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
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

________________________________________________________________________________

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

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<th>Dates</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
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

Name: ________________________________
Address: ______________________________
City: _________________________________
State/Zip: _____________________________
Phone: ________________________________
Business Name: __________________________

Athletic Trainer

Name: ________________________________
Address: ______________________________
City: _________________________________
State/Zip: _____________________________
Phone: ________________________________
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 ____________________

Revised 05/01/2020
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