



Alabama Board of Athletic Trainers
2777 Zelda Road
Montgomery, Alabama 36106 Office: 334-420-7221
Email: athletictrainers@alstateboard.com
Website: www.athletictrainers.alabama.gov

Licensed Physician Request to Supervise More than 15 Athletic Trainers

Physician Name: _____

- 1) Are you able to supervise more than 15 Athletic Trainers?
Yes _____ No _____
- 2) Are you within 150 miles of each Athletic Trainer you supervise?
Yes _____ No _____
- 3) Please provide information relevant to your ability to supervise more than 15 Athletic Trainers including your educational preparation, experience, specialty, and other qualifications.

Physician Supervision is defined as:

(9) PHYSICIAN SUPERVISION.

a. An athletic trainer acting under the supervision of a physician if:

1. The activities are undertaken pursuant to a verbal or written order of the physician who has evaluated the physically active individual; or

2. The activity is undertaken in accordance with a written protocol signed by the physician which describes the athletic injury encountered and directs appropriate medical interventions consistent with the qualification, training, and experience of the athletic trainer. The State Board of Medical Examiners shall establish medical criteria for any protocol used by athletic trainers and shall specify those conditions and circumstances that require referral to the physician for further evaluation.

b. Physician supervision establishes a formal relationship between an athletic trainer and a physician under which the athletic trainer is authorized to practice as evidenced by a written protocol approved by the State Board of Medical Examiners and requires professional oversight and direction pursuant to the rules of the State Board of Medical Examiners and the Alabama Board of Athletic Trainers as recommended by the advisory council. No rule adopted pursuant to this paragraph shall be effective without the approval of both the State Board of Medical Examiners and the board.

ATTESTATION

I, _____, understand that I, the physician, am the ultimate authority for the management of athletic training services. By signing this consent form, I affirm I can adequately supervise Athletic Trainers to assist or carry out any instructions or procedures that I determine to be warranted or necessary in the practice of athletic training services. I also affirm that I am willing, able, and capable of supervising more than 15 Athletic Trainers.

Signature _____

Address _____

City, State, Zip Code _____

Contact Phone Number _____

Email _____

Date _____ NPI Number _____