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 through ATC Online™ (www.bocate.org).

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. Applicant must contact the respective Licensing Board and request verification to be sent directly to the Oklahoma Medical Board.

EXTENDED BACKGROUND CHECK - Applicants for licensure are required to request an Extended Background Check.

EVIDENCE OF STATUS - In order to verify citizenship or qualified alien status, applicants must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and emailed to the office.

PHOTO AND OATH FORM – Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and emailed to the office.

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. Form #5 can be found at www.okmedicalboard.org/athletic_trainers#forms-resources.

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 to the State Board of Medical Licensure and Supervision. Form #5 can be found at www.okmedicalboard.org/athletic_trainers#forms-resources

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.

AT/AA APPLICATION INSTRUCTIONS
Revised 10/2022
FEES: (ALL FEES ARE NON-REFUNDABLE)

ATHLETIC TRAINER

Initial license. ......................... $145.00 (paid on line – do not resubmit)
Renewal of license ..................... $ 60.00
Renewal/late fee (if received after 8/31) . . . $115.00

APPRENTICE ATHLETIC TRAINER

Initial license. ......................... $30.00 (paid on line – do not resubmit)
Renewal of license ..................... $15.00
Renewal/late fee (if received after 8/31) . . . $25.00

GENERAL PROCESS:

The Athletic Trainers Advisory Committee will review all applications by individuals for licensure and submit recommendations to the Board for action. Applications for licensure will be approved by the Board approximately two weeks after the Committee meeting.

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

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                                                              Printed Name

___________________________________________________________
Signature

EMAIL THESE SIGNED INSTRUCTIONS WITH ALL REQUIRED FORMS AND DOCUMENTS TO:
www.licensing@okmedicalboard.org