



2020 ATHLETIC TRAINERS RENEWAL NOTICE

All athletic training licenses expire annually on June 30th. All athletic trainers must complete the renewal process listed below. If you should have any questions please do not hesitate to contact the board office.

To renew your license:

1. Complete and return the renewal application to the Arkansas State Board of Athletic Training at 9 Shackelford Plaza, Suite 3, Little Rock, AR 72211 along with the renewal fee of \$50.00. The online processing fee is \$2.50. **Return postmarked by June 30, 2020.**
2. Submit a current Physician Direction Form signed by your directing physician if you are partially or fully practicing in a non-clinical setting. **The Physician Direction Form is part of the renewal process and must be received by June 30th in addition to the renewal form and fee. Additional fees will be assessed if the form is not received by June 30th.**
3. **A current BOC certification is required.** The Board office will verify your BOC certification online.

Renewal applications and fees returned postmarked July 1 through September 30, 2020 will be assessed a reactivation fee of \$75.00 in addition to the renewal fee of \$50.00 or \$125.00 total. The late fee after September 30, 2020 is \$100 in addition to the reactivation fee of \$75.00 and the renewal fee of \$50.00 for a total of \$225.00. **It is illegal to practice without a license.**

2020 ATHLETIC TRAINERS RENEWAL APPLICATION ATHLETIC TRAINER RENEWAL FEE - \$50.00

License #		NPI (National Provider Identifier) #	
Last Name			
First Name			
Middle Name			
Mailing Address			
City		State	Zip
Residence County			
Home Phone		Work Phone	
Email			
Are you an active member of the Military being stationed in AR?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a former member of the Military?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what is the discharge date?			
Is your spouse an active member of the Military being stationed in AR?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your spouse a former member of the Military?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what is the discharge date?			
Do you practice fully or partially in a non-clinical setting?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If the answer is yes to the above, please complete and submit the Physician Direction Form.</i>			
List the name of each facility where you provide athletic training. Attach additional sheet if necessary.			
Facility Name			
Facility City & State			
Facility Name			
Facility City & State			
Facility Name			
Facility City & State			
BOARD USE ONLY:	Amount:	Check #:	BOC Verification <input type="checkbox"/>



Arkansas State Board of Athletic Training

9 Shackleford Plaza, Suite 3, Little Rock, AR 72211
(501) 683-4076, aratb@sbcglobal.net

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