



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

Superintendent/Headmaster Attestation

I, _____, hereby attest that I am the Superintendent/Headmaster of the _____ School System in the State of Alabama. I certify that _____ is an Athletic Trainer who works a minimum of twenty-five (25) hours per week during the academic school year at _____ (name of school(s)) which is classified by the AHSAA as a 1-A, 2-A, or 3-A school or is a rural Title I school.

Signature of Superintendent/Headmaster

Printed Name of Superintendent/Headmaster

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: _____