

Arkansas State Board of Athletic Training

9 Shackelford Plaza, Suite 3 * Little Rock, AR 72211 * 501-683-4076

ATHLETIC TRAINER LICENSE/TEMPORARY PERMIT PHYSICIAN DIRECTION FORM

Athletic Trainer Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

NPI (National Provider Identifier) 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 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 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 _____