



Revised: 12/01/14

APPLICATION FOR LICENSURE FOR ATHLETIC TRAINER

Department of Health and Human Services
 Division of Public Health – Licensure Unit
 P.O. Box 94986 – Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2299

I am applying for a credential in Athletic Training and

- I graduated with a four-year degree and completed at least two years as a student athletic trainer.
- I graduated with a degree in Athletic Training.

SECTION A – Personal Information – This section is public information and will be displayed on the internet at <http://www.nebraska.gov/LISSearch/search.cgi> NOTE: All mailings will be sent to the address you indicate below – If you change your address, you must advise this office.

Legal Name	First:	Middle/MI:	Last:
Maiden Name	Name:	Other Names you are known as (AKA):	
Mailing Address	Street/PO/Route:		
	City:	State or Country:	Zip:

Additional information requested - This information will not be displayed on the internet. Submit the required documentation of age, citizenship, etc. as listed on page 6 of this application.

Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#
	<input type="checkbox"/> Alien Registration Number (“A#”);		A#
	<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:		I-94 #
If you have both a SSN and an A# or I-94 number, you must report both. <u>Neb. Rev. Stat. § 38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</u>			
**Phone #: (Optional)		**Fax #: (Optional)	
**E-Mail Address: (Optional)			

**If you provide us with this information, we can expedite your credential request if there is a problem with your application.

Please print or type application

SECTION B – EDUCATION – List all colleges from which you received degrees or required course work. If more space is needed, use an additional sheet. Request an official transcript from an accredited institution which awarded the degree.

UNDERGRADUATE:

Institution Name			
Address	Street/PO/Box:		
	City:	State:	Zip:
Date of Graduation		Major	
Institution Name			
Address	Street/PO/Box:		
	City:	State:	Zip:
Date of Graduation		Major	
GRADUATE:			
Institution Name			
Address	Street/PO/Box:		
	City:	State:	Zip:
Date of Graduation		Major	

SECTION C – STUDENT ATHLETIC TRAINING – All applicants applying on the basis of a 4-year degree from an accredited college or university and completion of two years of student athletic training must complete this section and have Attachment A-3 completed by the licensed Athletic Trainer who was responsible for the student training.

List student athletic training information.

Dates	From (M/Y)	To (M/Y)
Institution Name		
Address	Street/PO/Route:	
	City:	State: Zip:
Name of Supervising Athletic Trainer		
Brief Statement of Work		
Dates	From (M/Y)	To (M/Y)
Institution Name		
Address	Street/PO/Route:	
	City:	State: Zip:
Name of Supervising Athletic Trainer		
Brief Statement of Work		

SECTION D – Board of Certification Information

Provide the date that you passed the Board of Certification Examination:

 A. I have taken and passed the BOC exam. B. I passed the BOC exam more than three years prior to this application and am not practicing at this time. I am submitting 25 hours of continuing education and the other required documentation* that was completed within the three years immediately preceding the application date. C. I am licensed in another jurisdiction (state) and I am not currently practicing. I am submitting 25 hours of continuing education and the other required documentation* that was completed within the three years immediately preceding the application date.****Contact bocatc.org and request verification of your certification be reported directly to Nebraska. You may request the verification be sent to our office or you may request an electronic verification be emailed to: Michelle.Humlcek@nebraska.gov.*****Continuing Education and the other required documentation includes:**

25 hours of continuing education

Holds a current CPR certificate

Holds a current certification from BOC

Has retaken and passed the licensure exam with a passing score.

SECTION E – Applicants Must Complete If Licensed In Another State – If you hold a license to practice athletic training in another jurisdiction, complete this section and have the licensing agency complete the Certification of Applicant's License in Athletic Training – Attachment A-2.

Are you licensed or certified in another state? If yes, list state(s) and license number(s)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
State(s)		License Number(s)	
Name of Agency Issuing License			
Address	Street/PO/Route:		
	City:	State:	Zip:
Date Issued			
Name of Written Examination			
Give location, address, and dates actively engaged in practice of athletic training. (Continue on reverse side or use an additional sheet if space is inadequate.)			
Facility	Address	Dates	
Have you requested to have certification of your athletic trainer license sent to Nebraska by submitting to the appropriate licensing agency the Certification of Applicant's License In Athletic Training (Attachment A-2)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION F – CONVICTION AND LICENSURE INFORMATION – Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty. Answer each of the following questions by placing an (X) in the appropriate box (Yes or No) and completing the information requested. All 'Yes' responses MUST be explained in detail and you must submit the requested documentation.

	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A copy of the Court Record, which includes charges and disposition;
- Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation.

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in Nebraska or another jurisdiction.

Do you hold or have you ever held a credential that was issued by another state(s) to provide health services, health-related services, or environmental services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?	
Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Credential Action	Date of Action	Name of Entity taking Action
Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Certification of your license in each state that you hold or have held a license
- Official Documents from the State Board in which the disciplinary action was taken

SECTION G – PRACTICE PRIOR TO CREDENTIAL – An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

Have you actively practiced in Nebraska as an Athletic Trainer prior to licensure?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what are the actual number of days you practiced Athletic Training in Nebraska and what is the business name, location and telephone number of the practice:	# of days:	
Name of Business:	City/State	
Name of Supervisor :	Telephone	

SECTION H – ATTESTATION

For the purpose of complying with Neb. Rev. Stat §38-129, I attest as follows:

Please check the appropriate box below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act.; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-immigrant Status If you are a qualified alien lawfully admitted into the United States **OR** a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

- (1) A “Green Card” otherwise known as An Alien Registration Receipt Card (Form I-551), both front and back of card; or
- (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
- (3) A document showing an Alien Registration Number (“A#”), an Employment Authorization Card/Document is **NOT** acceptable; or
- (4) A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under 172 NAC 17-006 or if you have committed an act(s) you must provide an explanation of all such act(s).

See NOTE section on the next page for a list of documentation that must be submitted.

Print Name: _____

Signature: _____ Date _____

SECTION I - License Fees – Determine the month and year in which you are submitting your application.

Pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$29.25	\$29.25
Odd	\$29.25	\$29.25	\$29.25	\$29.25	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117

** If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

NOTE: The applicant must submit the following documentation:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
3. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
4. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - a. A copy of the court record, which includes charges and disposition;
 - b. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - c. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5. Citizenship, lawfully admitted/present information: You must submit a copy of at least one of the following documents:

Any of the following documents provide proof of United States Citizenship:

 - a. A U.S. Passport (unexpired or expired);
 - b. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - c. An American Indian Card (I-872);
 - d. A Certificate of Naturalization (N-550 or N-570);
 - e. A Certificate of Citizenship (N-560 or N-561);
 - f. Certification of Report of Birth (DS-1350);
 - g. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - h. Certification of Birth Abroad (FS-545 or DS-1350);
 - i. A United States Citizen Identification Card (I-197 or I-179);
 - j. A Northern Mariana Card (I-873);

Any of the following documents provide proof of lawfully admitted/present in the United States:

 - a. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - b. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - c. A document showing an Alien Registration Number ("A#"); or
 - d. A Form I-94 (Arrival-Departure Record);
6. Education: An official college/university transcript;
7. Examination: Official BOC Score Report (bocatc.org) sent directly to our office; and
8. Fee: The required fee.
9. Verification of Student Athletic Training form: if applicable.
10. Continuing Education – see section D.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

CERTIFICATION OF APPLICANT'S LICENSE IN ATHLETIC TRAINING

(Must be completed by licensing agency)

(Print or Type)

Our records indicate that _____ was licensed as an athletic trainer on _____, 20 ____ .
(Applicant's Name)

The license was issued on the basis of written examination _____ .
(Name of Examination)

The applicant's score was _____. Requirements for licensure in _____
(Issuing State)

At the time this license was issued were:

And are currently:

(Copies of regulations/requirements for licensure at the time of issuance of license and present requirements may be attached as documentation.)

Based on the records of this department, the applicant's license (please mark):

- (a) ____ is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- (b) ____ has been disciplined. **(SEAL)**

Please explain any disciplinary action:

Date: _____

Name and Title : _____

Licensing Agency: _____

Address: _____

City/State/Zip Code: _____

Signature (No Stamp): _____

Phone Number _____

FORWARD THIS COMPLETED FORM TO:

DHHS, Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

VERIFICATION OF STUDENT ATHLETIC TRAINING

Instructions: This form must be completed by the supervising athletic trainer. Please print or type. If student athletic trainer worked for more than one supervising athletic trainer, make a copy of this form and have each supervising trainer complete a separate form.

I hereby certify that _____ worked under my
 (Name of Student Athletic Trainer)

Supervision as a student athletic trainer from _____ to _____
 (Month/Year) (Month/Year)

At: _____
 (Location Name)

 (Address)

 (City) (State) (Zip Code)

Check type facility:

Educational Institution:

Professional Athletic Organization:

Amateur Athletic Organization:

1. Supervising Athletic Trainer Name: _____
 Address _____

2. Are you currently licensed as an Athletic Trainer in Nebraska? Yes No

3. Were you licensed as an Athletic Trainer in Nebraska at the
 Time of supervision of the student athletic trainer? Yes No

4. If you are not licensed as an Athletic Trainer in Nebraska:

4a. Have you passed an athletic trainer examination? Yes No

4b. What was the name of the examination? _____

4c. When was the examination taken? _____

5. Were you present at the site where the student athletic trainer was performing athletic training activities? Yes No

6. Did you complete regular evaluations of the student athletic trainer's performance? Yes No

I, _____, say that I was the supervising athletic trainer of record for
 (Supervising Athletic Trainer)

_____ and that the statements herein are true.
 (Applicant's Name)

 Supervising Athletic Trainer's Signature

 Date

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DHHS, Public Health
 Licensure Unit
 P.O. Box 94986
 Lincoln, NE 68509-4986