Certification (BOC)
Certification Examination Eligibility Form**

Directions to Applicant:

The applicant must have taken the BOC Certification Exam or be eligible for the exam. Requests for application for the BOC Certification Exam must be submitted with the required materials to:

**Board of Certification, Inc.
1415 Harney Street, Suite 200
Omaha, Nebraska 68102**

Name: _____ Social Security Number: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____



Directions to the NATABOC:

The applicant is applying for an Arkansas Temporary One-Year Nonrenewable Athletic Trainer Permit. Please review the applicant's eligibility for the BOC Certification exam.

Please complete the following and return directly to:

**Arkansas State Board of Athletic Training
P.O. Box 250254
Little Rock, AR 72225
(501) 683-4076**

Please check:

- Is eligible for the BOC Certification Examination
- Is **not** eligible for the BOC Certification Examination

Seal

Signature (NATABOC official)

Title _____

Date _____

**Arkansas State Board of Athletic Training
P.O. Box 250254
Little Rock, AR 72225**

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 State 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 issued
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