ALABAMA BOARD OF ATHLETIC TRAINERS ADMINISTRATIVE CODE

APPENDIX A
FORMS

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ALABAMA BOARD OF ATHLETIC TRAINERS
APPLICATION INFORMATION

In completing the application package, please note the following:

1. Incomplete applications may be returned minus the application fee, which is non-refundable.

2. All fees are payable to the Alabama Board of Athletic Trainers. The application and initial licensure fee is $175.00

3. Photographs must be a “passport photograph” taken within the past six months.

4. Names on applications must match names on Driver’s License or Social Security card.

5. The “Physician/Athletic Trainer Protocol Consent Form” must be completed and on file with the Alabama Board of Athletic Trainers to be licensed to practice in the State. The Alabama Board of Athletic Trainers and the State Board of Medical Examiners approved the “Physician/Athletic Trainer Protocol Consent Form.” Please review the protocol with your supervising physician (i.e., head team physician, clinic medical doctor, etc.) and have the physician sign the form. Maintain a copy in your athletic training facility and forward the original to the Board.

6. Pursuant to the Alabama Athletic Trainers Licensure Act, licenses must be renewed before the expiration date indicated on the license ID card. Renewal notices will be mailed to licensees as appropriate at the addresses on file with the Board Office. It is, however, the responsibility of each licensed Athletic Trainer to notify the Board Office of any address change and to renew his/her license according to the renewal requirements set forth by the Board whether or not a renewal notice is received. The annual renewal fee is $75.00

If you have questions, call the Board Office at 334/264-1929 or email athletictrainers@bellsouth.net

APPLICATION CHECKLIST

The checklist outlines the documentation necessary to return with your application.

BOC/Certified Athletic Trainer

___ Fee $175.00 (Make check payable to Alabama Board of Athletic Trainers)
___ Application Form – signed, notarized, and with photograph and cards affixed
___ Copy of BOC card (front & back) or on-line verification
___ Physician/Athletic Trainer Protocol Consent Form
___ If applicable, copies of out-of-state Athletic Trainers license(s)
**APPLICATION FOR LICENSURE**

**ALABAMA BOARD OF ATHLETIC TRAINERS**

**POST OFFICE BOX 243011**
**MONTGOMERY, ALABAMA 36124**
**PHONE: (334) 264-1929**
**AthleticTrainers@bellsouth.net**

(Please type or print in blue or black ink)

### APPLICANT PROFILE DATA

- **Name:**
  - Last
  - First
  - Middle

- **Home Address:**
  - Physical Street Address (PO Boxes Not Acceptable)
  - Apt. #
  - City
  - State
  - Zip Code
  - County

(If you do not wish for your mailing address to be shared with ALATA for mailing notices of importance to the athletic training community, check here ☐. Your mailing address will not be shared with any other third party.)

- **Mailing Address (If Different from Home Address):**
  - Street (PO Box Acceptable)
  - Apt. #
  - City
  - State
  - Zip Code
  - County

- **Social Security Number:**
- **Date of Birth:**

- **Telephone Number:**
- **Cell Phone Number:**

### APPLICANT EMPLOYMENT DATA

- **Place of Employment:**

- **Your Title or Position:**
- **Name of Supervisor:**

- **Employment Address:**
  - Street
  - City
  - State
  - Zip Code
  - County

- **Telephone Number:**

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Page 1 of 4
### Applicant Professional Data

Are there any criminal or civil suits pending against you? If yes, attach a full explanation.
- Yes
- No

Are you now addicted to or have you ever excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? If yes, attach a full explanation.
- Yes
- No

Have you ever been convicted of any violations of law (except minor traffic violations)? If yes, attach a full explanation.
- Yes
- No

Have you ever had a license or permit encumbered in any way?
- Yes
- No

If yes, has the decree changed? Attach a full explanation.
- Yes
- No

Have you ever been declared mentally incompetent by any court? If yes, attach an explanation.
- Yes
- No

Are you currently certified by the Board of Certification, Inc. (BOC)?
- Yes
- No

**BOC Certification Number (if applicable)**

(Attach a copy of your BOC card or online verification)

**NATA membership number (if applicable)**

- __________

Are you currently or have you been previously licensed in another state in the area of Athletic Training?
- Yes
- No

If yes, what state(s) and when?

(If currently licensed, attach a copy of your license)

Have you been previously licensed as an athletic trainer in Alabama?
- Yes
- No

If yes, indicate approximate period of licensure and number, if known.

If yes, provide complete explanation for the lapse of your license: *(If additional space is required, attach a separate page.)*

Please check the following boxes which apply to you regarding specialized or advanced training.

- **BOC certified athletic trainer (ATC) Certification #**
- **Physical Therapist (PT) State:**
- **License #**
- **APTA Board Certified Sports Physical Therapist (SCS)**
- **NSCA Certified Strength & Conditioning Specialist (CSCS) Certification #**
- **Emergency Medical Technician**
  - EMT-B
  - EMT-I
  - EMT-P
  - National Register
- **Nurse**
  - RN
  - LPN
- **Other**

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*Page 2 of 4*
RECORD OF EDUCATIONAL TRAINING

Education: (State in chronological order, beginning with high school, the name and location of each institution attended, amount of time attended, and year of graduation, if applicable. Please also state the name(s) of degree(s) awarded.)

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<th>Institution</th>
<th>Dates Attended</th>
<th>Name of Diploma/Degree &amp; Year Awarded</th>
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VERIFICATION OF ATHLETIC TRAINING PRACTICE

I, ________________________________, certify that I practice athletic training in the state of Alabama and provide the following information to describe my practice:

Name of Employer: ________________________________
Address of Employer: _____________________________________________

Employment Phone #: ________________________________
Title of Applicant's Position: ________________________________

Full description of applicant's duties and responsibilities (include sports covered and job-specific duties):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Page 3 of 4
AFFIDAVIT OF APPLICANT

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application, including accompanying statements and all official documents, are true and correct to the best of my knowledge and belief. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure. Further I consent to a thorough investigation of my education and employment record and other information that may be necessary to verify my qualification for practice as an Athletic Trainer. I have also read and understand the rules and regulations and protocols governing licensure of Athletic Trainers and affirm that all conditions for licensure have been met and will be maintained. I further affirm that I will comply with all requirements for licensure renewal in effect at the time of license renewal including submission of appropriate renewal fees and continuing education credits.

__________________________________________
Signature of Applicant

__________________________________________
Date

Subscribed and sworn to before me this
________________ day of ____________, 20___.

__________________________________________
(Notary Public)

__________________________________________
(Notary Seal)

Affix Copy
of
Social Security Card
Or
Driver’s License
here

Affix
Photo
Here

(Only a passport-type photo will be accepted. Do not send photo copies.)

Upon completion of entire application form and required supplemental forms, enclose the appropriate fee and mail to:
Alabama Board of Athletic Trainers, Post Office Box 243011, Montgomery, Alabama 36124.
LICENSED ATHLETIC TRAINER PROTOCOL

I. PREVENTION

A. Organization and implementation of preparticipation physical examinations/screening procedures
B. Physical conditioning of athletes
C. Fitting and maintenance of protective equipment
D. Application of taping and special pads and braces
E. Control of environmental risks
F. Identification and correction of common risk factors and causes of athletic injuries
G. Development and implementation of preventative maintenance rehabilitation programs

II. RECOGNITION AND EVALUATION

A. Conducts a thorough initial clinical evaluation of injuries commonly sustained by the competitive athlete and formulates an impression of the injury for the primary purpose of:
   1. administering proper first aid and emergency care
   2. making appropriate referrals to physicians for diagnosis and medical treatment (physician evaluation should occur within a 72 hour time-frame from the initial athletic trainer injury encounter)

III. MANAGEMENT, TREATMENT AND DISPOSITION

The physician is the ultimate authority for the management, treatment, and disposition of athletic injuries. Working under the direction and supervision of the physician, the licensed athletic trainer serves the following roles:

A. Provides appropriate first aid and emergency care for acute athletic injuries
B. Refers injured athletes for appropriate medical intervention
C. Documentation of injuries and treatment progress in athlete's medical record
D. Development and implementation of plan of care for athletic injuries under the direction and supervision of a physician
E. Utilization of therapeutic modalities and rehabilitation techniques as approved by a physician
F. Wound care, including removal of staples and sutures upon physician order
G. Application of casts after reduction of fracture by physician, change or remove casts upon physician order

IV. REHABILITATION

A. Rehabilitation of athletic injuries shall be performed under the referral of the physician
B. Under physician direction, the development and implementation of comprehensive rehabilitation programs, including determination of therapeutic goals and objectives, selection of therapeutic modalities and exercise, methods of evaluating and recording rehabilitation progress, and development of criteria for progression and return to competition
C. The licensed athletic trainer shall rehabilitate an athletic injury for no more than thirty days without a re-evaluation by the physician and referral for continuation of the rehabilitation program. Preventative care after resolution of the injury is not considered rehabilitation
V. ORGANIZATION AND ADMINISTRATION

A. Plan, coordinate and supervise all administrative components of an athletic training program including those pertaining to:
   1. health care services (physical examinations and screenings, first aid and emergency care, follow-up care and rehabilitation)
   2. financial management
   3. athletic training room management
   4. personnel management
   5. public relations
   6. athletic event/venue coverage

VI. EDUCATION AND COUNSELING

A. Provide health care information and counsel athletes, parents and coaches on matters pertaining to the physical, psychological and emotional health and well-being of the athlete.
B. Interprets the role of the licensed athletic trainer as a health care provider, promotes athletic training as a professional discipline, and provides instruction in athletic training/sports medicine subject matter areas.

REFERENCES

1. NATA Standards for Athletic Training, 1989
2. Competencies in Athletic Training, NATA Professional Education Committee
3. NATA Role Delineation Study; NATA Board of Certification; 1990
Year: __________

Physician/Athletic Trainer Protocol Consent Form

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

Athletic Trainer: ____________________________

Team/Organization: __________________________

I, ____________________________ MD/DO, as team physician/consulting physician, hereby authorize the above named individual to act in my behalf during my absence. This individual shall perform activities detailed in the Licensed Athletic Trainer Protocol, approved by the Alabama Board of Athletic Trainer and the State Board of Medical Examiners. Such authority shall include the following areas:

I Prevention  II Recognition & Evaluation  III Management, Treatment & Disposition  IV Rehabilitation

V Organization & Administration  VI Education & Counseling

In addition, I authorize this individual to assist or carry out any other instructions or procedures that I feel are warranted or necessary in the practice of athletic training.

Physician Information

Team/Consulting Physician Signature

Physician’s Address

City, State, Zip Code

Business Telephone

Athletic Trainer’s Information

Athletic Trainer’s Signature

Business Address

City, State, Zip Code

Business Telephone
Appendix A

CONTINUING EDUCATION GUIDELINES

Introduction

The Alabama Board of Athletic Trainers requires that a Licensed Athletic Trainer obtain and document annual continuing education to renew his/her State license. Reportable contact hours must be earned before the end of each “renewal” year during the time period of December 1 - November 30. Contact hours cannot be carried over into the next renewal period for renewing an Alabama license.

The purpose of Continuing Education requirements for Licensed Athletic Trainers is as follows:

- Obtain current professional development information;
- Explore new knowledge in specific content areas;
- Master new athletic-training-related skills and techniques;
- Expand approaches to effective athletic training;
- Further develop professional judgment;
- Conduct professional practice in an ethical and appropriate manner.

Continuing Education Guidelines

Contact hours are the number of actual clock hours spent in direct participation in a structured education format, as a learner. A contact hour is one hour of actual participation in a continuing education activity, exclusive of registration, breaks, lunches, exhibits, or business meetings. In a college or university program, one (1) college credit hour is equivalent to ten (10) contact hours. Contact hours must be completed within the “renewal” year to be accepted as the contact hours needed for license renewal.

Qualifying Categories for Continuing Education

Continuing education must be directed toward the professional field of Athletic Training. The focus should increase the knowledge and skills of the Athletic Trainer. Activities taken exclusively for self-help are not eligible, i.e. gardening, cooking, photography. To qualify for credit, part of the activity must focus on content related to role delineation of the domains of athletic training.

Except as set forth in Category E, contact hours will only be accepted for credit if they are approved by the Alabama Board of Athletic Trainers or the BOC. If you are considering taking a course that is not BOC approved, ask the Provider to contact the Alabama Board of Athletic Trainers for course approval.

Category A

NATA Annual Symposium
NATA District Conferences
Athletic Training Conferences
ALATA Athletic Training Conferences
*Other recognized Association Conferences:
NSCA-APTA-Alabama EMS-SPTS
BOC-approved courses
ABAT-approved courses
BOC-approved workshops
ABAT-approved workshops

Documentation = Proof of Participation

Category limited to 25 Contact Hours

Category B

Leadership
Clinical Symposium Speaker – 10 Contact Hours
Clinical Symposium Panelist – 5 Contact Hours
USOC Participant Development Program – 20 Contact Hours
NATA Certification Examiner/Model – 5 Contact Hours

Documentation = Proof of Participation

Publication Activities
Article Author in Reference Journal – 15 Contact Hours
Contributing Article Author in Reference Journal – 5 Contact Hours

Documentation = Copy of Cover or Index

NATA Journal Quiz – 5 Contact Hours

Documentation = Verification of Completion

Other
ABAT/BOC home study course

Documentation = Proof of Participation

Video tape viewing/purchase – 1 Contact Hour per Tape

Documentation = Statement of Video Tapes Viewed/Purchased

Category limited to 25 Contact Hours

continued...
Category C

Post certification education – In a college or university program, one college credit is equivalent to 10 contact hours. Courses must be within the domains of Athletic Training. Courses do not have to be at the graduate level for the Board to accept them.

Documentation = Copy of a Transcript or Grade Report
Category limited to 25 Contact Hours

Category D

Certifications
Emergency Medical Response Certification (EMRC)
Mandated Annually – 7 Contact Hours (a 2-year card is valid only in the year it is issued.) (Instructor cards will be accepted if submitted with proof of having taught 1 Board-approved course, including all required components, within the renewal year.)
EMRC must include each of the following components:
> Adult/Pediatric CPR with AED
> Airway Obstruction
> 2nd Rescuer CPR
> Barrier devices (i.e. pocket mask, bag valve mask)

Acceptable EMRC courses approved by the Alabama Board of Athletic Trainers shall include all above-listed components, contain a live component, and be currently accepted by the BOC. Common courses that meet these requirements are:
> American Heart Association: BLS Healthcare Provider and ACLS
> American Red Cross: CPR/AED for Professional Rescuers
> American Safety & Health Institute: CPR for Professionals
> Emergency Care & Safety Institute: Health Care Provider CPR
> National Safety Council: Basic Life Support for Health Care and Professional Rescuers

EMT Certification -- 10 Contact Hours

Documentation = Copy of Card or Certificate of Completion
Category limited to 10 Contact Hours

Category E

Individualized Options – You can claim Contact Hours for attendance at a program that is not given by an approved provider. Courses/programs must be within the domains of Athletic Training, and you are responsible for documenting and demonstrating the acceptability of any given program.

Category limited to 14 Contact Hours

Appendix A

Providers
BOC-approved providers have completed a formal application process for suitability of content and format for continuing education activities. BOC-approved providers include regionally accredited academic institutions with Athletic Training education programs and public agencies, private organizations, athletic-training-related associations, medical institutions, and academic institutions offering relevant course work. BOC-approved providers ensure that ATCs have access to appropriate, high-quality continuing education.

Continuing Education Documentation
It is the responsibility of the Athletic Trainer to obtain documentation for verification of participation for all continuing education activities if they are to be used for license renewal.

All original CE documentation used for license renewal or BOC certification should be kept by the Athletic Trainer in a personal continuing education file for reference and audits. Copies of documentation must be submitted annually with the Continuing Education Reporting Sheet.

Documentation must indicate the name of a provider, the name of attendee, name and date of course, number of contact hours, signature and title of provider representative who can verify participation in the activity, list four-digit provider number from BOC-approved provider. Exceptions would be transcripts, grade reports, and EMRC cards. When certificates are not awarded, a letter or report containing the required information should be obtained from the sponsor.

Continuing Education Reporting Sheet
The Continuing Education Reporting Sheet is for a one-year period beginning December 1 and ending November 30 of each year. The reporting sheet must be submitted with copied documentation of contact hours earned. Current year EMRC card (copied front and back), if certified, should be submitted with the CE Reporting Sheet. Proof of BOC certification, showing status as “certified” must be submitted along with other documentation.

* * * * * *

All Alabama-licensed Athletic Trainers are required to obtain and document continuing education annually for license renewal. Licensees who were “grandfathered” and are not required to be BOC certified must report and submit verification of 26 contact hours in order to renew their license. Documentation of annual EMRC certification is mandatory for all Alabama-licensed athletic trainers. (Except where limited exceptions are made in administrative rules for new licensees licensed between July 1 and December 31.)
Please type or print information
State License Number: _____  

LICENSE RENEWAL FOR 2018  
Renewal Year December 1, 2016 – November 30, 2017
Continuing Education Reporting Sheet 
(For Athletic Trainers Licensed 7-1-17 or later)
Complete, Sign, and Return with Documentation

Notice: You do not have to report additional CEUs for this year only; therefore, ignore the reporting grid. Please complete the top portion of the form and attest to the statements at the bottom of the form before signing and dating.

*** Include documentation that your BOC certification is active/current. ***

Name: ___________________________________________ Address: ___________________________________________ City/State/Zip

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<thead>
<tr>
<th>Category</th>
<th>Course/Activity</th>
<th>Provider Name</th>
<th>Type of Documentation</th>
<th># of Contact Hours</th>
<th>Approval</th>
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<td>NO ADDITIONAL CEUs REQUIRED THIS YEAR ONLY</td>
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Important Reminder: Attach a copy of your BOC card or on-line verification.

_____ I have conducted myself as a licensed athletic trainer in accordance with the Alabama Athletic Trainers Act.

_____ The information contained on this report is a true and accurate statement of my continuing education activities.

_____ The documentation of my active/certified BOC status contained herein demonstrates my compliance with the Board of Certification's continuing education requirements, thus satisfying the annual continuing education requirements of the Alabama Board of Athletic Trainers.

_____ I am aware that falsification of this report may result in the revocation of my Alabama Athletic Training License.

Date: __________________________ Signature: __________________________
Please type or print information
State License Number: ____

LICENSE RENEWAL FOR 2018
Renewal Year December 1, 2016 – November 30, 2017
Continuing Education Reporting Sheet
(For BOC-Certified Athletic Trainers)
Complete, Sign, and Return with Documentation

Notice: This form must be used to list and attach the required Continuing Education documentation for State license renewal. **All hours must be earned between December 1, 2016 and November 30, 2017, to be acceptable.**

*** Include documentation that your BOC certification is active/current. ***

Name: ___________________________ Address: ___________________________
City/State/Zip

Report below and provide documentation of certification between 12/1/2016 - 11/30/2017 in a BOC-approved Emergency Cardiac Care course.

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<th>Course/Activity</th>
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<th>Type of Documentation</th>
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Important Reminder: Attach a copy of your BOC card or on-line verification documenting your active BOC status.

____ I have conducted myself as a licensed athletic trainer in accordance with the Alabama Athletic Trainers Act.

____ The information contained on this report is a true and accurate statement of my continuing education activities.

____ The documentation of my active/certified BOC status contained herein, coupled with the documentation of the above-listed Emergency Cardiac Care annual certification, demonstrate my compliance with the Board of Certification’s continuing education requirements, thus satisfying the annual continuing education requirements of the Alabama Board of Athletic Trainers.

____ I am aware that falsification of this report may result in the revocation of my Alabama Athletic Training License.

Date: ___________________________ Signature: ___________________________
Please type or print information

State License Number: ____

LICENSE RENEWAL FOR 2018
Renewal Year December 1, 2016 – November 30, 2017
Continuing Education Reporting Sheet
Complete, Sign, and Return with Documentation

For Non-BOC-Certified Athletic Trainers

Notice: This form must be used to list and attach the required Continuing Education documentation for State license renewal. **All hours must be earned between December 1, 2016, and November 30, 2017, to be acceptable.** Any hours classified as late CEUs for last year’s renewal period are not acceptable and may not be used again. Attach additional sheets as necessary.

Name: __________________________ Address: __________________________ City/State/Zip __________________________

Keep all category reports together on Reporting Form: A B C D E

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<tr>
<th>Category</th>
<th>Course/Activity</th>
<th>Provider Name</th>
<th>Type of Documentation (Attach Documentation)</th>
<th># of Contact Hours (26 Required)</th>
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___ I have conducted myself as a licensed athletic trainer in accordance with the Alabama Athletic Trainers Act.

___ The information contained on this report is a true and accurate statement of my continuing education activities.

___ I am aware that falsification of this report may result in the revocation of my Alabama Athletic Training License.

Date: __________________________ Signature: __________________________
Authors: Alabama Board of Athletic Trainers
Statutory Authority: Code of Ala. 1975,