



ATHLETIC TRAINER

APPLICATION FOR ATHLETIC TRAINER LICENSURE INSTRUCTION TO APPLICANTS

A. LICENSE BY EXPERIENCE: Applicants must submit the following:

1. Complete Application
2. Application Fee of \$100.00 (Non-Refundable Processing Fee)
3. Complete "Verification of Athletic Trainer Education", page 7.
This form must be submitted by applicant and the school where the applicant received the education and sent directly from the school to this Office. * Proof of Board Certification (BOC).
If you now hold or have ever held a certification from BOC you must have BOC submit official verification directly to this Office.
BOC's address, phone number, and web page is: 4223 South 143rd Circle, Omaha, NE 68137;
1-877-262-3926; www.bocata.org. Contact them directly for the current fee for processing this verification.
4. Complete Verification of Licensure form, page 6, from every state in which you now hold, or have ever held, a license to practice (if applicable).

B. LICENSE BY ENDORSEMENT: Applicants must submit the following:

1. Complete Application
2. Application Fee of \$100.00 (Non-Refundable Processing Fee)
3. Verification of Licensure form, page 6, from every state in which you now hold, or have ever held, a license to practice.
4. Proof of Board Certification (BOC). If you now hold or have ever held a certification from BOC you must have BOC submit official verification directly to the Office. BOC's address, phone number, and web page are: 4223 South 143rd Circle, Omaha, NE 68137; 1-877-262-3926; www.bocatc.org. Contact them directly for the current fee for processing this verification.

C. TEMPORARY PERMIT: Applicants must submit the following:

1. Complete Application
2. Application Fee of \$50.00 (Non-Refundable Processing Fee)
3. Verification of Athletic Trainer Education, page 7, by the applicant and the school where the applicant received the education and sent directly from the school to this Office. This form must be received before you will be issued a temporary license.
4. Verification of Employment for Temporary permit, page 8, completed by the Supervising Athletic Trainer.

NOTE: Any change of address or other contract information, by an applicant or licensee, must be forwarded to this office no later than thirty (30) days after change occurs.



Athletic Trainer
Application for Licensure as an Athletic Trainer

Applying on the basis of: _____ Examination _____ Licensed in another state (Endorsement)

(Use Ink or Typewritten only)

First Name (Legal name no nicknames)	MI	Last Name & Title (Jr., Sr., II, III, etc.)
Previous Name(s) (Maiden)		

Social Security Number: _____ / _____ / _____ ** (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

OR

Passport Number: _____ *** (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a))

Mailing Address:	P.O. Box	
	Street/Apt #	
	City/State/Zip	
	Country	

911 Address: (if different than mailing)	P.O. Box	
	Street/Apt #	
	City/State/Zip	

Phone:	() -	Cell Phone:	() -
Fax:	() -	E-Mail:	

Date of Birth	Gender: (Circle One)
	Female Male

List below every state in which you now hold, or have ever held, a license/certification to practice			
STATE	LICENSE #	DATE ISSUED	DATE EXPIRES(D)

Section B: Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders, 15 V.S.A. § 795(b): “Good standing” for child support is defined by 15 V.S.A. § 795(d). You must check the appropriate box. As of the date of this application:	
<input type="checkbox"/>	I am not subject to a child support order.
<input type="checkbox"/>	I am subject to a child support order and I am in “good standing” or in full compliance with a plan to pay any and all child support.
<input type="checkbox"/>	I am subject to a child support order and I am NOT in “good standing” or in full compliance with a plan to pay any and all child support. Please contact the Office of Child Support at (802) 241-2319. OCS must report your compliance to this office before you may be issued a license.

TAXES:

Taxes Due to the State of Vermont, 32 V.S.A. § 3113(b): “Good Standing” for taxes due is defined by 32 V.S.A. § 3113(g). You must check the appropriate box. As of the date of this application:	
<input type="checkbox"/>	I am in “good standing” with respect to, or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes.
<input type="checkbox"/>	I am NOT in “good standing”* with respect to or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes. Please contact the Vermont Department of Taxes at (802) 828-2515 for more information. The Tax Department must report your compliance to this office before you may be issued a license.

DISTRICT COURT FINES/JUDICIAL BUREAU:

Court judgments for fines or penalties, 4 V.S.A. § 1110(b): “Good standing” for court judgments is defined by 4 V.S.A. § 1110(c). You must check the appropriate box. As of the date of this application:	
<input type="checkbox"/>	I have no unpaid judgments issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
<input type="checkbox"/>	I am in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
<input type="checkbox"/>	I am NOT in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense. You must provide this office documentation of compliance before you may be issued a license.

RESTITUTION ORDERS:

Unpaid Judgments, 13 V.S.A. § 7043a: “Good standing” for restitution orders is defined by 13 V.S.A. § 7043a(c). You must check the appropriate box. As of the date of this application:	
<input type="checkbox"/>	I have no restitution order.
<input type="checkbox"/>	I am in “good standing” with respect to any restitution order.
<input type="checkbox"/>	I am NOT in “good standing” with respect to any restitution order. You must provide this office documentation of compliance before you may be issued a license.

Section C: Vermont Mandatory Credential and Fitness Questions

Circle **Yes** or **No** for each of these questions. If the answer is **Yes**, follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) taken any disciplinary action (restricted, suspended, revocation or conditioned) against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate or registration to a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and copies of any applicable documentation.</i>	Yes	No
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Are you currently under investigation by a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you EVER been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents (i.e., affidavit of probable cause, the information and/or the docket report.)</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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Note: Vermont law requires that you report to the Office of Professional Regulation a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. § 129a(a)(11).

The answers to the following questions are not subject to public disclosure:

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you applying for a temporary permit?	Yes	No
<p>Applicants requesting a Temporary Permit must also complete the Verification of Employment form, Verification of Education form and pay an additional \$50.00 fee.</p>		

Statement of Applicant

<p>I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)</p>	
Signature of Applicant	Date



VERIFICATION OF LICENSURE AND LICENSING STANDARDS

Complete the applicant section of this form and have every state in which you now hold or have ever held a license/certification to practice complete this page.

Applicant:

First Name	MI	Last Name & Title (Jr., Sr., II, III, etc.)	Former/Maiden
Mailing Address:	P.O. Box		
	Street/Apt #		
	City/State/Zip		
	Country		

I hereby authorize the License Agency to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature _____ Date: _____

Information Below To Be Completed by the Licensing Agency:

License #		Licensed as:	
Date Issued		Date Expired(s)	

Licensed By:		Examination	License Status		Active
		Endorsement/Reciprocity			Inactive
		Waiver			Lapsed
		Other			Other

Has this license ever been encumbered in anyway (revoked, suspended, limited, surrendered, restricted, placed on probation)? <i>If yes, attach a copy of the decision</i>	YES	NO
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Signature of person completing form: _____ **Date:** _____

State Completing this form: _____

City/State: _____ **Telephone:** _____

STATE LICENSING AUTHORITY: Please complete this form and return to the address above:

Vermont Secretary of State
 Office of Professional Regulation
 89 Main Street 3rd Floor
 Montpelier VT 05620-3402



Athletic Trainer
 Judith Griffen, Administrator
 (802) 828-3228
jgriffen@sec.state.vt.us
www.vtprofessionals.org

VERIFICATION OF EDUCATION

Complete the applicant section of this form and forward to the school where you received your education.

Applicant:

First Name	MI	Last Name & Title (Jr., Sr., II, III, etc.)	Former/Maiden
Mailing Address:	P.O. Box		
	Street/Apt #		
	City/State/Zip		
	Country		

I hereby authorize the _____ (name of the school) to furnish to the Vermont Office of Professional Regulation the information requested below.

Signature _____ Date: _____

TO BE COMPLETED BY THE INSTITUTION GRANTING DEGREE(S): The school/college must send this form directly to the Board at the address above.

Name of Applicant:			
Name of Institution:			
Location of Institution:			
Graduation Date:		Degree Earned:	
Signature of Authorized Agent			
Title:		Date and Seal	



VERIFICATION OF EMPLOYMENT FOR TEMPORARY LICENSE:

This form must be completed if you are requesting a temporary permit. A temporary permit is valid for a period of sixty (60) days to a person who meets the licensing requirements by examination or endorsement, to practice pending the applicant taking the next exam and receiving the results of that exam, or pending the receipt of the necessary data for licensure without exam. Direct supervision is required of the applicant while practicing under a temporary permit, and the terms of that permit expires immediately upon receipt of notice of having failed the exam.

This Section To Be Completed by Supervising Athletic Trainer:

This is to certify that _____ will begin working for me as an
Athletic Trainer Applicant

Athletic Trainer on _____.
(mm/dd/yyyy)

Supervising Athletic Trainer's Name: License #: License Expiration Date

Name of Establishment: _____

Establishment Location: _____
(Street)

(City) (State) (Zip Code) (Telephone #) (E-mail address)

Statement of Supervising Athletic Trainer

I acknowledge that I am responsible for the daily, direct on-site supervision of the above name athletic trainer during the period of a temporary license. I hereby certify that the above statements are true and accurate to the best of my knowledge.

Signature of Supervising Athletic Trainer: _____

Date: _____