



Alabama Board of Athletic Trainers

P.O. Box 302230
Montgomery, Alabama 36130
334-265-7125
www.athletictrainers.alabama.gov

Athletic Trainer Secondary School Incentive Program

Athletic Trainer Attestation

I, _____, hereby attest that I am a licensed Athletic Trainer ("AT") in the State of Alabama. My Alabama AT License Number is: _____. I work a minimum of twenty-five (25) hours per week during the academic school year at a rural Alabama secondary school where I practice athletic training. I attest that the school(s) for which I provide athletic training services is classified by the AHSAA as 1A, 2A, 3A, or is a rural Title I school.

I acknowledge that the Athletic Trainer Secondary School Incentive Program is authorized to award up to \$7500 to each eligible AT, but I am not guaranteed to receive a full stipend of \$7500. Further, I understand that each school/AT is limited to one award, and if there is more than one eligible AT per school, the stipend may be split amongst eligible ATs. I also understand that the amount of the stipend is dependent upon the number of eligible applicants throughout the State of Alabama and the limits of the Board's allotted funds.

I further understand and acknowledge that providing false information to the Alabama Board of Athletic Trainers to obtain the stipend offered through this grant could result in disciplinary action against my license.

If at any time after the submission of the grant application, I no longer continue to provide a minimum of twenty-five (25) hours per week of athletic training services during the academic school year, I will notify the Board immediately and withdraw my application.

I certify that I have read and understand the above information and will abide by the rules set out by the Board regarding the Athletic Trainer Secondary School Incentive Program.

Signature of Athletic Trainer

Printed Name of Athletic Trainer

STATE OF ALABAMA)
COUNTY OF _____)

Before me, the undersigned authority, a Notary Public in and for said State and County, personally appeared _____ (Individual Signing) who, after being made known to me and being first duly sworn by me, says that the contents thereof are true and correct to the best of his/her knowledge, information, and belief.

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 2025.

Notary Public
My Commission Expires: _____