



STATE OF ALABAMA  
BOARD OF ATHLETIC TRAINERS  
Post Office Box 243011  
Montgomery, Alabama 36124

**MEMO TO:** Alabama Licensed Athletic Trainers  
**FROM:** Leah Taylor  
Executive Secretary  
**DATE:** September 2, 2014  
**SUBJECT:** 2015 License Renewal

Consistent with the operating rules governing the Board, we now operate within a “renewal year” which runs December 1 – November 30. It is during this period that your CEUs must be earned for the following year’s renewal.

Your license to practice athletic training in the State of Alabama expires 12/31/2014, and to retain your license you must make application for license renewal. To continue to practice beyond 12/31/2014 with an expired license puts you in violation of the Alabama Athletic Trainers Licensure Act which mandates that you hold a current license to practice athletic training in our State. According to *Code of Alabama*, Section 34-40-12, to practice without a license is punishable by law and, upon conviction, violators shall be punished and fined as provided by law.

License Renewal Packets are available for printing from our website at [www.athletictrainers.alabama.gov](http://www.athletictrainers.alabama.gov). Please select the “Licensing” tab where you will find the link to “2015 License Renewal Packet;” here you will find the instructions and forms for your license renewal. It is imperative that you follow the instructions and complete all the forms in their entirety. If you cannot access the forms from the internet, please notify the Board Office, and I will email, mail, or fax a License Renewal Packet to you. Our email address is as follows: [athletictrainers@bellsouth.net](mailto:athletictrainers@bellsouth.net).

We will begin to accept Applications for Renewal on October 15, 2014. Your Application for Renewal needs to be in the mail to the Board Office no later than November 30, 2014. After that date, they are considered late and will be assessed a \$50 late fee. The mailing address is Post Office Box 243011, Montgomery, Alabama 36124. Please do not send your renewal application before October 15, 2014. Upon review by the CEU Review Committee in late November/early December, Applications for Renewal will be deemed either complete or deficient. Those whose Applications were submitted on time and determined to be complete will have their renewed licenses issued mid-December. After such time, late or deficient applications will be processed, and renewal licenses will be issued if deemed complete after review or at the time noted deficiencies are cured. If deficiencies are not cured by 12/31/2014, the licenses will expire and will not be reinstated until all noted deficiencies are cured, provided this takes place prior to March 30, 2015.

If you do not intend to renew your license, please provide a brief written notification stating your intention and justification for not renewing. An example of your justification would be that you have moved to another state and are no longer practicing athletic training in Alabama. You can mail, email, or fax your notification.

Please feel free to call if you still have questions or concerns after reviewing the License Renewal Packet.



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### **IMPORTANT NOTICE**

**ALL LICENSES EXPIRE DECEMBER 31, 2014. Continuing to practice with an expired license places you in violation of The Alabama Athletic Trainers Licensure Act which is punishable by law and carries fines and punishment as provided by law. Code of Alabama, Section 34-40-12**

### **INSTRUCTIONS – 2015 LICENSE RENEWAL**

1. The following forms **MUST** be fully completed and submitted between 10/15/2014 and 11/30/2014:
  - License Renewal Form for 2015 in its entirety, including business and personal information.
  - Physician/Athletic Trainer Protocol Consent Form (**Physician must be licensed in State of Alabama.**)
  - A copy of current BOC card which shows your certification is current or you may submit a BOC on-line verification indicating your status as “active.”
  - Continuing Education Reporting Sheet **WITH DOCUMENTATION of CEUs reported.**  
(**Don't forget to attest to the three statements at the bottom of the form and to sign the Reporting Sheet.**)
2. Continuing Education – Twenty-six (26) Contact Hours Required. Seven (7) of the twenty-six (26) Contact Hours must be Category D - EMRC. Please review the accompanying Guidelines which state **only Board-approved courses are acceptable. At this time only the following courses are approved: “Professional Rescuer + AED” by American Red Cross; “BLS Healthcare Provider CPR” by American Heart Association; and “CPR PRO for the Healthcare Professional” by Health and Safety Institute. ~~~No on-line CPR courses are acceptable even if stated to be “Professional Rescuer,” “BLS Healthcare Provider,” or “CPR PRO.”~~~ ~~~No waivers or exemptions will be granted.~~~**  
  
CEUs must be earned during the renewal year, which is December 1, 2013 – November 30, 2014. CEUs earned after November 30, 2014, are assessed a “late CEU fee” of \$25 for each month they are late. The “late CEU fee” is assessed in addition to the \$50 late fee imposed for submitting a renewal application after November 30, 2014. Any CEUs which were earned late to satisfy last year's renewal requirements may not be used for CEU credit for the 2015 Renewal.
3. The completed forms and a check or money order for \$75 payable to the **Alabama Board of Athletic Trainers** (not ALATA) should be mailed no later than November 30, 2014, to the following address:

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

**Applications for Renewal with insufficient postage will not be accepted, but will be returned to the senders for the additional postage due and resubmission which will result in a late fee of \$50 being assessed if the second postmark is after November 30, 2014.**
4. **November 30, 2014, is the deadline** for submitting your 2015 License Renewal. *Applications for Renewal postmarked after November 30, 2014, are assessed a \$50 late fee. This applies to Applications for Renewal returned for additional postage if the postmark of resubmission is after November 30, 2014.*
5. Any licensee who fails to submit a Renewal Package or who submits an incomplete Renewal Package will be notified. **Failure to respond** to this notice and complete the Renewal Package as instructed **will result in the termination of your Alabama license and you will receive no further notice.** Renewal fees will **not** be refunded, and the Board of Certification will be notified of your failure to comply with the Alabama Athletic Trainers Licensure Act. (No such action will be taken with respect to any licensees who notify the Board Office that they are no longer practicing athletic training in the State of Alabama; their licenses will be deemed lapsed and their files closed.)
6. If you have questions, please call Leah Taylor at (334) 264-1929 or toll-free at (877) 271-3399. You may also correspond by facsimile at (334) 262-2663 or email at [athletictrainers@bellsouth.net](mailto:athletictrainers@bellsouth.net).



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## A FEW REMINDERS...

- Renewals will be accepted after October 15, 2014 and are considered late when postmarked after November 30, 2014. Late renewal applications will be assessed all appropriate late fees.
- ALL licenses expire December 31, 2014. If you continue to practice without a current license, you are in violation of the Alabama Athletic Trainers Licensure Act.
- Any licensee who fails to renew his or her license within 90 days following expiration of the previous license shall be required to file a new application and pay an application fee with the Board. This 90-day grace period allows for renewal only of a license; it does not extend the current license and ability to practice beyond 12/31/2014.
- Without a current Alabama license, you are prohibited from practicing athletic training and from using the Athletic Trainer title or designation, ATC, LAT, etc., whether BOC certified or not.  
From Sections 34-40-4 and 34-40-12, respectively, of the law:

### Unauthorized use of title.

**No person shall use the title "athletic trainer", "certified athletic trainer", or "licensed athletic trainer", or use the letters "LAT", "ATC", or "AT", or any other facsimile thereof, whether or not compensation is received or expected, unless the person is licensed as an athletic trainer in this state pursuant to this chapter. (Acts 1993, No. 93-617, p. 1013, §4.)**

### Punishment for violation.

Any person who violates any provision of this chapter is guilty of a Class B misdemeanor, and, upon conviction, shall be punished and fined, or both, as provided by law. (Acts 1993, No. 93-617, p. 1013, §12.)

- Payment must accompany your renewal application. If your renewal fee payment is being processed by an accounting office, make certain that the check is not mailed without the renewal packet.
- Please submit renewal application forms with original signatures, keeping copies for your records. The documentation submitted for your CEUs should be copies; you should maintain the originals for your records.
- Make certain that the name on your BOC card/verification is the same as the name in which you are licensed. This applies primarily to females whose last names have changed due to marriage/divorce.
- Renewal Application must contain ALL of the following: Renewal Fee (check or money order); Information Page completely filled out and signed; CEU Reporting Sheet completely filled out and signed with accompanying documentation; Physician/Athletic Trainer Protocol Consent Form completely filled out and signed by athletic trainer and physician; copy of current BOC card or on-line verification.

# License Renewal for 2015

STATE OF ALABAMA  
BOARD OF ATHLETIC TRAINERS  
P.O. Box 243011  
Montgomery, Alabama 36124  
334/264-1929 ~ 334/262-2663 facsimile  
AthleticTrainers@bellsouth.net

Complete below information, including signature. A \$75.00 renewal fee must be returned with this renewal form.  
If postmarked after 11/30/14 an additional \$50 late fee is due.

**INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE and RENEWAL FEES ARE NON-REFUNDABLE.**

Failure to renew and pay renewal fees and any accrued late fees will result in non-renewal/expiration of the current license.

*Please Type or Print Clearly*

**License Number:** \_\_\_\_\_

**Social Security Number:** XXX – XX - \_\_\_\_ \_

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**Office/Business Information:**

**Personal Information:**

\_\_\_\_\_  
**Name of Business**

\_\_\_\_\_  
**Your Name**

\_\_\_\_\_  
**Street Address or P.O. Box**

\_\_\_\_\_  
**Street Address or P.O. Box** *(for mailing purposes)*

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Business Telephone**

\_\_\_\_\_  
**Home Telephone**

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**Business Fax**

\_\_\_\_\_  
**E-mail Address** '''

\_\_\_\_\_  
**Type of Practice:** *(Mark only one)* Hospital/Sports Medicine Clinic [ ] College/University [ ]

High School [ ] Professional Team [ ] Gym/Club [ ] Fitness Center [ ] Industrial/Corporate [ ]

**Employer:** \_\_\_\_\_ **Your Position:** \_\_\_\_\_

**Name of Supervisory Physician:** \_\_\_\_\_

(Must be the same name as appears on Physician/Athletic Trainer Protocol Consent Form contained herein.)

**I certify that all information on this form is correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Year - 2015



**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

**I have reviewed the details of each area of practice contained in the following pages of this Consent Form with the above-named athletic trainer.**

**I understand that I, the physician, am the ultimate authority for the management, treatment, and disposition of athletic injuries. By signing this consent form, I authorize the above-named athletic trainer to assist or carry out any other instructions or procedures that I determine to be 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.

Please type or print information  
State License Number: \_\_\_\_\_

**LICENSE RENEWAL FOR 2015 Renewal**  
**Year December 1, 2013 – November 30, 2014**  
**Continuing Education Reporting Sheet**  
**Complete, Sign, and Return with Documentation**

Notice: This form must be used to list and **attach** the required Continuing Education documentation for State license renewal. **All hours must be earned between December 1, 2013 and November 30, 2014, to be acceptable.** Any hours classified as late CEUs for last year's renewal period are not acceptable and may not be used again. Attach additional sheets as necessary.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Keep all category reports together on Reporting Form: A B C D E

Category	Course/Activity	Provider Name	Type of Documentation (Attach Documentation)	# of Contact Hours	Approval

**Important Reminder: Attach copy of BOC card or on-line verification and front and back copy of current year EMRC card on separate sheet.**

- \_\_\_\_\_ I have conducted myself as a licensed athletic trainer in accordance with the Alabama Athletic Trainers Act.
- \_\_\_\_\_ The information contained on this report is a true and accurate statement of my continuing education activities.
- \_\_\_\_\_ I am aware that falsification of this report may result in the revocation of my Alabama Athletic Training License.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# CONTINUING EDUCATION GUIDELINES

## Introduction

The Alabama Board of Athletic Trainers requires that a Licensed Athletic Trainer obtain and document 26 contact hours each year to renew his/her State license. Contact hours must be earned before the end of each “renewal” year during the time period of December 1 - November 30. Contact hours cannot be carried over into the next renewal period for renewing an Alabama license.

The purpose of Continuing Education requirements for Licensed Athletic Trainers is as follows:

- Obtain current professional development information;
- Explore new knowledge in specific content areas;
- Master new athletic-training- related skills and techniques;
- Expand approaches to effective athletic training;
- Further develop professional judgment;
- Conduct professional practice in an ethical and appropriate manner.

## Continuing Education Guidelines

Contact hours are the number of actual clock hours spent in direct participation in a structured education format, as a learner. A contact hour is one hour of actual participation in a continuing education activity, exclusive of registration, breaks, lunches, exhibits, or business meetings. In a college or university program, one (1) college credit hour is equivalent to ten (10) contact hours. Contact hours completed prior to initial licensure will not be accepted toward renewal of license. Contact hours must be completed within the “renewal” year to be accepted as the contact hours needed for license renewal.

## Qualifying Categories for Continuing Education

Continuing education must be directed toward the professional field of Athletic Training. The focus should increase the knowledge and skills of the Athletic Trainer. Activities taken exclusively for self-help are not eligible, i.e. gardening, cooking, photography. To qualify for credit, part of the activity must focus on content related to role delineation of the domains of athletic training.

**Except as set forth below (Category E), contact hours will only be accepted for credit if they are approved by the Alabama Board of Athletic Trainers or the BOC. If you are considering taking a course that is not BOC approved, ask the Provider to contact the Alabama Board of Athletic Trainers for course approval.**

## **Category A**

NATA Annual Symposium  
NATA District Conferences  
Athletic Training Conferences  
ALATA Athletic Training Conferences  
\*Other recognized Association Conferences:  
NSCA-APTA-Alabama EMS-SPTS  
BOC-approved courses  
ABAT-approved courses  
BOC-approved workshops  
ABAT-approved workshops

*Documentation = Proof of Participation*

*Category limited to 25 Contact Hours*

## **Category B**

### Leadership

Clinical Symposium Speaker – 10 Contact Hours  
Clinical Symposium Panelist – 5 Contact Hours  
USOC Participant Development Program – 20 Contact Hours  
NATA Certification Examiner/Model – 5 Contact Hours

*Documentation = Proof of Participation*

### Publication Activities

Article Author in Reference Journal – 15 Contact Hours  
Contributing Article Author in Reference Journal – 5 Contact Hours

*Documentation = Copy of Cover or Index*

NATA Journal Quiz – 5 Contact Hours

*Documentation = Verification of Completion*

### Other

ABAT/BOC home study course

*Documentation = Proof of Participation*

Video tape viewing/purchase – 1 Contact Hour per Tape

*Documentation = Statement of Video Tapes Viewed/Purchased*

*Category limited to 25 Contact Hours*

### Category C

Post certification education – In a college or university program, one college credit is equivalent to 10 contact hours. Courses must be within the domains of Athletic Training. Courses do not have to be at the graduate level for the Board to accept them.

*Documentation = Copy of a Transcript or Grade Report*

*Category limited to 25 Contact Hours*

### Category D

#### Certifications

#### **Emergency Medical Response Certification (EMRC)**

*Mandated Annually – 7 Contact Hours (a 2-year card is valid only in the year it is issued.) (Instructor cards will be accepted if submitted with proof of having taught 1 Board-approved course, including all required components, within the renewal year.)*

EMRC must include each of the following components:

- Adult/Pediatric CPR with AED
- Airway Obstruction
- 2<sup>nd</sup> Rescuer CPR
- Barrier devices (i.e. pocket mask, bag valve mask)

**Acceptable EMRC courses approved by the Alabama Board of Athletic Trainers include those listed below:**

- Professional Rescuer + AED by American Red Cross
- BLS Healthcare Provider CPR by American Heart Association
- CPR PRO for the Healthcare Professional by Health & Safety Institute

#### **EMT Certification – 10 Contact Hours**

*Documentation = Copy (front and back) of Card or Certificate of Completion*

*Category limited to 10 Contact Hours*

### Category E

**Individualized Options** – You can claim Contact Hours for attendance at a program that is not given by an approved provider.

Courses/programs must be within the domains of Athletic Training, and you are responsible for documenting and demonstrating the acceptability of any given program.

*Category limited to 6.5 Contact Hours*

### Providers

BOC-approved providers have completed a formal application process for suitability of content and format for continuing education activities. BOC-approved providers include regionally accredited academic institutions with Athletic Training education programs and public agencies, private organizations, athletic-training-related associations, medical institutions, and academic institutions offering relevant course work. BOC-approved providers ensure that ATCs have access to appropriate, high-quality continuing education.

### Continuing Education Documentation

It is the responsibility of the Athletic Trainer to obtain documentation for verification of participation for all continuing education activities if they are to be used for license renewal.

All original CE documentation used for license renewal or BOC certification should be kept by the Athletic Trainer in a personal continuing education file for reference and audits. Copies of documentation must be submitted annually with the Continuing Education Reporting Sheet.

Documentation must indicate the name of a provider, the name of attendee, name and date of course, number of contact hours, signature and title of provider representative who can verify participation in the activity, list four-digit provider number from BOC-approved provider. Exceptions would be transcripts, grade reports, and EMRC cards. When certificates are not awarded, a letter or report containing the required information should be obtained from the sponsor.

### Continuing Education Reporting Sheet

The Continuing Education Reporting Sheet is for a one-year period beginning December 1 and ending November 30 of each year. The reporting sheet must be submitted with copied documentation of contact hours earned. Current year EMRC card (copied front and back), if certified, should be stapled to a sheet of paper and submitted with the CE Reporting Sheet.

\* \* \* \* \*

All Alabama-licensed Athletic Trainers will be required to submit verification of 26 contact hours in order to renew their license. **Annual EMRC certification is mandatory for all Alabama-licensed athletic trainers.** (Except where limited exceptions are made in administrative rules for new licensees licensed between July 1 and December 31.)

If you are unsure of whether a course offering is approved, call the Board Office for verification.