

**APPLICATION INSTRUCTIONS FOR LICENSURE
ATHLETIC TRAINER/APPRENTICE ATHLETIC TRAINER**

GENERAL:

An applicant for licensure as an Athletic Trainer must successfully pass a competency examination and meet ONE of the following requirements:

1. Successfully complete the athletic training curriculum requirements of an accredited college or university approved by the State Board of Medical Licensure and Supervision.
2. Be licensed or certified in physical therapy, having spent at least 800 hours working under the direct supervision of a licensed athletic trainer.
3. Hold a four-year degree from an accredited college or university and have completed at least two consecutive years as an apprentice athletic trainer directly supervised by a licensed athletic trainer - military duty excepted.

Applications must be accompanied by appropriate fees, documents and completed forms, which must be received at least 30 days prior to a meeting of the Athletic Trainers Advisory Committee. Applications received in the interim between meetings or after the deadline for receipt of applications will be considered by the Secretary of the State Board of Medical Licensure and Supervision who, upon administrative review, may grant permission to practice temporarily until the next meeting of the State Board of Medical Licensure and Supervision.

An Athletic Trainer may practice under the supervision of a team or consulting physician upon written protocol.
An Apprentice Athletic Trainer may assist an Athletic Trainer under the direct supervision of a licensed Athletic Trainer.

EXAMINATIONS:

The National Athletic Trainers Association Board of Certification (NATABOC) Certifying Examination is recognized as a valid competency examination. Athletic Trainers may request official verification of their current certification status for state licensure by submitting a formal request and \$25 processing fee through ATC Online™ (www.bocatc.org) or USPS mail (form available at www.bocatc.org or www.okmedicalboard.org) Requests are processed within 24 to 48 business hours of receipt.

OTHER LICENSES:

Evidence of all current or previously issued licenses or certificates to practice as an Athletic Trainer, Apprentice Athletic Trainer, or other medical professional must be verified on FORM #3.

RECOMMENDATIONS:

Three recommendations are required, each on a FORM #4. Two must be from certified Athletic Trainers who can attest the applicant's practice competence; the third must be from an associate who can affirm the applicant's moral and ethical attributes. Applicants who have not practiced as an Athletic Trainer or Apprentice Athletic Trainer may submit three recommendations from associates or individuals that can affirm the applicant's moral and ethical character. In lieu of three recommendations, the applicant may submit one FORM #4 completed by an official of a state or national Athletic Trainers professional association who can verify current good standing in the association.

EXTENDED BACKGROUND CHECK:

Effective **July 1, 2006** **all** applicants for licensure will be required to request an **Extended Background Check** (EBC) by completing the enclosed EBC Authorization Form and submitting it with the applicable fee (see form) to Trak-1 Technology (address on form).

SWORN AFFIDAVIT:

If you answer "Yes" to any of the questions (A-O) on the application you must write a statement of explanation, sign it, and have your signature notarized. If you answer "Yes" to any of the questions regarding previous arrests you must additionally submit copies of all police reports/court records. If you have previously obtained an assessment and/or been treated for the use of any drug or chemical substance (including alcohol), please submit copies of the assessment and treatment records.

SUPERVISION:

An applicant for licensure as an Apprentice Athletic Trainer must provide proof of supervision by a licensed Athletic Trainer on FORM #5.

An applicant for licensure as an Athletic Trainer must provide evidence of supervision by either a Team Physician or Consulting Physician on a FORM #5. An established practice protocol signed by both the supervising physician and applicant must also be submitted for approval by the State Board of Medical Licensure and Supervision.

RENEWALS:

Licenses are renewed annually by application PRIOR to September 1 for the subsequent year beginning September 1 and ending August 31. Licenses issued BEFORE September 1 must be renewed for the next occurring renewal period most immediately subsequent to the date of issue of the license. Unrenewed licenses become inactive as of September 1 and if reactivated after September 1 a late payment fee is assessed in addition to the renewal fee.

TO FACILITATE THE RENEWAL PROCESS, KEEP THIS OFFICE INFORMED OF YOUR CURRENT ADDRESS AT ALL TIMES.

FEES: (ALL FEES ARE NON-REFUNDABLE)

ATHLETIC TRAINER

Initial license. \$145.00
Renewal of license \$ 55.00
Renewal/late fee (if received after 8/31). . . \$115.00

APPRENTICE ATHLETIC TRAINER

Initial license. \$30.00
Renewal of license \$15.00
Renewal/late fee (if received after 8/31). . . \$25.00

TEMPORARY LETTER:

A temporary letter to practice may be authorized prior to licensure provided all requirements for licensure have been met and verified. Practice as an Apprentice Athletic Trainer must be under the supervision of an Athletic Trainer licensed in Oklahoma. Either a Team Physician or Consulting Physician must supervise an Athletic Trainer. This temporary letter is valid until the next meeting of the Board.

PRACTICE MAY NOT BEGIN UNTIL APPROVED BY THE STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

RETURN THESE INSTRUCTIONS, SIGNED, WITH YOUR APPLICATION

"I, the undersigned, have read the instructions and understand their content. I swear that the contents of my application are true. All information supplied herein may be verified by the Oklahoma State Board of Medical Licensure and Supervision." I have read and understand the Athletic Trainer's Act, which I received with my application information.

Date

Signature of applicant

MAIL APPLICATION AND INSTRUCTIONS WITH REQUIRED FORMS, FEES AND DOCUMENTS TO:

Oklahoma State Board of Medical Licensure and Supervision
P.O. Box 18256
Oklahoma City OK 73154-0256

OR DELIVER TO:

Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105