



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 4, 2015
SUBJECT: 2016 License Renewal

Consistent with the operating rules governing the Board, we 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 12/31/2015, and to retain your license you must make application for license renewal. To continue to practice beyond 12/31/2015 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. Please select the “Licensing” tab where you will find the link to “2016 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 me, and I will email, mail, or fax a License Renewal Packet to you. Our email address is as follows: athletictrainers@bellsouth.net.

We will begin to accept Applications for Renewal on October 15, 2015. Your Application for Renewal needs to be in the mail to the Board Office no later than November 30, 2015. 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, 2015. Those whose Applications are submitted on time and determined to be complete will have their renewal licenses issued by mid-December. After such time, late applications will be processed, and renewal licenses will be issued if deemed complete or at the time noted deficiencies are cured. If deficiencies are not cured by 12/31/2015, the licenses will expire and will not be reinstated until all noted deficiencies are cured, provided this takes place prior to March 30, 2016. CEUs reported are subject to audit.

If you do not intend to renew your license, please send 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, 2015. 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 – 2016 LICENSE RENEWAL

1. The following forms **MUST** be fully completed and submitted between 10/15/2015 and 11/30/2015:
 - License Renewal Form for 2016 in its entirety, including business and personal information.
 - Citizenship/Immigration Status Declaration with documentation (**new legal requirement – one time only**)
 - 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 “certified.”
 - 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 CEU Guidelines which explain the Board's broadened EMRC requirements to include those meeting Board requirements as well as being currently accepted by the BOC. Common courses which meet the requirements are as follows: American Heart Association--BLS Healthcare Provider and ACLS; American Red Cross--CPR/AED for Professional Rescuer; American Safety & Health Institute--CPR for Professionals; Emergency Care & Safety Institute--Health Care Provider CPR; and National Safety Council--Basic Life Support for Health Care and Professional Rescuers. **EMRC required annually: Two-year certifications are only acceptable the year they are issued. ~~~ No on-line CPR courses are acceptable even if stated to be Professional Rescuer, BLS Healthcare Provider, CPR PRO, etc.~~~***

CEUs must be earned during the renewal year, which is December 1, 2014 – November 30, 2015. CEUs earned after November 30, 2015, 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, 2015. Any CEUs which were earned late to satisfy last year's renewal requirements may not be used for CEU credit for the 2016 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, 2015, 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, 2015.
4. **November 30, 2015, is the deadline** for submitting your 2016 License Renewal. *Applications for Renewal postmarked after November 30, 2015, 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, 2015.*
5. Any licensee who fails to submit a Renewal Application or who submits an incomplete Renewal Application will be notified. **Failure to respond** to said 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.



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BOARD OF ATHLETIC TRAINERS
Post Office Box 243011
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RENEWAL APPLICATION CHECKLIST

Each of the following items must be included with the Application for Renewal:

- _____ \$75 Renewal Fee – Check or Money Order payable to Alabama Board of Athletic Trainers (not ALATA)
- _____ \$50 Late Fee if submitted after November 30, 2015
- _____ Information Page – Completed in its entirety; signed and dated
- _____ Citizenship/Immigration Status Declaration
Declaration made; documentation selected; signed and dated
- _____ Acceptable documentation proving citizenship or legal presence
- _____ Physician/Athletic Trainer Protocol Consent Form
Completed in its entirety
Signed and dated by Physician and Athletic Trainer
- _____ BOC Card copy or on-line verification showing status as “certified”
- _____ Continuing Education Reporting Sheet
Completed in its entirety
Ethics Statements acknowledged
Signed and dated
- _____ Documentation for all CEUs reported including current EMRC card

Please assemble your Renewal Application in the above order when possible.

License Renewal for 2016

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 11/30/15 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 - _ _ _ _ _

Office/Business Information:

Name of Business

Street Address or P.O. Box

City, State, Zip

County

Business Telephone

Business Fax

Personal Information:

Your Name

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

City, State, Zip

County

Home Telephone

Cell Phone

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

CITIZENSHIP/IMMIGRATION STATUS DECLARATION

Per §31-13-5 of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Immigration Law), all persons holding or applying for a license to practice in Alabama must show proof of citizenship or immigration status.

Please check appropriate status and return this form with your documentation to Alabama Board of Athletic Trainers, PO Box 243011, Montgomery, Alabama 36124. Select one of the documents below to show proof of U.S. citizenship or lawful presence. **YOUR APPLICATION FOR RENEWAL WILL NOT BE PROCESSED UNTIL THIS FORM AND THE REQUIRED DOCUMENTATION IS PROVIDED TO THE BOARD.**

I am a United States Citizen. I am submitting a copy of the document indicated below to prove citizenship.

- The applicant's driver's license or non-driver's identification card issued by the Alabama Department of Public Safety or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver's license or non-driver's identification card.
- The applicant's birth certificate indicating birth in the United States or one of its territories.
- Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number, or the applicant's United States passport.
- The applicant's United States naturalization documents or the number of the certificate of naturalization.
- Other documents or methods or proof of United States citizenship issued by the Federal Government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.
- The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- The applicant's consular report of birth abroad of a citizen of the United States of America.
- The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
- The applicant's certification of report of birth issued by the United States Department of State.
- The applicant's American Indian Card, with KIC classification, issued by the United States Department of Homeland Security.
- The applicant's final adoption decree showing the applicant's name and United States birthplace.
- The applicant's official United States military record of service showing the applicant's place of birth in the United States.
- An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.
- AL-verify report verifying applicant's U.S. citizenship.
- The applicant's valid Uniformed Services Privileges and Identification Card.

I am not a United States Citizen. The copy of the document to prove lawful presence I am submitting (and attached to this checklist) is as follows:

- Applicant's valid, unexpired Alabama driver's license
- Applicant's valid, unexpired Alabama non-driver's identification card.
- Applicant's valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
- Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier of applicant, if issued by an entity that requires proof of lawful presence in the United States before issuance.
- Applicant's foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating applicant's admission to the United States.
- Applicant's foreign passport issued by a Visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or and I-94W form by the United States Department of Homeland Security indicating applicant's admission to the United States.

Signature of Athletic Trainer

Date

Year - 2016



**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 2016
Renewal Year December 1, 2014 – November 30, 2015
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, 2014 and November 30, 2015, 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 a copy of your BOC card or on-line verification and a 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 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

continued...

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
- 2nd Rescuer CPR
- Barrier devices (i.e. pocket mask, bag valve mask)

Acceptable EMRC courses approved by the Alabama Board of Athletic Trainers shall include all above-listed components, contain a live component, and be currently accepted by the BOC. Common courses that meet these requirements are:

- American Heart Association: BLS Healthcare Provider and ACLS
- American Red Cross: CPR/AED for Professional Rescuer
- American Safety & Health Institute: CPR for Professionals
- Emergency Care & Safety Institute: Health Care Provider CPR
- National Safety Council: Basic Life Support for Health Care and Professional Rescuers

EMT Certification – 10 Contact Hours

Documentation = Copy 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 submitted with the CE Reporting Sheet. Proof of BOC certification, showing status as “certified” must be submitted along with other documentation.

* * * * *

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.