



Alabama Board of Athletic Trainers

**2777 Zelda Road
Montgomery AL 36106
Phone: 334-420-7221
Fax: 334-263-6115**

**Website: www.athletictrainers.alabama.gov
Email: athletictrainers@alstateboard.com**

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 attach list and practice location of athletic trainers under your supervision for the upcoming licensure year that will begin January 1, of each year.

A list of athletic trainers that you are currently supervising can be obtained by contacting this Board (email: athletictrainer@alstateboard.com).

- 4) Please provide information relevant to your ability to supervise more than 15 Athletic Trainers including your educational preparation, experience, specialty, and other qualifications.

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 have read Alabama Board of Athletic Trainers' § 34-40-2 Code of Ala. 1975 and Chapter 140-X-8.05 Admn. Code, and I am willing, able, and capable of supervising more than 15 Athletic Trainers.

Please note that registration to supervise more than 15 athletic trainers is required annually. Subsequent approval of this request by the Board of Athletic Trainers and Board of Medical Examiners will expire December 31 of each year.

Signature _____

Print Name _____

Address _____

City, State, Zip Code _____

Contact Phone Number _____

Email _____

Date _____ NPI Number _____

LIST OF ATHLETIC TRAINERS (to be supervised in upcoming licensure year beginning January 1st)
 Please complete and submit with request to supervise more than 15 Athletic Trainers (ATs):

COUNT #	Name of Athletic Trainer (AT)	AT License Number	AT Employment Practice Setting (multiple picks allowed from list below)	AT Practice Location (list City, County, State)
1.				
2.				

Please make additional copies of this form as needed

LIST OF AT EMPLOYMENT PRACTICE SETTING	
A. Secondary School AT Services (including middle school/junior high)	E. Industry/Occupational Health (including Military)
B. College/University AT Services	F. Professional Sports AT Services
C. Fitness Center/Gym	G. Performing Arts/Public Safety
D. Hospital/Clinic/Physician Practice (including PT and rehab clinics)	H. Education
<i>CONTINUED, SEE NEXT COLUMN</i>	I. Supervisor/Manager