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. This form should be sent back directly to the Arkansas State Board of Athletic Training by the appropriate state agencies.

  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:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure by Examination/Certification Application Fee</td>
<td>$25.00</td>
</tr>
<tr>
<td>Licensure by Examination/Certification Initial Licensure Fee</td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>Total fee to mail with exam/certification application:</strong></td>
<td><strong>$125.00</strong></td>
</tr>
<tr>
<td>Licensure by Examination/Certification for full time graduate students already NATA</td>
<td>$25.00</td>
</tr>
<tr>
<td>BOC Certified Application Fee</td>
<td></td>
</tr>
<tr>
<td>Licensure by Examination/Certification for full time graduate students already NATA</td>
<td>$50.00</td>
</tr>
<tr>
<td>BOC Certified Initial Licensure Fee</td>
<td></td>
</tr>
<tr>
<td><strong>Total fee to mail with application:</strong></td>
<td><strong>$75.00</strong></td>
</tr>
<tr>
<td>Licensure by Reciprocity Application Fee</td>
<td>$25.00</td>
</tr>
<tr>
<td>Licensure by Reciprocity Initial Licensure Fee</td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>Total fee to mail with reciprocity application:</strong></td>
<td><strong>$125.00</strong></td>
</tr>
<tr>
<td>Temporary Permit Application Fee</td>
<td>$25.00</td>
</tr>
<tr>
<td>Temporary Permit Licensure Fee</td>
<td>$300.00 * quarterly</td>
</tr>
</tbody>
</table>
| **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 NATA BOC 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.

<table>
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<tbody>
<tr>
<td>Renewal Fee</td>
<td>$50.00</td>
</tr>
<tr>
<td>Renewal Fee</td>
<td>$25.00 for graduate student already NATA BOC certified</td>
</tr>
<tr>
<td>Reactivation Fee</td>
<td>$75.00</td>
</tr>
<tr>
<td>Late Fee</td>
<td>$100.00</td>
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</table>
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 or African American

☐ Hispanic/Latino

☐ Native Hawaiian or Other Pacific Islander

☐ White/Caucasian

EDUCATION:

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

Name/Location of School __________________________ Dates Attended ________ Major ________ Degree ________

____________________________________________________________________________________

____________________________________________________________________________________

ADDITIONAL INFORMATION:  (attach additional sheet if necessary.)

Are you credentialed as an AT in any other state? _____  If yes, please list each state. ________________________

Verification of credentials must be sent directly from each state agency

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.

ATHLETIC TRAINING EXPERIENCE

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer/Location</th>
<th>Supervisor/Address</th>
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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
ATHLETIC TRAINER LICENSE/TEMPORARY PERMIT
PHYSICIAN DIRECTION FORM

Athletic Trainer Name: ___________________ NPI Number: ___________________

Address: ______________________________ City/State/Zip: ___________________

Home Phone: ________________________ Work Phone: ________________________

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 § 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 will 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 of 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 ____________________________
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
9 Shackleford Plaza, Suite 3
Little Rock, AR 72211
(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
9 Shackleford Plaza, Suite 3
Little Rock, AR 72211

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

Return directly to the address indicated above.