

Athletic Trainer License Application Methods

Please read carefully to determine the application method for which you are qualified. Indicate the appropriate method on the application and submit the required items.

Method A – Apprenticeship

You hold, or are within 30 hours of being awarded, a baccalaureate degree or post-baccalaureate degree which includes a minimum of 24 hours of combined academic credit, with at least one class in each of the following course areas: (A) human anatomy; (B) health, disease, nutrition, fitness, wellness, emergency care, first aid, or drug and alcohol education; (C) kinesiology or biomechanics; (D) physiology of exercise; (E) athletic training, sports medicine, or care and prevention of injuries; (F) advanced athletic training, advanced sports medicine, or assessment of injury; and (G) therapeutic exercise or rehabilitation or therapeutic modalities; In addition, you have completed or are within 500 clock-hours of completion of an apprenticeship program in athletic training (1) that consists of 1800 clock-hours completed in college or university intercollegiate sports programs; (2) is based on the academic calendar; (3) is completed during at least five fall and/or spring semesters; and (4) is completed while enrolled as a student at a college or university for at least 1500 of the 1800 clock-hours.

Method B – BOC and/or Out-Of-State Licensee

You hold a baccalaureate or post-baccalaureate degree and (a) current license, certification, or registration to practice athletic training issued by another state; and/or (b) current certification by the Board of Certification. *NOTE: If you have taken and passed the BOC certification exam after January 1, 2004, you may be eligible for licensure without taking the state licensure exam. See the board rule at 22 Texas Administrative Code §871.9(m) for details.*

Method C – Physical Therapy

You hold a baccalaureate or post-baccalaureate degree or a state issued certificate in physical therapy, with at least a minor in physical education or health. You have also completed a three-hour basic athletic training course from an accredited college or university. In addition, you have completed an apprenticeship program in athletic training that meets the requirements listed in the board rule at 22 Texas Administrative Code §871.7(d).

Method D – CAATE-Accredited Program

You hold, or are within two semesters of being awarded, a baccalaureate or post-baccalaureate degree in athletic training from a college or university which holds accreditation from a nationally recognized accrediting organization that is approved by the board (Commission on Accreditation of Athletic Training Education). The college or university held/ will hold accreditation during your matriculation and at the time your degree was/is conferred. *NOTE: If you have taken and passed the BOC certification exam after January 1, 2004, you may be eligible to apply under Method B (see above).*

Notice of E-Mail Usage

Please note that all notices from our office during the application and examination process will be sent via e-mail. This will include requests for additional items, fees, and confirmations of exam registration and site assignment. Make sure that your e-mail address is printed clearly in the space provided on the application. Also, it is recommended that you differentiate between certain similar characters, such as the letter “O” and the number “0”, or a hyphen (-) and an underscore (_). Please add at@dshs.state.tx.us to your address book or safe list to ensure that all notices will be received in your inbox.

Application for License - Athletic Trainer

Budget ZZ119
Fund 104

Mail this application with fees to:
Advisory Board of Athletic Trainers
P.O. Box 12197 Capitol Station
Austin, Texas 78711-2197

Phone (512) 834-6615
Fax (512) 834-6677

Type or print legibly. Incomplete applications will not be reviewed and will result in a letter of deficiency to the applicant.

Name of applicant: _____
Last First Middle or Maiden

Date of birth (MM/DD/YYYY): _____ Social security number: _____

Preferred mailing address: _____ Home telephone: _____
Street Address or P.O. Box
City State Zip Alternat telephone: _____

Email Address:
Please print clearly

NOTE: All notices during the application and examination process will be sent to the e-mail address you list above. Changes in the preferred e-mail or mailing address should be reported to the address or telephone number shown above.

Do you possess any professional or occupational licenses, registrations, or certificates issued by any state, territory, or jurisdiction?
 YES NO If YES, state profession or occupation; license, certificate, registration, or permit number; name and address of the issuing jurisdiction; and date issued:

Please answer the following questions. If you answer "YES" to any question, please provide a written explanation and supporting documentation. Please note that applicants must provide all information relating to criminal history. Discovery of criminal convictions not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.

Have you ever been denied or have you ever surrendered a professional or occupational license, certificate, or registration?
 YES NO

Have you ever had a professional or occupational license, certificate, or registration revoked, cancelled, or suspended?
 YES NO

Have you ever entered a plea of nolo contendere or guilty for, or been convicted of a felony or misdemeanor other than juvenile offenses or misdemeanor traffic violations? (NOTE: DWI IS NOT CONSIDERED A TRAFFIC OFFENSE)
 YES NO

EDUCATIONAL INFORMATION (If more than one college/university attended, please attach a separate list and include official transcripts for each)

Name of institution: _____ City & State: _____

Degree conferred: _____ Graduation date: _____

WORK EXPERIENCE

Current employer: _____

Address (include zip code): _____

Telephone (include area code): _____ Job Title: _____

Qualification for Athletic Trainer License: (Check one of the following to indicate how you qualify-see cover sheet for descriptions)

Method A – Apprenticeship – Please include the following items with your application

- Official and original transcripts and other documentation from the registrar that verifies (1) completion of or enrollment in the required courses, (2) enrollment for the required duration of the apprenticeship, and (3) the award of a degree (if it has been awarded)
- An apprenticeship record form signed by the supervising athletic trainer that verifies either completion of an apprenticeship program or that the program is in progress and at least 1300 clock-hours have been completed to date
- A copy of the **front and back** of your current CPR/AED certification
- A copy of the certificate of completion of the jurisprudence exam

Method B – BOC and/or Out-Of-State Licensee – Please include the following items with your application

- An official, original transcript that verifies the award of a degree
- A Verification of Out-of-State License form, completed by the agency that issued your license, certificate, or registration
- A copy of the certificate of completion of the jurisprudence exam
- A copy of the **front and back** of your current certification card from the Board of Certification, if certified
- A copy of the **front and back** of your current CPR/AED certification

Check this box if you have passed the BOC certification exam after January 1, 2004, and you wish to claim the exam waiver. Additional information may be required, such as a written verification of your BOC certification.

Method C – Physical Therapy – Please include the following items with your application

- A official, original transcript or certificate that verifies the required credentials
- An apprenticeship record form signed by the supervising athletic trainer that verifies completion of an apprenticeship program or that the program is in progress and at least 600 clock-hour have been completed to date
- A copy of the **front and back** of your current CPR/AED certification
- A copy of the certificate of completion of the jurisprudence exam

Method D – Accredited Program – Please include the following items with your application

- An official, original transcript that verifies enrollment in, or the award of a degree in athletic training (if it has been awarded) from a college or university that holds accreditation from a nationally recognized accrediting organization that is approved by the board (Commission on Accreditation of Athletic Training Education)
- A notarized affidavit from the program director that attests to your enrollment in or successful completion of an accredited program in athletic training
- A copy of the **front and back** of your current CPR/AED certification
- A copy of the certificate of completion of the jurisprudence exam

Fees – all fees must be submitted with this application, via check or money order, made payable to DSHS. Please check the appropriate items below.

___ **Enclosed is the application fee of \$169.00 (this includes the initial license fee).**

___ **I am also applying for a temporary license. Enclosed is the temporary license fee of \$200.00, for a total of \$369.00.**

A temporary license may be issued to an individual who meets the requirements for a regular license (including a conferred degree). If you are approved, a license certificate and cards will be sent to you via postal mail. When issued, a temporary license entitles an applicant to perform the activities of an athletic trainer until the results of the first examination which the applicant is eligible to take are released. **A temporary license shall not be renewed. The temporary license of an applicant who fails an examination administered by the board shall be voided and the applicant shall not be eligible for another temporary license. If you are not sure that you are qualified for a temporary license, please do not submit the temporary license fee.**

If you are required to take the state licensure exam, and you are approved for examination, an examination fee notice will be

sent to you via e-mail. The notice will include the amount of the examination fee due and the postmark deadline for submitting the fee. Upon receipt of your examination fee, a confirmation of your exam site selection will also be sent via e-mail. Make sure that your e-mail address is printed clearly. It is recommended that you differentiate between certain similar characters, such as the letter "O" and the number "0", or a hyphen (-) and an underscore (_). Also, it is suggested that you add 'at@dshs.state.tx.us' to your address book to ensure that notices will be received.

Please verify your e-mail address.
Please print clearly

PLEASE READ CAREFULLY

Read and initial each statement to certify that you understand and agree to immediately comply with the statement.

- _____ In making application to the Texas Advisory Board of Athletic Trainers (board) for the issuance of a license, I have read and understand Occupations Code, Chapter 451 and the board rules (Title 22, Texas Administrative Code, Chapter 871) and I agree to comply with all of those provisions of law and rule.
- _____ I will comply with all state and federal laws and regulations regarding the practice of athletic training.
- _____ I attest that I meet the qualifications for the license for which I am applying, as indicated on this application form.
- _____ I understand that fees and materials submitted in the application process are the property of the board and will not be refunded or returned.
- _____ I agree that, if I am issued a license, I will return the license if it is revoked or suspended in accordance with the provisions of Occupations Code, Chapter 451 or upon lawful demand by the board.
- _____ I am aware of the schedule of fees and I understand that additional fees must be paid to renew the license and to keep the license current.
- _____ I hereby grant permission to seek information or references necessary in evaluating my credentials pertinent to this application.
- _____ I understand that the disclosure of a social security number is required under the Family Code, Section 231.302. I understand that social security numbers are confidential and will be used for identification and reporting purposes required by law.

The information which I have provided in this application is truthful and complete. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license, or the revocation of my license.

Signature of Applicant

Date

ADVISORY BOARD OF ATHLETIC TRAINERS

Texas Department of State Health Services

P.O. Box 149347, Mail Code 1982

Austin, Texas 78714-9347

(512) 834-6615

(512) 834-6677 Fax

**APPRENTICESHIP RECORD (METHOD A APPLICANTS)
TO BE COMPLETED BY SUPERVISING ATHLETIC TRAINER**

Applicants qualifying under Method A (see application page 2) must submit proof of completion of an apprenticeship in athletic training meeting the following guidelines: The program shall be under the direct supervision of and on the same campus as a Texas licensed athletic trainer, or if out-of-state, the college or university's certified or state licensed trainer. The apprenticeship must be a minimum of 1800 clock hours. It must be based on the academic calendar and must be completed during at least five fall and/or spring semesters. Hours in the classroom do not count toward apprenticeship hours. 1500 clock hours of the apprenticeship shall be fulfilled while enrolled as a student at the college or university where the applicant is completing the apprenticeship. The hours must be completed in college or university intercollegiate sports programs, except that 300 clock hours of the 1800 clock hours may be completed at an alternate site. Use the form **Apprenticeship Record- Alternate Site** for instructions on documenting hours earned at an alternate site. If the applicant worked for more than one supervising athletic trainer, make a copy of this form and have each supervising athletic trainer sign the apprenticeship verification section.

APPRENTICESHIP RECORD FOR: _____
Name of Applicant

COLLEGE OR UNIVERSITY: _____

Report hours in college or university intercollegiate sports programs by semester begin and end dates not sport:

Semester Begin Date	Semester End Date	Sports Worked	Total clock hours

APPRENTICESHIP VERIFICATION:

I hereby certify that the applicant named above worked under my direct supervision as a student athletic trainer. I certify that the apprenticeship meets the requirements noted above. I further certify that the applicant's apprenticeship was in clinical, game, or practice situations while working in college or university intercollegiate sports programs.

Signature of Supervising Athletic Trainer

Date

Printed Name and Job Title

Telephone

Address

City, State, Zip

Texas License Number

NATABOC Certification Number, if out-of-state

ADVISORY BOARD OF ATHLETIC TRAINERS

Texas Department of State Health Services
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347
(512) 834-6615
(512) 834-6677 Fax

APPRENTICESHIP RECORD - ALTERNATE SITE (METHOD A APPLICANTS)

Applicants qualifying under Method A (see application page 2) must submit proof of completion of an apprenticeship in athletic training meeting the following guidelines: The program shall be under the direct supervision of and on the same campus as a Texas licensed athletic trainer, or if out-of-state, the college or university's certified or state licensed trainer. The apprenticeship must be a minimum of 1800 clock hours. It must be based on the academic calendar and must be completed during at least five fall and/or spring semesters. Hours in the classroom do not count toward apprenticeship hours. 1500 clock hours of the apprenticeship shall be fulfilled while enrolled as a student at the college or university where the applicant is completing the apprenticeship. The hours must be completed in college or university intercollegiate sports programs, except that 300 clock hours of the 1800 clock hours may be completed at an alternate site:

- (1) a clinic setting which the college or university's supervising athletic trainer has approved; under the direct supervision of a licensed physician, a licensed athletic trainer, or a licensed physical therapist
- (2) a secondary school setting (limited to sports in grades 7-12) arranged by the college or university's supervising athletic trainer; under the direct supervision of a licensed athletic trainer
- (3) a professional or semi-professional setting arranged by the college or university's supervising athletic trainer

Use this form to document apprenticeship hours earned at an alternate site. If the applicant earned hours at more than one alternate site, make copies of this form and submit a separate form for each alternate site.

ALTERNATE SITE RECORD FOR:

Name of Applicant

ALTERNATE SITE:

Name and location

Semester Begin Date	Semester End Date	Describe Work Performed	Total clock hours

ALTERNATE SITE VERIFICATION:

I certify that the applicant named above worked under my supervision as a student athletic trainer.

Signature of Supervisor at Alternate Site

Date

Printed Name, Job Title, and License Number

Telephone

Address

City, State, Zip

SUPERVISING ATHLETIC TRAINER VERIFICATION:

I certify that I approved or arranged this alternate site for the student athletic trainer named above.

Signature of Supervising Athletic Trainer

City, State, Zip

Date

Address

Request for Disability Accommodation

If you have a disability requiring appropriate accommodations in taking the state examination, be sure to complete this form along with the application. **In addition, please attach a statement on letterhead stationery from a professional who is familiar with your disability.** This statement must describe the disability for which you require accommodation.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If the answer is yes, please specify.

Disability

2. Have you had any prior accommodations for your disability in an examination setting? If you answer yes, specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

Disability

Type of Test Accommodation

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

3. If you have NOT had prior accommodation for a test, what do you feel would aid you in taking the examination? If you cannot answer this question by yourself, have a professional who knows your disability and the type of accommodation you need help answer this question. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

Disability

Type of Test Accommodation

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Please sign and date the bottom of this form. Make sure the professional who helps you complete the form also signs and dates this form. **Be sure to submit a statement on letterhead stationery from a professional who is familiar with your disability.**

Signature (Applicant)

Date

Signature (Professional)

Date

Austin, Texas 78714-9347
(512) 834-6615
(512) 834-6677 Fax

VERIFICATION OF OUT-OF-STATE LICENSE (METHOD B APPLICANTS)

If you hold or ever held a license, certificate, or registration issued by another state, jurisdiction, or territory of the United States to engage in a health-related occupation, send this form to the state regulatory agency that issued the credential. Request that the form be completed and returned to the address shown above.

NOTE: This form is only for credentials issued by state regulatory authorities. Do NOT send this form to the National Athletic Trainers Association or the Board of Certification, Inc..

Name: _____

License Number: _____

Profession: _____

Date Issued: _____

Current [] Not Current []

If not current, briefly explain why: _____

License issued on the basis of: _____

Has the licensee ever been reprimanded, sanctioned, or formally disciplined? YES [] NO []

Description and Date of action: _____

Reason for action: _____

I certify that this information is correct to the best of my knowledge. Based on the records available to me, the licensee was competent to practice while licensed in this state.

(Seal)

Name of Agency

Address

City, State, Zip

Signature and Title