GENERAL INFORMATION - Athletic Trainer (AT)

Please visit http://www.ksbha.org/statutes/booklets/athletictrainers.pdf for all information governing an AT License.

ALL FEES ARE NON-REFUNDABLE

IF you……	**THEN** apply by:
Need to take the Board of Certification for Athletic Trainer (BOC) exam	Examination
Already have BOC certification but do **NOT** hold a current license in another jurisdiction	Examination
Previously held a Kansas Athletic Trainer license **and** that license lapsed	Reinstatement
Hold a current unrestricted license in another jurisdiction, but struggling to obtain documents	Endorsement

Create account, apply and pay online at: https://ksbha.ks.gov/egov/web/Login.aspx

Fees:

Application Fee is $80

NPDB fee is $3

Temporary license **(Only for applicants who have not passed the BOC)** fee is $25.00

Requirements for Applicants:

☐ Completed, signed and notarized **Application for Athletic Trainer** to the Board office

☐ Paid Application Fee and NPDB Fee. (Total of $83) and Temporary Fee of $25.00 if applicable

AT Application Check List….

☐	**ALL** questions answered on the application?
☐	Request official transcript **with** final degree awarded.
☐	Request verification from other states, if applicable.
☐	Documentation for any **'YES'** answers on the derogatory questions.
☐	Head and shoulder photograph in color. (**2x3 and taken within last 90 days.)**
☐	Electronic Verification from BOC. **(If you've passed your exam, you cannot get a temporary license)**
☐	Completed and sign protocol **(If no Responsible Physician you can still be licensed as Inactive)**
☐	One professional recommendation (Completed by a person that has known you professionally for a minimum of **1 year**)
☐	Notarized and signed copy of the Oath
☐	Notarized and signed copy of the Third-Party Release Form
☐	Military Service Member

Please allow up to 2 weeks after submitting your application before contacting the Board for updates. You can request an update by emailing KSBHA_Licensing@ks.gov.

Please note: If your license is issued before October 1st, you will be required to renew by December 31st of that calendar year. If your license is issued after October 1st you will not be required to renew that calendar year.

Mailing Address to the Board: Kansas State Board of Healing Arts
800 SW Jackson, LL-Suite A
Topeka, KS 66612

Revised 08-16-18, ns

Athletic Trainer
Initial Licensure Application

FULL LEGAL NAME

First	Middle	Last	Suffix (Jr, Sr)

Maiden Name	List all other names used:

Social Security Number:	E-Mail Address:	Cell Phone Number:

Are you requesting a Temporary Permit?	Yes ☐	No ☐

ADDRESSSES *(Business Address is the public address and will be posted on KSBHA website)*

Home Address	Street & Number	City	State	Zip
☐ **unlisted**	Phone:	Email:		
Business Address (public & will be posted - see above)	Street & Number	City	State	Zip
☐ **unlisted**	Phone:	Email:	☐ **No Business Address**	
Preferred Mailing Address	☐ Home Address	☐ Business Address		

BIRTH/LEGAL AUTHORITY TO WORK IN THE U.S.

Gender:	Date of Birth MM/DD/YYYY:	Place of Birth (city, state/jurisdiction, country):

Are you a US Citizen? ☐ Yes ☐ No
If you answered NO, are you (check one):

☐	A qualified alien (as defined in 8 U.S.C.A. § 1641).
☐	A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 *et seq*).
☐	An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year.
☐	A foreign national, not physically present in the United States.
☐	Other:

NPI (National Provider Identifier):	☐ I do not currently have an NPI number

U.S. Armed Forces Service	Branch	Start Date: MM/DD/YYYY	End Date: MM/DD/YYYY	Type of Discharge
☐ Yes ☐ No				

Revised 08-16-18, ns

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852
Website: www.ksbha.org

ALL BOARD of CERTIFICATION (BOC) ATTEMPTS

Date Passed:	Number of Attempts:
☐ I have not yet tested.	Date scheduled to sit for Exam:

ALL POSTSECONDARY EDUCATION
(Even those from which you did not graduate. Attach separate page if necessary.)

College/University:			College/University:		
City, State:			City, State:		
MM/YYYY Started:	MM/YYYY Ended:	Degree Earned:	MM/YYYY Started:	MM/YYYY Ended:	Degree Earned:

ALL EMPLOYMENT/PROFESSIONAL ACTIVITY
(Explain all gaps in employment/professional activity. Attach separate page if necessary.)

List employment/activity for the past **five years** including any periods of unemployment.

From MM/YYYY	To MM/YYYY	Location City/State	Employer	Job Description/Title

ALL STATE LICENSES: Have you ever held a healthcare related license, permit or certification, permanent or temporary, in another state?

☐ I have never been licensed, registered or certified in a healthcare profession another state or jurisdiction.

If you have, provide the information listed below. Verification of each health care related license is required.

State	Type of License	License Number	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

LICENSE DESIGNATION

☐ Active	A license issued to a person engaged in the practice of athletic training. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and as a condition of providing services as an athletic trainer in this state that constitute the practice of the healing arts, each athletic trainer licensed by the board shall file a practice protocol with the board on a form issued by the board. Each active license may be renewed annually.
☐ Inactive	A license issued to a person who meets all the requirements for a license to practice as an athletic trainer and who does not actively practice in this state. Each inactive license may be renewed annually and must submit evidence of satisfactory completion of a program of continuing education.

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852
Website: www.ksbha.org

Recommendation by Peer
(Must be licensed A.T. and have known applicant minimum of 1 year, a student may use their A.T. instructor as a Professional Recommendation)

I,_____, a practicing Athletic Trainer in the state of _____
(Name, please print) (State Name)
affirms that_____has been known to me for_____year(s), and that applicant,
(Name of Applicant)
to the best of my knowledge is an ethical practitioner, is of good professional character, and not addicted to the use of alcohol or drugs.

_____ _____
Signature Address

_____ _____
Date City, State and Zip

Revised 08-16-18, ns

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852
Website: www.ksbha.org

Required Photograph
(Must be 2x3 inches)

Please attach a 2”x 3” wallet size color photograph of applicant with head and shoulder areas only. The photograph must have been taken within 90 days prior to date of application. Proof photographs, negatives, copies of photographs, poor quality, photographs cut from books, newspaper articles or passport photos are **NOT** accepted.

Picture here

Revised 08-16-18, ns

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852
Website: www.ksbha.org

Derogatory Questions

(Please answer each of the following questions.)

(a) All "yes" answers **MUST** be thoroughly explained in detail on a separate signed page. You are required to furnish complete details including date, place, reason and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers.

(b) It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.

(c) If you are unsure of your response to a particular question, check the "yes" box and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "yes" answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks. If a question is not applicable, then check the "no" box.

(a) Yes ☐ No ☐	Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program prior to completing the training?
(b) Yes ☐ No ☐	Have you ever had any application for any professional license refused or denied by any licensing authority?
(c) Yes ☐ No ☐	Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?
(d) Yes ☐ No ☐	Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges?
(e) Yes ☐ No ☐	Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?
(f) Yes ☐ No ☐	Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?
(g) Yes ☐ No ☐	Have you ever voluntarily surrendered any professional license?
(h) Yes ☐ No ☐	Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation or had any other disciplinary action taken against any professional license you have held?
(i) Yes ☐ No ☐	Have you ever been notified or requested to appear before a licensing or disciplinary agency?
(j) Yes ☐ No ☐	To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility?
(k) Yes ☐ No ☐	Has any professional association imposed any disciplinary action against you?
(l) Yes ☐ No ☐	Within the past 2 years, have you used any alcohol, narcotic, barbiturate, or other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent?

Revised 08-16-18, ns

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852
Website: www.ksbha.org

(m) Yes ☐ No ☐	Within the past 2 years, have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice the healing arts with reasonable skill and safety?
(n) Yes ☐ No ☐	Within the past 2 years, have you used controlled substances, which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the directions of a licensed health care provider?
(o) Yes ☐ No ☐	Have you ever practiced your profession while any physical or mental disability, loss of motor skill or use of drugs or alcohol, impaired your ability to practice with reasonable safety?
(p) Yes ☐ No ☐	Do you presently have any physical or mental problems or disabilities which could affect your ability to competently practice your profession?
(q) Yes ☐ No ☐	Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?
(r) Yes ☐ No ☐	Have you ever surrendered your state or federal controlled substances registration, or had it revoked, suspended, or restricted in any way?
(s) Yes ☐ No ☐	Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?
(t) Yes ☐ No ☐	Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.
(u) Yes ☐ No ☐	Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.
(v) Yes ☐ No ☐	Have you ever been court martialed or discharged dishonorably from the armed services?
(w) Yes ☐ No ☐	Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself?
(x) Yes ☐ No ☐	Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company?
(y) Yes ☐ No ☐	Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance company?

It is your continued duty to update the Board on any changes once the application has been submitted.

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852
Website: www.ksbha.org

Oath

(Must be signed and notarized)

I,_____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice athletic training in the state of Kansas and may subject me to a fine not exceeding $10,000 and term of imprisonment not exceeding 5 years of each violation (K.S.A. 21-3805).

Sworn to before me this_____day of _____, 20

(SEAL HERE)

_____
Notary Public

_____
Commission Expires

_____
Signature of Applicant

Revised 08-16-18, ns

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852
Website: www.ksbha.org

Third Party Authorization

(Must be signed by applicant and notarized.)

I,_____, hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Kansas Board of Healing Arts or its successors any information, files or records requested by the Board in connection with this application. I further authorize the Kansas State Board of Healing Arts or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure.

_____

Signature of Applicant

Sworn to before me this_____day of

_____20 _____

_____ Notary Public

SEAL here

_____ Commission Expires

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

ATHLETIC TRAINER'S RESPONSIBLE PHYSICIAN and PROTOCOL

Please enter required information, sign and date at the bottom of the page. Mail or fax form.

Athletic Trainer's Name: _____

License Number (If applicable): _____

Responsible Physician's Name: _____

Responsible Physician's License Number: _____

Under my supervision, the above designated Athletic Trainer will have the authority to act on my behalf and provide the following care

	YES	NO
Perform evaluations, emergency care, and transportation.	☐	☐
Perform the application of preventative and protective measures designed to prevent injuries or protect existing injuries including taping, padding bandaging, dressing skin wounds and splinting	☐	☐
Initiate standard treatment procedures of applying cold, compression, elevation and rest to injured body parts.	☐	☐
Application of cryotherapy such as cold/ice packs, cold water immersion, ice massage and spray coolants.	☐	☐
Application of thermotherapy such as topical analgesics, moist hot packs, heating pads, infrared heat, and paraffin baths.	☐	☐
Application of hydrotherapy such as whirlpool and contrast bath.	☐	☐
Application of therapeutic exercise common to athletic training such as stretching, conditioning, strengthening, and muscle testing.	☐	☐
Application of additional clinical contemporary therapeutic modalities including patient preparation, set up, determination of dosage and treatment such as but not limited to diathermy (shortwave, microwave, ultrasound) and muscle stimulation.	☐	☐
Application of rehabilitation procedures for post-operative injuries and non-operative injuries.	☐	☐
Act as an advisor concerning diet, rest, hydration, hygiene, sanitation, injury/illness prevention, and physical fitness development.	☐	☐

_____ _____

Signature of Responsible Physician and Date

Signature of Athletic Trainer and Date

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612

Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

Revised 8/17/18, NMS

KANSAS
BOARD OF HEALING ARTS

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please print or type.

CARD NUMBER

Verification Code
3-4 digit non-embossed number found on the card signature panel

Expiration Date
MO YR

Name (as it appears on the credit card):_____

Billing Address:_____ _____ _____ _____
Street City State Zip

Telephone Number: _____ - _____ - _____

Payment Amount $_____ Purpose of Payment:_____
(e.g. renewal, application)

Applicant Name: _____

I agree to pay the above amount per the card issuer agreement.

_____
Signature Date

Please Note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.

office use only			

Revised 12-18-07 kl

800 SW Jackson, Lower Level, Suite A, TOPEKA, KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

STATE VERIFICATION FORM

Send to all states in which a license or registration has ever been issued. Verification fees may be applicable and are the applicant's responsibility. Please contact individual boards to confirm fees. The applicant should complete the top section. The official state board should complete the bottom section and return directly to the Kansas State Board of Healing Arts.

I, hereby authorize and request the state Board of_____ having control of any documents, records and other information pertaining to me to furnish to the Kansas State Board of Healing Arts information including documents and/or records regarding charges or complaints filed against me or my license/registration; formal, informal, pending, closed or any other pertinent information.

Full Name: _____

Other Names Used (if applicable):_____Date of Birth:_____/ _____ / _____

License or Registration No.:_____ Issue Date: /_____/_____

Profession: _____

Signature:_____ Date: _____

Full Name of licensee or registrant:_____

License or Registration No.:_____ Status:_____

Issue Date:_____/_____/_____ Expiration Date:_____/_____/ _____

License Method:_____School: _____

DISCIPLINARY ACTIONS:

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? ☐ Yes ☐ No Unable to Divulge ☐

Have formal disciplinary proceedings been initiated against the applicant or applicant's license or registration by a disciplinary authority in your state? ☐ Yes ☐ No ☐ Unable to Divulge

Comments_____

Signature_____ (SEAL)

Title_____

State Board of _____

Date_____

Date

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612

Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website www.ksbha.org

AUTHORIZATION AND RELEASE INFORMATION

Please complete if you would like for Board staff to talk with others concerning your application.

I, _____ , hereby authorize the Kansas State Board of Healing Arts ("Board")
print name

to release and discuss any and all information pertaining to my application pending before the Board with the following **TWO** individual(s):

Name of Individual	**Phone number**	**Email Address**	**Relationship to Individual**

☐ Application Information (Initial, Reinstatements, Renewals, etc.) ☐ Payment Information ☐ License Verifications
☐ Status Changes ☐ Address Changes ☐ Healthcare Stabilization Fund Information ☐ Continuing Education Information
☐ Audit Information ☐ Former and/or Current Legal Documents ☐ Former and/or Current Legal Issues

Name of Individual	**Phone number**	**Email Address**	**Relationship to Individual**

☐ Application Information (Initial, Reinstatements, Renewals, etc.) ☐ Payment Information ☐ License Verifications
☐ Status Changes ☐ Address Changes ☐ Healthcare Stabilization Fund Information ☐ Continuing Education Information
☐ Audit Information ☐ Former and/or Current Legal Documents ☐ Former and/or Current Legal Issues

This Authorization and Release **expires one year** from date of signature reflected on this form. Prior to expiration, this Authorization and Release may be revoked in writing at any time. A reproduction of this Authorization and Release shall have the same effect as the original.

Signature

_____
Date