



ARIZONA BOARD OF ATHLETIC TRAINING

4205 N. 7th Avenue, Suite 305 • Phoenix, Arizona 85013 • (602) 589-6337 • FAX: (602) 589-8354

www.at.az.gov

APPLICATION FOR RENEWAL OF LICENSURE AS AN ATHLETIC TRAINER

Current License Number	
-------------------------------	--

CHECK	APPLICATION TYPE	FEE
	FINGERPRINTS* Each applicant for license renewal or reinstatement shall submit a new set of fingerprints or a current clearance card every five (5) years after the initial fingerprint submission.	\$ 22.00
	RENEWAL APPLICATION – IF THE ORIGINAL LICENSE WAS ISSUED;	
	LESS THAN 2 MONTHS AGO	\$ 0.00
	2 MONTHS BUT LESS THAN 4 MONTHS AGO	\$ 35.00
	4 MONTHS BUT LESS THAN 6 MONTHS AGO	\$ 70.00
	6 MONTHS BUT LESS THAN 8 MONTHS AGO	\$ 105.00
	8 MONTHS BUT LESS THAN 10 MONTHS AGO	\$ 140.00
	10 OR MORE MONTHS AGO	\$ 175.00
	*If a clearance card expires prior to your next license renewal you must submit a new clearance card or a set of finger prints.	
	Total Amount Submitted	
ALL FEES ARE NON-REFUNDABLE		

PERSONAL INFORMATION (Type or Print)

Name	Last	First	Middle	Other Name Used
Name as it is to appear on the license				
Home address		Number/Street	City	State
Telephone Number		Home	Work	Cell
Email address				
Social Security Number			Date of Birth	mm/dd/yyyy
Place of Birth		City	County/Province	State/Country
Gender	Male	Female	US Citizen	YES
				NO

Attach required statement of citizenship and alien status along with selected proof of status

The State Attorney General has determined that in order to be in compliance with the law, documentation **MUST** be submitted with initial application AND/OR with a license renewal if not previously submitted. If previously submitted and no change has occurred, sign the following affirmation statement.

POSITIVE AFFIRMATION OF NO CHANGE IN STATUS

By signing below, I certify that the citizenship document(s) previously submitted are correct and still applicable to my citizenship status or right to work in the United States.

Signature _____

_____ Date

CURRENT EMPLOYMENT (Type or Print)

Name of Employer		Employer Phone Number		
Employer Address	Number/Street	City	State	Zip code

CARDIOPULMONARY RESUSCITATION

(Provide copy of front and back of card)

CPR Training provider		Is your Certification Current?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
------------------------------	--	---------------------------------------	--------------------------	------------	--------------------------	-----------

CONTINUING EDUCATION

R4-49-208 requires that a licensee complete at least 15 CEUs in the area of athletic training since the issuance of the previous license **OR** provide proof of continued BOC Certification. The licensee is also required to maintain records that verify the continuing education activities the licensee completed during the preceding two years, and consists of each statement of credit or certificate issued by an approved provider at the conclusion of a continuing education activity. The Board office may request proof of continuing education. **Licensees may provide proof of continued BOC certification to meet the CEU requirements of this Section.**

NATA-BOC CERTIFICATION

(Provide copy of front and back of card)

NATA-BOC Certification Number		Initial Date Granted				
Date of Last Renewal		Is your Certification Current?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

ATTESTATION TO THE NUMBER OF CEUs COMPLETED

(Complete **ONLY** if you are **not** currently BOC certified.)

By signing below, I attest to completing at least 15 CEUs in the area of athletic training since the issuance of my previous license. (Do NOT submit continuing education certificates to this office unless they are requested.)

Signature _____

_____ Date

DISCIPLINARY QUESTIONS

Before answering the next questions, read the following:

The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

1. Since your license was granted or your last renewal, whichever is later, have you been arrested, convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred in any felony or undesignated offense?

Yes No if yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Since your last renewal, have you had any drug or alcohol related arrests or convictions?

Yes No if yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence

3. Are you currently under investigation or is a disciplinary action pending against your Athletic Training license you hold in any state or territory of the United States?

Yes No if yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

Please be advised that failure to provide the requested documents will delay the processing of your application.

I understand that my application is a public record. Further, I authorize all current and previous employers to release all relevant information about my employment to the Board (including moral character competency and reason for termination of employment, if applicable). I further state that all statements made by me and exhibits attached within this application are true, complete, and accurate.

Signature of Licensee: _____ Date: _____