140-X-3-.01 Requirements For Issuance. The application for licensure must be completed utilizing the Board-prescribed method and platform and include a signed Physician/Athletic Trainers Protocol Consent Form, payment of requisite fees, and proof of certification by the Board of Certification, Inc.

(1) Executive Secretary will receive applications for licensure and inform registrant of information needed to complete the application, if any.

(2) Upon receipt of an application for licensure meeting the requirements for issuance and not requiring further consideration by the Board as determined by the Executive Secretary, the Executive Secretary will issue a license on behalf of the Board and subject to final approval by the Board.

(3) Special considerations shall be given to qualifying spouses of active duty military personnel relocating to the State of Alabama under certain circumstances to facilitate the continuation of employment as an athletic trainer through a streamlined process for initial licensure when already licensed to practice in another state. Requirements for issuance will be the completed application for licensure utilizing prescribed methods and forms, a fully executed Physician/Athletic Trainers Protocol Consent Form, and proof of certification by the Board of Certification, Inc. Since the Board of Certification, Inc., exam is recognized by all Athletic Trainer state regulatory agencies to meet their exam requirement, BOC certification is the credential required and accepted.

(a) An eligible individual is any individual who satisfies all of the following requirements:
1. Is the spouse of an active duty reserve or transitioning member of the United States Armed Forces, including the National Guard, or a surviving spouse of a service member who, at the time of his or her death, was serving on active duty, who is relocated to and stationed in the State of Alabama under official military orders. A transitioning service member is a member of the United States Armed Forces, including the National Guard, on active duty status or on separation leave who is within 24 months of retirement;

2. Has not committed or participated in an act that would constitute grounds for refusal, suspension, or revocation of a professional license or certificate;

3. Has not been disciplined by an authorized entity or under investigation, in any jurisdiction, in relation to a professional license or certificate.

(b) Upon eligible individual’s completion of an application document that documents eligibility and compliance with the Board’s requirements for a license, the Board will expedite the application review process in order to issue a license to facilitate continuation of eligible individual’s employment in the State of Alabama. The form used by the Board is found in Appendix A and is part of this rule.

(c) For the purpose of continuation of employment in the State of Alabama, the Board will waive the initial licensing fee for the eligible individual upon application by the eligible individual in the Board-prescribed manner. The fee waiver application will be processed within 30 days after receiving the application.

Author: Leah Taylor, Executive Secretary


140-X-3-.02 Physician/Athletic Trainers Protocol Consent Form.

The State Boards of Medical Examiners and the Board of Athletic Trainers jointly approve any rule, regulation or policy that affects the services rendered by an Athletic Trainer or
apprentice Athletic Trainer. The Licensed Athletic Trainer Protocol and Physician/Athletic Trainer Protocol Consent Form, are included in the license application packet. The protocol and form are in Appendix A and are a part of this rule.

Authors: Robert Ferguson, ATC; Chris Gillespie, ATC; Wayne Kendrick, ATC


History: New Rule: Filed October 14, 1997; effective November 18, 1997.

140-X-3-.03 Effect Of Issuance. Issuance of a license will allow the applicant to use the title “athletic trainer,” “certified athletic trainer,” or “licensed athletic trainer,” and the letters “AT,” “ATC,” and “LAT,” with or without receiving compensation.

Authors: Robert Ferguson, ATC; Chris Gillespie, ATC; Wayne Kendrick, ATC


History: New Rule: Filed October 14, 1997; effective November 18, 1997.
APPENDIX A

FORM

ALABAMA BOARD OF ATHLETIC TRAINERS
MILITARY SPOUSE AFFIDAVIT & FEE WAIVER

Please print or type all information, except where a Signature is designated.

I, ____________________________________, do hereby attest under penalty of perjury that I meet all of the below-listed conditions of eligibility as a military spouse relocated to the State of Alabama:

➢ I am the spouse of an active duty reserve or transitioning member of the United States Armed Forces, including the National Guard, or a surviving spouse of a service member who, at the time of his or her death, was serving on active duty and who is relocated to and stationed in the State of Alabama under official military orders. A transitioning service member is a member of the United States Armed Forces, including the National Guard, on active duty status or on separation leave who is within 24 months of retirement. Place initials here ______

➢ I hold an active license to practice athletic training in the State of ___________________ and left employment in said state to accompany my spouse to the State of Alabama. Place initials here ______

➢ My current license is in good standing. Place initials here ______

➢ No disciplinary action has ever been taken or, to my knowledge, is pending, against my license. Place initials here ______

➢ I have not committed or participated in an act that would constitute grounds for refusal, suspension, or revocation of a professional license. Place initials here ______

Attached hereto are a copy of my military identification card and a copy of my spouse’s transfer orders. I understand that I may need to provide the Alabama Board of Athletic Trainers with additional documents in support of my application. Place initials here ______

Upon determination of my eligibility as a military spouse, sufficient documentation of my spousal relationship, and my spouses transfer orders, I hereby request that the licensure fee of $175 be waived. Place initials here ______

As indicated by my initials contained in the body of this form, I have reviewed the details of each area of eligibility and documentation requirements and state under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge.

_________________________________________   ______________________________
Signature       Date

_________________________________________
Printed Name
Author: Leah Taylor, Executive Secretary
History: New Rule: Published December 31, 2019; effective February 14, 2020.