Alabama Board of Athletic Trainers Dry Needling Attestation Form

Name _____ License No. _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

This form shall be submitted, along with the Dry Needling Course Certificate, to the Board via email at a AthleticTrainers@alstateboard.com.

Athletic Trainers must submit the required documentation to the Board to meet the regulated qualifications for the practice of dry needling, as described:

1. The Athletic Trainer must be a licensed athletic trainer within the State of Alabama.
2. The Dry Needling coursework is sponsored by a Board of Certification (BOC) approved provider.
3. The Dry Needling coursework was obtained within the last 12 months. Coursework was a minimum of **25 hours** and was **both** 1) face-to-face in nature and 2) included all regions of the body. No extremity specific only courses are allowable.
4. If 12 months have lapsed between training coursework and submission of the Attestation, additional letter(s) of attestation should be submitted from prior state licensing board(s), supervising physician(s), or other entity(s).
5. Approval of supervising physician via the Athletic Trainers' licensure Attestation is attained before the practice of Dry Needling is employed.
6. This Attestation form is submitted to the Alabama Board of Athletic Trainers and written approval of the Alabama Board of Athletic Trainers is received before Dry Needling is employed.

Name and Location of Course	Course Sponsor BOC Provider Number	Date of Certification	Number of Contact Hours

By signing below, I attest that:

☐ I do hereby swear under penalty of perjury that the below statements and information contained in this document are true and correct.

☐ I do hereby swear that I will not practice Dry Needling outside of, or beyond, my scope of training.

☐ I have attached a certificate of Dry Needling course completion with this Attestation form that meet the above requirements.

☐ I attest that I will perform the necessary continuing education to optimize my implementation of Dry Needling for the optimal care and safety of my patients.

_____ _____ _____

Athletic Trainer's Signature Print Name (Legibly) Date

_____ _____ _____

Supervisory Physician's Signature Print Name (Legibly) Date