



## 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 name on citizenship document and BOC verification.
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. The physician must be licensed to practice in the State of Alabama. Maintain a copy for your records 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](mailto: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 affixed
- \_\_\_ Proof of U.S. Citizenship or Lawful Presence of Non-Citizen
- \_\_\_ Copy of BOC card 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](mailto:AthleticTrainers@bellsouth.net)  
[www.athletictrainers.alabama.gov](http://www.athletictrainers.alabama.gov)

*(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

**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:** \_\_\_\_\_

**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.)*

**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 \_\_\_\_\_ **(A copy of your BOC card or on-line verification must be attached)**

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 license 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.

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 \_\_\_\_\_

## 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.**)

Name of Institution	City, State	Dates Attended	Name of Diploma/Degree & Year Awarded

## VERIFICATION OF ATHLETIC TRAINING PRACTICE

I, \_\_\_\_\_, certify that I practice or intend to 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: **(The definition and/or domains of athletic training are not acceptable as the job description.)** Please include information that is specific to the job you will be performing, i.e. sports covered, present at practices and games, administrative responsibilities, and other job-specific duties. Attach additional pages if necessary.

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**DECLARATION OF U.S. CITIZENSHIP or LAWFUL PRESENCE OF AN ALIEN**

**I am a U.S. citizen.** Provide one of the documents listed in Appendix A, *Documents Demonstrating U.S. Citizenship*, to document your U.S. citizenship.

**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, provide one of the documents listed in Appendix A, *Documents Demonstrating Lawful Presence of Non-Citizen*, to document your lawful presence in the United States.

**APPLICATIONS FOR LICENSURE WILL NOT BE PROCESSED UNTIL THE REQUIRED DOCUMENTATION IS PROVIDED TO THE BOARD.**

**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)

**Required**

Affix  
Photo  
Here

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

Affix Copy  
of  
Valid Driver's License or non-Driver's ID  
in this space  
to verify U.S.Citizenship

Check here if a different document from  
Appendix A is being provided to document U.S.  
Citizenship or Lawful Presence and is included

Affix Copy  
of  
Social Security Card  
In this space  
for identification purposes  
if  
valid Driver's License  
is not provided

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.

## **DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP**

*Per Code of Alabama 1975, Section 31-1329(g)*

*From Act 2012-491*

1. 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.
2. The applicant's birth certificate indicating birth in the United States or one of its territories.
3. 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.
4. The applicant's United States naturalization documents or the number of the certificate of naturalization.
5. 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.
6. The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
7. The applicant's consular report of birth abroad of a citizen of the United States of America.
8. The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
9. The applicant's certification of report of birth issued by the United States Department of State.
10. The applicant's American Indian Card, with KIC classification, issued by the United States Department of Homeland Security.
11. The applicant's final adoption decree showing the applicant's name and United States birthplace.
12. The applicant's official United States military record of service showing the applicant's place of birth in the United States.
13. 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.
14. AL-verify report verifying applicant's U.S. citizenship.
15. The applicant's valid Uniformed Services Privileges and Identification Card.

## **DOCUMENTS DEMONSTRATING LAWFUL PRESENCE OF NON-CITIZEN**

*Per Code of Alabama 1975, Section 31-13-(10)*

1. Applicant's valid, unexpired Alabama driver's license
2. Applicant's valid, unexpired Alabama non-driver's identification card.
3. Applicant's valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
4. 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.
5. 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.
6. 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.



**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.