



Attachment A

STATEMENT OF REGISTRATION, CERTIFICATION OR LICNSURE AS A ATHLETIC TRAINER IN ANOTHER STATE

Applicant completes only the top portion of this form and sends it to the state(s) in which he/she holds, or has held a license.

Section 1: To be completed by applicant:

Last Name:	First Name:	M.I.:
Date of Birth:		
Address:	City:	
State:	Zip:	
License No.:	Expiration:	

Section 2: to be completed by the state

This certifies that the above individual was licensed as _____ (profession) with license number _____, issued _____ (original date of licensure), expired _____, entitling him/her to practice Athletic Training.

1. Current license status:

2. Licensed on the basis of: _____ Active _____ Inactive _____ Lapsed/Expired

____ State Examination

____ Endorsement. Please identify licensing states: _____

____ Credentials. Please attach an explanation.

____ Other. Please attach an explanation.

3. Was your state the state of original licensure? _____ Yes _____ No

4. The educational requirements for the above-referenced title at the time of the applicant's licensure/certification:

Required Field of Study _____

Current NATA-BOC Registration: _____ Yes _____ No Current CPR & AED Training: _____ Yes _____ No

If yes with: (circle one) American Heart Association or American Red Cross _____

6. Has this license ever been subjected to disciplinary action? _____ Yes _____ No (e.g. revoked, suspended, surrendered, restricted, limited, placed on probation)?

7. Are there any complaints pending: _____ Yes _____ No



I certify that the information I have provided on this application is true and correct to the best of my knowledge.

SEAL

Name

Title

Name of State Board

Please return this form too:

Athletic Trainers Practice Board
P.O Box 25101 Santa Fe, NM 87504

Address/City/State/Zip

