



Alabama Board of Athletic Trainers

P.O. Box 302230, Alabama 36130

334-265-7125

www.athletictrainers.alabama.gov

Athletic Trainer Attestation

Please complete the following information:

1. Name:
2. AT License No.:
3. Email Address:
4. Phone Number:
5. School Name:
6. Have you provided an average of 25 hours/week of athletic training services for the school listed above during the 2025-2026 academic school year? Yes No

I, _____, attest under penalty of perjury that the contents herein are true and correct to the best of my knowledge, information and belief. I further understand and acknowledge that providing false information to the Alabama Board of Athletic Trainers could result in disciplinary action.

Signature of Athletic Trainer

Witness

Each attestation must accompany an Athletic Trainer Secondary School Incentive Program Application. Send completed applications in **PDF format** to incentive@abat.alabama.gov. **You will receive a confirmation of receipt of completed application. Please keep this confirmation for your records, as it will be required as proof of submission of application.**