



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

TENNESSEE BOARD OF ATHLETIC TRAINERS  
(800) -778-4123, ext., 7413807 or LOCALLY (615) 532-3202  
[www.tn.gov/health](http://www.tn.gov/health)

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. Notarized and completed application. Please be advised that all 6 pages of the application must be returned.	_____
2. Complete and mail Attachment 2 to your school to request a transcript. 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 <sup>nd</sup> Floor Nashville, TN 37243	_____
4. If you have been licensed in another state, complete Attachment 1.	_____
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. <b>To obtain instructions for a criminal background check <a href="#">click here</a>.</b>	_____
9. Please submit a check in the amount of Two-hundred ten dollars (\$210.00) made payable to the State of Tennessee. <b>ALL FEES ARE NON-REFUNDABLE.</b>	_____
10. <b>All applicants must complete the Declaration of Citizenship attachment</b>	_____

## 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 [tennessee.gov](http://tennessee.gov) 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, 2<sup>nd</sup> Floor  
Nashville, TN 37243**

**For Federal Express or Special Courier:**

**Tennessee Board of Athletic Trainers  
665 Mainstream Drive, 2<sup>nd</sup> 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.**

ATTACH A CURRENT  
FULL-FACE PHOTOGRAPH

For Office Use Only

3527-001	\$ 200.00
3527-006	10.00
	<b>\$ 210.00</b>



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**APPLICATION FOR LICENSURE AS AN ATHLETIC TRAINER**

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. Please read instructions prior to completing application. Fill in blanks; if not applicable, state N/A.

**PERSONAL INFORMATION**

Name in full: \_\_\_\_\_  
(First) (Middle or Maiden) (Last)

Have you been known by any other name?  YES  NO

If **yes**, list names: \_\_\_\_\_

Date of Birth: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City) (State or Country)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

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.

US Citizen?  YES  NO – All applicants must complete the Declaration on Citizenship attachment

Mailing Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_  
Work Phone #: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_

Do you wish to receive notification, including renewal notification from the Department of Health via email?

YES  NO Email Address: \_\_\_\_\_

Type of intended primary specialty practice in Tennessee: \_\_\_\_\_

**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. (Send attachment #2 to the Educational Institution where your degree has been conferred in Athletic Training.)

From: \_\_\_\_\_  
           Mo/Yr      Mo/Yr                      Educational Institution                      Location

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

	<u>DATE</u>	<u>LOCATION</u>	<u>POSITION AND DUTIES</u>
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____
From:	_____ Mo/Yr      Mo/Yr	_____ (City)                      (State)	_____



## COMPETENCY INFORMATION

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** If any answers to the questions in this part are in the affirmative, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts or agencies must be submitted along with this application.**

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 diagnosis (if necessary) and exercise reasoned judgments and to learn and keep abreast of developments in your profession;
  - b. The ability to communicate those judgments and 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 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 or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction, and alcoholism.
3. **“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.
4. **“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.
5. **“Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

**QUESTIONS**

**YES                  NO**

- |   |  |  |
|---|--|--|
| <ol style="list-style-type: none"> <li>1. Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?                     <ol style="list-style-type: none"> <li>a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?</li> <li>b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?</li> </ol> </li> </ol> | <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> |
|---|--|--|

*[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 so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]*

**COMPETENCY INFORMATION CONTINUED**

<b>QUESTIONS</b>	<b>YES</b>	<b>NO</b>
2. Do you currently use chemical substances as defined on page 4?	_____	_____
If yes, do they in any way impair or limit your ability to practice your profession with reasonable skill and safety?	_____	_____
Please list: _____ _____		
3. Are you currently engaged in the illegal use of controlled substances?	_____	_____
If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	_____	_____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?	_____	_____
5. If you have ever held or applied for a license or certificate to practice as an athletic trainer in any state, country, or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
8. Have you ever been rejected or censured by a professional society?	_____	_____
9. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against</u> you; or	_____	_____
b. Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
10. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

**APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC**

**AFFIDAVIT AND RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_  
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application, attests 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, which were enclosed in the application packet, and agree to abide by them in the practice of medicine 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 medicine.

**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 other qualifications for licensure.

**ACKNOWLEDGE** that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, 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**

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

Affix Seal Here

My Commission expires \_\_\_\_\_



- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or "Green Card")
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: \_\_\_\_\_

**If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.**

**ATTACHMENT 1**



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

**TENNESSEE BOARD OF ATHLETIC TRAINERS**  
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**CLEARANCE FROM OTHER STATE ATHLETIC TRAINER BOARDS**

Please complete the top portion and mail this form to the regulatory board in each state where you hold or have held a license, permit, or certification to practice any profession. (If additional forms are required, this form may be duplicated.)

**NOTE:** Some states require a fee for providing clearance information. In order to expedite your application, you may wish to contact the applicable state or states.

**PRINT IN INK**

\_\_\_\_\_ was granted \_\_\_\_\_  
(Name of Applicant) (Profession)

License #: \_\_\_\_\_ by the State of \_\_\_\_\_, on \_\_\_\_\_  
(Date)

The Tennessee Board of Athletic Trainers request that I submit evidence that my license, permit, or certificate in your state is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to: State of Tennessee, Board of Athletic Trainers, 665 Mainstream Drive, Nashville, TN 37243.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

SSN# \_\_\_\_\_

Printed Name: \_\_\_\_\_

**THIS PORTION IS TO BE COMPLETED BY STATE REGULATORY BOARD**

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Profession: \_\_\_\_\_

Basis of Issuance: \_\_\_\_\_  
Endorsement/Reciprocity With: \_\_\_\_\_  
Written Examination \_\_\_\_\_

(Provide Description of Exam)

License currently registered: \_\_\_\_\_ Yes \_\_\_\_\_ No

Derogatory Information on File \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please attach explanation.

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date



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ATHLETIC TRAINER LICENSURE  
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TRANSCRIPT REQUEST

**APPLICANT:** Supply the information requested in this box and then mail this entire form to your school.

Full Name: _____		
(Last)	(First)	(Middle/Maiden)
Address: _____		Social Security Number: _____
_____		
_____		
_____		
Student Identification Number: _____		
Year of Graduation: _____		
Degree Obtained: _____		

**TO WHOM IT MAY CONCERN:**

I am applying for a license to practice as an athletic trainer in the State of Tennessee. Please forward an original graduate transcript bearing the institution's official seal to:

TENNESSEE BOARD OF ATHLETIC TRAINERS  
665 MAINSTREAM DRIVE, 2<sup>ND</sup> FLOOR  
NASHVILLE, TN 37243

Thank you for your cooperation and prompt response.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE, 2<sup>ND</sup> 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.

TW/G4028096/AT