



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TN 37243

TENNESSEE BOARD OF ATHLETIC TRAINERS
(800) -778-4123, ext., 7413807 or LOCALLY (615) 741-3807
www.tennessee.gov/health/topic/AT-board

APPLICATION INSTRUCTIONS FOR LICENSURE AS AN ATHLETIC TRAINER

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Board.**

	<u>Done</u>
1. All pages of the application must be returned.	_____
2. Request an official transcript from the institution. The transcript must show that your degree has been conferred and carry the official seal of the institution.	_____
3. Have the National Athletic Trainers Association Board of Certification (NATABOC) send verification of your certification directly to this office: State of Tennessee, Tennessee Board of Athletic Trainers, 665 Mainstream Drive, 2 nd Floor, Nashville, TN 37243	_____
4. If you are or have ever been licensed, certified, registered, or permitted by any state to practice as a athletic trainer (or any other profession), you must request a verification from each and every state. The verification must be mailed directly to the Board's Office from the other state(s).	_____
5. Request to be provided to this office two (2) original letters of recommendation showing evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters from medical professionals, attesting to your personal character and professional ethics on the signature's letterhead.	_____
6. Please complete the enclosed jurisprudence exam and mail back to this office. The exam is open book and consists of true and false questions.	_____
7. Please attach a passport type picture to the application.	_____
8. Please submit a Criminal Background Check. To obtain instruction for a criminal background check go to (http://www.tn.gov/health/topic/CBC-check)	_____
9. Please submit a check in the amount of two-hundred ten dollars (\$210.00) made payable to the State of Tennessee. ALL FEES ARE NON-REFUNDABLE.	_____
10. All applicants must complete, sign and have notarized the Declaration of Citizenship form and attach the documents required by the Declaration of Citizenship. The Declaration is online at http://tn.gov/assets/entities/health/attachments/PH-4183.pdf and must be attached to this application before submission.	_____

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time, you must notify the Board office, in writing, immediately.

1. All application fees are non-refundable.
2. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Board asks that you please give the Board office every consideration in this matter.
3. If all necessary documentation has not been received when your application is received by the Board office, an initial deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board office sixty days (60) from the date of the initial deficiency letter. Files not completed within sixty days (60) will be closed.
4. Absent any complicating factors, the average application processing time is six (6) weeks. Once the application is completed, your file will be promptly reviewed and an initial licensure determination made. You will be promptly notified by letter of the initial determination. Application approval may also be accessed through our webpage at <https://apps.health.tn.gov/Licensure/> and click on licensure verification.
5. It is recommended that you do not make arrangements to accept employment as an Athletic Trainer in Tennessee until you are granted a license by the Board of Athletic Trainers.
6. All documents and fees required to be submitted by you or which must be requested from the appropriate institution in this application process, must be mailed directly to:

**Tennessee Board of Athletic Trainers
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243**

For Federal Express or Special Courier:

**Tennessee Board of Athletic Trainers
665 Mainstream Drive, 2nd Floor
Nashville, TN 37228**

IMPORTANT: You must have either a Tennessee License or a Board issued authorization in your possession before you can lawfully practice as an Athletic Trainer.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

**TAPE A CURRENT,
FULL-FACE
PHOTOGRAPH HERE**



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243**

TENNESSEE BOARD OF ATHLETIC TRAINERS
(800) -778-4123, ext.7413807 or (615) 741-3807
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FOR OFFICIAL USE ONLY
Attach to this application a check or money order in the amount of \$210.00 payable in U.S. funds to the Tennessee Board of Athletic Trainers.

3527-001	\$ 200
3527-006	\$ 10
	\$ 210

APPLICATION FOR LICENSURE AS AN ATHLETIC TRAINER

Read instructions prior to completing application. Applicants must comply with all instructions. Fill in all blanks; if not applicable, state n/a

PERSONAL INFORMATION

Name: _____
Last First Middle Maiden (if not used as your middle name)

Social Security Number*: _____ U.S. Citizen: Yes ___ No ___
All applicants must complete the Declaration of Citizenship form

Date of Birth: _____ Entitled to Live and Work in the U.S. Yes ___ No ___

Mailing Address: _____
 _____ Zip _____

Practice Address: _____
 _____ Zip _____

E-mail address: _____

Do you wish to receive notifications, including renewal notification, from Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office. ___Yes ___ No

Race: _____ Phone: Home: _____
 Gender: Female ___ Male ___ Office: _____

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) Yes ___ No ___

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) Yes ___ No ___

Have you ever been known by any other names besides what is listed above? Yes ___ No ___

If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known:

Type of intended primary specialty practice in Tennessee _____

*You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code Ann. §36-5-1301(a), as authorized by 42 U.S.C. §405 (c) (2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for your attendance in college. Use the back of this page if you need additional space. Request that transcripts be sent directly to the Board's Office from your school.

From: _____
MM/DD/YY MM/DD/YY Educational Institution Location

Please complete your entire healthcare employment history starting with the most current position first. Use the back of this page, if you need additional space. Dates of employment must be included.

<u>Company/ Employer:</u>	<u>Address:</u> (City, and State)	<u>Position:</u>	<u>Duties:</u>	<u>Dates</u> <u>From: To:</u> Mo./Yr. Mo./Yr.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CERTIFICATION INFORMATION

Are you or have you ever been licensed in this profession in another state? YES NO
_____ _____

Are you or have you ever been licensed in any other profession in Tennessee or another state? _____ _____

List below **ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED.** Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.

STATE	PROFESSION	LICENSE NUMBER	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YES NO

1. Have you taken and passed the Board of Certification Examination? _____ _____

2. Have you ever previously applied for a Athletic Trainers license in Tennessee? _____ _____

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION. Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
 - b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **"Minor Traffic Offense"** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
6. **"Illegal use of illicit or controlled substances"** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.

YES NO

- | | | | |
|----|---|-------|-------|
| 1. | Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? | _____ | _____ |
| 2. | Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? | _____ | _____ |

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]

COMPETENCY INFORMATION

(continued)

	QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.	YES	NO
3.	At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?	___	___
4.	Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?	___	___
5.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?	___	___
6.	Have you ever held or applied for a license, privilege, registration or certificate to practice as an athletic trainer in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	___	___
7.	Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	___	___
8.	Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?	___	___
9.	Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?	___	___
10.	Have you ever been rejected or censured by a professional association or society?	___	___
11.	In relation to the performance of your professional services in any profession:		
a.	Have you ever had a final judgment rendered against you;	___	___
b.	Have you ever entered into any settlement of any legal action; or	___	___
c.	Are there any legal actions pending against you or to which you are a party?	___	___
12.	Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?	___	___
13.	My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)	___	___
14.	Have you ever failed any licensure or certification examination?	___	___
	If yes, which exam and how many times have you failed? _____		

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT

AFFIDAVIT AND RELEASE

I, _____, of _____
(Applicant's Name) *(City)* *(State)*

being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as an athletic trainer in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as an athletic trainer.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

SIGNATURE

DATE



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TN 37243

TENNESSEE BOARD OF ATHLETIC TRAINERS

ATHLETIC TRAINER LICENSURE

JURISPRUDENCE EXAM

Name: _____
Address: _____

Date: _____
Phone No.: _____
Social Security #: _____

- _____ 1. Athletic trainers can be licensed by proving a two (2) year apprenticeship with another certified trainer.
- _____ 2. Athletic trainers must hold a certificate or degree in physical therapy.
- _____ 3. Athletic trainers must have completed a basic athletic training course.
- _____ 4. Athletic trainers must be relicensed every four (4) years.
- _____ 5. Athletic trainers may perform the duties of trainers with or without licensure.
- _____ 6. Athletic trainers are licensed by the Board of Athletic Trainers.
- _____ 7. Athletic trainers may not make endorsements.
- _____ 8. Male athletic trainers may refuse to work on female athletes.
- _____ 9. Athletic trainers may administer prescription drugs whenever they deem the drugs necessary.
- _____ 10. Athletic trainers must be supervised by the team coach or the team physician.
- _____ 11. Athletic trainers may administer over the counter drugs to team members under the supervision of the team physician.
- _____ 12. Student athletic trainers may administer medication under the supervision of the team manager.
- _____ 13. The Board of Medical Examiners may suspend or revoke the license of an athletic trainer if he administers drugs to athletes not authorized by the team physician.
- _____ 14. The S.E.C. may revoke the license of an athletic trainer.
- _____ 15. An athletic trainer can elect not to provide services to athletic team members who are not Christians while performing assigned duties.
- _____ 16. In an emergency, an athletic trainer can administer a prescription drug not specifically ordered by a licensed physician.
- _____ 17. Once licensed, an athletic trainer is not required to apply for relicense.
- _____ 18. After two (2) years, a lapsed license may not be renewed or reinstated.

- _____ 19. An athletic trainer shall engage in or condone the administration of any nonprescription drug whether the drug is authorized by the protocol of his overseeing physician or not.
- _____ 20. An athletic trainer should not seek consultation from colleagues or other suitable professionals.
- _____ 21. An athletic trainer who seeks consultation from colleagues or other suitable professionals is guilty of negligence because he/she should have already known what to do.
- _____ 22. An athletic trainer may provide emergency care of an athletic injury under or pursuant to a medically approved protocol.
- _____ 23. The duties of an athletic trainer include prevention of injury.
- _____ 24. An athletic trainer may utilize therapeutic exercise for the effective rehabilitation of an athletic injury under a protocol of the attending physician.
- _____ 25. An athletic trainer may reproduce and distribute any portion of written or oral/practical exam anytime.
- _____ 26. An athletic trainer's license may be revoked if it was obtained by fraud.
- _____ 27. An athletic trainer may practice in any area regardless of his/her experience.
- _____ 28. An athletic trainer may perform all the duties of a team physician if the athletes and the coaches do not object.