



ALABAMA BOARD OF ATHLETIC TRAINERS APPLICATION INFORMATION

In completing the application package, please note the following:

1. Incomplete applications may be returned *minus the application fee, which is non-refundable. Insure that all information asked for is provided.*
2. All fees are payable to the Alabama Board of Athletic Trainers. The application and initial licensure fee is \$175.00
3. Photographs must be a “passport-quality photograph” taken within the last six months.
4. Names on applications must match names on Driver’s License or Social Security card.
5. The “Physician/Athletic Trainer Protocol Consent Form” must be completed and on file with the Alabama Board of Athletic Trainers to be licensed to practice in the State. The Alabama Board of Athletic Trainers and the State Board of Medical Examiners approved the “Physician/Athletic Trainer Protocol Consent Form.” Please review the protocol with your supervising physician (i.e., head team physician, clinic medical doctor, etc.) and have the physician sign the form. Maintain a copy in your athletic training facility and forward the original to the Board.
6. Pursuant to the Alabama Athletic Trainers Licensure Act, licenses must be renewed before the expiration date indicated on the license ID card and in accordance with the Board’s renewal requirements. Renewal notices will be mailed to licensees as appropriate at the addresses on file with the Board Office. *It is, however, the responsibility of each licensed Athletic Trainer to notify the Board Office of any address change and to renew his/her license according to the renewal requirements set forth by the Board whether or not a renewal notice is received.* The annual renewal fee is \$75.00

If you have questions, call the Board Office at 334/264-1929 or email athletictrainers@bellsouth.net

APPLICATION CHECKLIST

The checklist outlines the documentation necessary to return with your application.

- ___ Fee \$175.00 (Make check payable to Alabama Board of Athletic Trainers)
- ___ Application Form – signed, notarized, and with photograph and cards affixed
- ___ Copy of BOC card (front & back) or on-line verification
- ___ Physician/Athletic Trainer Protocol Consent Form
- ___ If applicable, copies of out-of-state Athletic Trainers license(s)

FOR BOARD USE ONLY

Check No. _____
Amount \$ _____
Date Rec'd ____/____/____



FOR BOARD USE ONLY

License Number _____
Date Issued ____/____/____
Other _____

**APPLICATION FOR LICENSURE
ALABAMA BOARD OF ATHLETIC TRAINERS**

**POST OFFICE BOX 243011
MONTGOMERY, ALABAMA 36124
PHONE: (334) 264-1929
AthleticTrainers@bellsouth.net**

(Please type or print in blue or black ink)

APPLICANT PROFILE DATA

Name: _____
Last First Middle

Home Address: _____
Physical Street Address (PO Boxes Not Acceptable) Apt. # City State Zip Code County
(If you do not wish for your mailing address to be shared with ALATA for mailing notices of importance to the athletic training community, check here .
Your mailing address will not be shared with any other third party.)

Mailing Address (If Different from Home Address): _____
Street (PO Box Acceptable) Apt. # City State Zip Code County

Social Security Number: _____ **Date of Birth:** _____

Telephone Number: _____ **Cell Phone Number:** _____

Email Address: _____ (If you do not wish for your email address to be shared with ALATA for sending Eblast notices of importance to the athletic training community, check here . Your email address will not be shared with any other third party.)

Sex: Male Female **Race:** Caucasian African-American Hispanic Asian Native American
 Other _____

(Gender and race information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.)

I am a U.S. citizen.
 I am not a U.S. citizen but am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, *Documentation to Determine Qualified Alien Status*, and provide required documentation.

APPLICANT EMPLOYMENT DATA

Place of Employment: _____

Your Title or Position: _____ **Name of Supervisor:** _____

Employment Address: _____
Street City State Zip Code County

Telephone Number: _____

APPLICANT PROFESSIONAL DATA

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

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

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

Have you ever had a license or permit encumbered in any way? No Yes
If yes, has the decree changed? Attach a full explanation. No Yes

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

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

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

NATA membership number (if applicable) _____

Are you currently or have you been previously licensed in another state in the area of Athletic Training? No Yes

If yes, what state(s) and when? _____
(If currently licensed, attach a copy of your license)

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

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

If yes, provide complete explanation for the lapse of your license: (If additional space is required, attach a separate page.)

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

- BOC certified athletic trainer (ATC) Certification # _____
- 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 _____

AFFIDAVIT OF APPLICANT

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application, including accompanying statements and all official documents, are true and correct to the best of my knowledge and belief. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure. Further I consent to a thorough investigation of my education and employment record and other information that may be necessary to verify my qualification for practice as an Athletic Trainer. I have also read and understand the rules and regulations and protocols governing licensure of Athletic Trainers and affirm that all conditions for licensure have been met and will be maintained. I further affirm that I will comply with all requirements for licensure renewal in effect at the time of license renewal including submission of appropriate renewal fees and continuing education credits.

Signature of Applicant

Date

Subscribed and sworn to before me this
_____ day of _____, 20_____.

(Notary Public)

(Notary Seal)

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

Affix
Photo
Here

(Only a passport-type
photo will be accepted.
Do not send photo
copies.)

Upon completion of entire application form and required supplemental forms, enclose the appropriate fee and mail to:
Alabama Board of Athletic Trainers, Post Office Box 243011, Montgomery, Alabama 36124.



**ALABAMA BOARD OF ATHLETIC TRAINERS
PHYSICIAN/ATHLETIC TRAINER PROTOCOL CONSENT FORM**

Please print or type all information, except where a Signature is designated.

Athletic Trainer: _____

Team/Organization: _____

(PRINT or TYPE Physician's Name Below)

I, _____, M.D./D.O. (select one), as team physician/consulting physician, hereby authorize the above-named individual to act in my behalf during my absence. This individual shall perform activities detailed in the Licensed Athletic Trainer Protocol, approved by the Alabama Board of Athletic Trainers and the State Board of Medical Examiners. Such authority shall include the following areas:

- I – Prevention II – Recognition & Evaluation III – Management, Treatment, Disposition
IV – Rehabilitation V – Organization & Administration VI – Education & Counseling

In addition, I authorize this individual to assist or carry out any other instructions or procedures that I feel are warranted or necessary in the practice of athletic training.

Physician's Information

Athletic Trainer's Information

Team/Consulting Physician's Signature

Athletic Trainer's Signature

Physician's Address

Business Address

City, State, Zip Code

City, State, Zip Code

Business Telephone Number

Business Telephone Number

Date

Date



ALABAMA BOARD OF ATHLETIC TRAINERS LICENSED ATHLETIC TRAINER PROTOCOL

I. PREVENTION

- A. Organization and implementation of preparticipation physical examinations/screening procedures
- B. Physical conditioning of athletes
- C. Fitting and maintenance of protective equipment
- D. Application of taping and special pads and braces
- E. Control of environmental risks
- F. Identification and correction of common risk factors and causes of athletic injuries
- G. Development and implementation of preventative maintenance rehabilitation programs

II. RECOGNITION AND EVALUATION

Conducts a thorough initial clinical evaluation of injuries and illnesses commonly sustained by the competitive athlete and formulates an impression of the injury/illness for the primary purpose of:

- A. Administering proper first aid and emergency care
- B. Making appropriate referrals to physicians for diagnosis and medical treatment (physician evaluation should occur within a 72-hour time frame from the initial athletic trainer injury encounter)

III. MANAGEMENT, TREATMENT, AND DISPOSITION

The physician is the ultimate authority for the management, treatment, and disposition of athletic injuries. Working under the direction and supervision of the physician, the licensed athletic trainer serves the following roles:

- A. Provides appropriate first aid and emergency care for acute athletic injuries/illnesses
- B. Refers injured/ill athletes for appropriate medical intervention
- C. Documents injuries and treatment progress in athlete's medical record
- D. Develops and implements a plan of care for athletic injuries under the direction and supervision of a physician

- E. Utilizes therapeutic modalities and rehabilitation techniques as approved by a physician
- F. Performs wound care, including removal of staples and sutures upon physician order
- G. Applies casts after reduction of fracture by physician; changes or removes casts upon physician order.

IV. REHABILITATION

- A. Rehabilitation of athletic injuries shall be performed under the referral of the physician
- B. Under physician direction, develops and implements comprehensive rehabilitation programs, including determination of therapeutic goals and objectives, selection of therapeutic modalities and exercise, methods of evaluating and recording rehabilitation progress, and develops criteria for progression and return to competition
- C. The licensed athletic trainer shall rehabilitate an athletic injury for no more than thirty days without re-evaluation by the physician and referral for continuation of the rehabilitation program. Preventative care after resolution of the injury is not considered rehabilitation.

V. ORGANIZATION AND ADMINISTRATION

Plans, coordinates, and supervises all administrative components of an athletic training program including those pertaining to:

- A. Health care services (physical examination and screening, first aid and emergency care, follow-up care and rehabilitation)
- B. Financial management
- C. Athletic training room management
- D. Personnel management
- E. Public relations
- F. Athletic event/venue coverage

VI. EDUCATION AND COUNSELING

- A. Provides health care information and counsels athletes, parents, and coaches on matters pertaining to the physical, psychological, and emotional health and well-being of the athlete
- B. Interprets the role of the licensed athletic trainer as a health care provider, promotes athletic training as a professional discipline, and provides instruction in athletic training/sports medicine subject matter areas.