Print Form

ALABAMA BOARD OF ATHLETIC TRAINERS

Application for Licensure

OFFICE USE ONLY

CHECK NO. _____

AMOUNT $ _____

DATE ____/____/_____

REC'D ____/____/_____

(Please type or print in ink)

1. Date: _____

2. Name: _____
(Last) (First) (Middle)

3. Home Address: _____ 4. Telephone Number: (_____) _____

5. _____ 6. _____ 7. _____
(City) (State) (Zip Code) (County)

8. Social Security No. ☐☐☐ - ☐☐ - ☐☐☐☐ 9. Date of Birth: ☐☐ / ☐☐ / ☐☐☐☐

10. Race: _____ 11. Sex: ☐ Male ☐ Female 12. U.S. Citizen ☐ No ☐ Yes 13. Legal Alien: ☐ No ☐ Yes

14. Place of Employment: _____

15. Title of Position: _____ 16. Supervisor: _____

17. Employment Address: _____ 18. Telephone Number: (_____) _____

_____
(City) (State) (Zip Code) (County)

19. Are there any criminal or civil suits pending against you? If yes, attach a full explanation. ☐ No ☐ Yes

20. Are you now addicted to or have you ever excessively used alcohol, narcotics, barbiturates, or habit forming drugs? If yes, attach a full explanation. ☐ No ☐ Yes

21. Have you ever been convicted of any violations of law (except minor traffic violations)? If yes, attach a full explanation. ☐ No ☐ Yes

22. A. Have you ever had a license or permit encumbered in any way? ☐ No ☐ Yes

    B. If yes, has the decree changed? Attach a full explanation. ☐ No ☐ Yes

23. Have you ever been declared mentally incompetent by any court? If yes, attach an explanation. ☐ No ☐ Yes

24. A. Are you currently certified by the Board of Certification, Inc. (BOC)? ☐ No ☐ Yes

    B. BOC Certification Number (if applicable) _____
    (attach a copy of your BOC card or on-line verification)

    C. NATA membership number (if applicable) _____
    (attach a copy of your NATA membership card)

25. Are you currently licensed in another state in the area of Athletic Training? ☐ No ☐ Yes

    If yes, what state? _____
    (attach a copy of current license)

26. Have you been licensed as an athletic trainer in Alabama previously? ☐ No ☐ Yes

    If yes, indicate approximate period of licensure and number, if known. _____

Subscribed and sworn to before me this

_____ day of _____, 20_____.

My Commission expires _____.

_____
(Notary Public)

Notary Seal

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Athletic Trainers and affirm that all conditions for licensure have been met and will be maintained.

_____
(Signature of Applicant)

Affix Copy
of
Social Security Card
or
Driver's License
here

NOTE: NOT RESPONSIBLE FOR CARDS OR PHOTOS NOT SECURELY AFFIXED.

Affix
Photo
here

(only a Passport Photo will be accepted)

Complete entire form, enclose fee, and mail to:

Alabama Board of Athletic Trainers
Post Office Box 243011
Montgomery, Alabama 36124

ALABAMA BOARD OF ATHLETIC TRAINERS

RECORD OF EDUCATIONAL TRAINING

Education: (State in chronological order, beginning with high school, the name and location of each institution attended, amount of time attended, and year of graduation, if applicable. **Please also state the name(s) of degree(s) awarded.**)

Institution	Dates Attended	Name of Diploma/Degree & Year Awarded

SPECIALIZED TRAINING:

Please check the following boxes which apply to you regarding specialized or advanced training.

☐ NATABOC certified athletic trainer (ATC) Certification # _____Membership # _____

☐ Physical Therapist (PT) State: _____ License # _____

☐ APTA Board Certified Sports Physical Therapist (SCS)

☐ NSCA Certified Strength & Conditioning Specialist (CSCS) Certification # _____

☐ Emergency Medical Technician

- ☐ EMT-B
- ☐ EMT-I
- ☐ EMT-P
- ☐ National Register

☐ Nurse

- ☐ RN
- ☐ LPN

☐ Other _____

_____

_____

ALABAMA BOARD OF ATHLETIC TRAINERS

VERIFICATION OF ATHLETIC TRAINING PRACTICE

I, _____, certify that I practice athletic training in the state of Alabama and provide the following information to describe my practice.

Name of Employer: _____

Address of Employer: _____

_____

_____

Employment Phone #: _____

Title of Applicant's Position: _____

Full description of applicant's duties and responsibilities (include sports covered and specific duties):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Applicant Date