



ATHLETIC TRAINER REINSTATEMENT APPLICATION

Completion of this application form is necessary for consideration for licensure. Disclosure of this information is voluntary; however, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for licensure or renewal have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application may be subject to the public information laws of this state.

Please type or print. When space provided is insufficient, attach additional pages. You may reproduce these blank forms as needed. Please make sufficient copies of all forms before you begin.

1. Kansas License no: _____

2. Indicate your full legal name. If your name is different from that shown on your documentation you must submit a copy of the legal document of the name change. If your name is different on your Kansas license you will need to complete the *Name Change* form. You can download the form from our website or call to have mailed.

Full Name: _____
first middle last suffix

Other names used, including maiden name: _____

3. Include residence, mailing and e-mail address. Residence address may *not* be a Post Office Box, except qualified participants under the Safe At Home Act, K.S.A. 75-451 *et seq.* may use substitute residential and mailing addresses.

Residence Address: _____
street city county state zip

Mailing Address: _____
public information street city county state zip

E-mail: _____

4. Datime phone number (include area code): _____

5. Identification. Disclosure of your social security number is required by federal mandates set forth in 42 U.S.C.S. § 666(a)(13). K.S.A. 74-148(a) provides that every application by an individual for a professional license shall require the applicant's social security number. K.S.A. 74-139 requires disclosure of your social security number upon request to the Kansas director of taxation. Your social security number may be provided for child support enforcement actions, to the Kansas director of taxation, for reporting disciplinary actions to the National Practitioner Data Bank-Health Integrity and Protection Data Bank (NPDB-HIPDB) as required by 45 C.F.R. §§ 61.1 *et seq.* Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Such disclosure is for identification purposes only. Your social security number will not be released for any other purpose not permitted by law.

Social Security/Tax ID. No: _____

NPI (National Provider Identifier): _____ NPI Not Applicable:

Are you a U.S. Citizen? Y N 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: _____

6. List ALL professional activities since the time of cancellation of your Kansas license. Attach an additional sheet if necessary. List actual work location, not corporate headquarter's address.

Activity: _____ Employer (if applicable) _____

Location: _____ Dates: From _____ To _____
city state mm/yy mm/yy

Activity: _____ Employer (if applicable) _____

Location: _____ Dates: From _____ To _____
city state

Activity: _____ Employer (if applicable) _____

Location: _____ Dates: From _____ To _____
city state

Activity: _____ Employer (if applicable) _____

Location: _____ Dates: From _____ To _____
city state

7. List all states or jurisdictions in which you are currently or have ever been licensed, registered or certified as an Athletic Trainer. Attach an additional sheet if necessary. KSBHA will verify your credentials except for any state that does not provide free and current verifications on their official state website. For those states, you may complete the attached Licensure Verification form and forward to all Boards or similar entities in which you have held an AT license, registration or certification. Some entities charge a fee for this information. Contact the entity to determine their requirements.

I have never been licensed, registered or certified in another state or jurisdiction.

State/Jurisdiction	License, Registrant, Certificate no.	Status	Issue Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. **License Designation:** Select the license designation you are requesting

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.

9. **Continuing Education**
 Include notarized copy of current Basic Life Support (BLS) certification, and if applicable, official verification of BOC certification or proof of completion of continuing education as required by K.A.R. 100-69-11

Application fee of \$10. NPDB report of \$3. Make the fees payable to: Kansas State Board of Healing Arts or charge by credit/debit card using the attached authorization form.



EXPEDITED LICENSURE QUESTIONNAIRE

To determine if you are eligible for expedited licensure pursuant to K.S.A. 48-3406ⁱ, please answer the following questions. If it is determined that your responses were intentionally false or misleading, you will be subject to an administrative disciplinary action in Kansas and will be reported to all appropriate state/federal/military/law enforcement agencies.

1. Are you a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes ___ No ___ If yes:

Branch: _____ Dates of Service: _____ Military ID#: _____

2. Are you the spouse of a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes ___ No ___ If yes:

Branch: _____ Dates of Service: _____ Military ID#: _____

3. Do you currently reside in Kansas? Yes ___ No ___ If yes:

Current Kansas Residence Address: _____

4. Do you intend* to establish residency in Kansas within the next 6 months? **If you answer “yes” to this question but do not establish Kansas residency within the next 6 months, your Kansas license will be cancelled. If it is determined that your answer to this question was intentionally false or misleading, you will be subject to an administrative disciplinary action in KS and will be reported to all appropriate state/federal/military agencies in other jurisdictions.* Yes ___ No ___ If yes:

Intended Kansas Residence Address: _____

Expected Date of Commencing Residence: _____

If you answered “no” to all questions #1 through #4, you do not need to answer questions #5 through #7.

5. Are you currently licensed, registered, or certified to practice (the profession for which you are seeking licensure in Kansas) by another state, district, or territory of the United States and have worked under that license for at least 1 year. *This does not include certifications or registrations issued by private boards, professional societies, or any organization other than a government body of a state, district, or territory of the U.S.* Yes ___ No ___ If no:

a. Have you practiced the profession for which you are seeking licensure in Kansas for at least 3 years in a state that does not license/register/certify the profession? Yes ___ No ___

b. Have you practiced the profession for which you are seeking licensure in Kansas for at least 2 years in a state that does not license/register/certify the profession and you held a certification or registration issued by a private organization during those 2 years? Yes ___ No ___ If no:

Organization that issued private certification/registration: _____ Date Issued: _____



* “Active practice” does not include care provided while in a training program, residency, or fellowship; or employment that consisted solely of research activities or administrative duties. The Board generally considers active practice to be direct patient care that for either (1) at least one full day per week for 50 weeks during a year; or (2) 400 hours during a year.

6. Have you actively practiced* the profession for which you are seeking licensure in Kansas during the last 2 years?
Yes ___ No ___

If you answered “yes” to question #6, you do not need to answer question #7.

7. If you answered “No” to questions #6, please provide a detailed explanation regarding your active clinical practice and direct patient care during the 12 months immediately preceding the submission of your application. Please explain any gaps in active practice in the 12 months immediately preceding the submission for your application, including the amount of time and reason.

ⁱ An applicant who has not been in the active practice of their occupation during the two years preceding the application for which a license is sought, may be required to complete additional testing, training, monitoring or continuing education as the KSBHA deems necessary to establish present ability to practice in a manner that protects the health and safety of the public. K.S.A. 48-3406(d).



ATTESTATION QUESTIONS

Please answer each of the following questions. **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. **It is imperative you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.**

If you are unsure of your response to a question, check the “yes” box and submit the appropriate documentation. 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. Please be advised that a false response to any of these questions may be grounds for denial of licensure. If a question is not applicable, then check the “no” box.

Full Name of Applicant _____

Date _____

1. 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? Yes ___ No ___
2. Have you ever had any application for any professional license refused or denied by any licensing authority? Yes ___ No ___
3. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure? Yes ___ No ___
4. 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? Yes ___ No ___
5. Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility? Yes ___ No ___
6. 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? Yes ___ No ___
7. Have you ever voluntarily surrendered any professional license? Yes ___ No ___
8. 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? Yes ___ No ___
9. Have you ever been notified or requested to appear before a licensing or disciplinary agency? Yes ___ No ___
10. 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? Yes ___ No ___



11. Has any professional association imposed any disciplinary action against you? Yes ___ No ___
12. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner? Yes ___ No ___
13. 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? Yes ___ No ___
14. Have you ever surrendered your state or federal controlled substances registration, or had it revoked, suspended, or restricted in any way? Yes ___ No ___
15. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency? Yes ___ No ___
16. 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. Yes ___ No ___
17. 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. Yes ___ No ___
18. Have you ever been court martialled or discharged dishonorably from the armed services? Yes ___ No ___
19. 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? Yes ___ No ___
20. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company? Yes ___ No ___
21. Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance company? Yes ___ No ___

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



AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant: In the presence of a notary public, sign and date this form with attached photo. Email completed form to KSBHA_Licensing@ks.gov or mail directly to the Kansas State Board of Healing Arts.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application for Athletic Trainer licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if a change occurs any time prior to a license to practice Athletic Training being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license to practice Athletic Training.



Applicant's signature (must be signed in the presence of a notary)

Applicant's printed first name middle initial, last name, and suffix (e.g., Jr.)

Date of signature (must correspond to date of notarization)

NOTARY

State of _____, County of _____,

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20 _____

Notary Public Signature _____ My Notary Commission Expires _____



ATHLETIC TRAINER PRACTICE PROTOCOL

As a condition of performing the functions and duties of an athletic trainer in this state, each athletic trainer shall submit a practice protocol to the board. The practice protocol shall be signed by the athletic trainer and the responsible MD, DO, or DC who will delegate the responsibilities that constitute the practice of the healing arts. A practice protocol is required for each responsible MD, DO, or DC

Email the completed practice protocol to KSBHA_Licensing@ks.gov or mail directly to the Board. The KSBHA highly recommends both the athletic trainer and responsible MD, DO, or DC make and keep copies of all practice protocols submitted to the Board.

Name of Athletic Trainer: _____

License Number (if applicable): _____

Name of Responsible MD, DO, or DC: _____

License Number: _____ License Type: MD ___ DO ___ DC ___

TO BE COMPLETED BY THE RESPONSIBLE MD, DO, OR DC

Under my delegation, including in my absence, the above-named athletic trainer has the authority to act on my behalf and provide the following care:

1. Perform evaluations, emergency care, and transportation. Yes ___ No ___
2. 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. Yes ___ No ___
3. Initiate standard treatment procedures of applying cold, compression, elevation, and rest to injured body parts. Yes ___ No ___
4. Application of cryotherapy such as cold/ice packs, cold water immersion, ice massage, and spray coolants. Yes ___ No ___
5. Application of thermotherapy such as topical analgesics, moist hot packs, heating pads, infrared heat, and paraffin baths. Yes ___ No ___
6. Application of hydrotherapy such as whirlpool and contrast bath. Yes ___ No ___
7. Application of therapeutic exercise common to athletic training such as stretching, conditioning, strengthening, and muscle testing. Yes ___ No ___
8. Application of additional clinical contemporary therapeutic modalities including patient preparation, set up, determination of dosage and treatment, including but not limited to, diathermy (shortwave, microwave, ultrasound) and muscle stimulation. Yes ___ No ___
9. Application of rehabilitation procedures for post-operative injuries and non-operative injuries. Yes ___ No ___
10. Act as an advisor concerning diet, rest, hydration, hygiene, sanitation, injury/illness prevention, and physical fitness development. Yes ___ No ___

By signing below, I certify that I have read, understand, and agree to comply with the requirements and responsibilities of a responsible MD, DO, or DC and Athletic Trainer in Kansas. Furthermore, I certify if there are any changes or amendments to the Athletic Trainer Practice Protocol, the Board will be notified within 10 days. Effective date signed.

Signature of Responsible MD, DO, or DC

Date

Signature of Athletic Trainer

Date



LICENSE VERIFICATION FORM

Send to all states or jurisdictions in which you currently, or have ever, held a license, permit, or certification, permanent or temporary. 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 email to KSBHA_Licensing@ks.gov or mail it 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; 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: _____



THIRD PARTY RELEASE

If you would like the Kansas State Board of Healing Arts (“Board”) staff to talk with third parties about your application complete this form. This form provides authorization for the Board to release information regarding your application to third parties. This information includes, but is not limited to: application information, license verification, status change, address changes, Kansas Health Care Stabilization Fund information, continuing education information, audit information, and past or current legal issues and documents. This authorization expires one year from the date of signature. You can revoke this authorization at any time by submitting a request in writing. Revoking this authorization will not affect any action taken prior to receipt of your written request. A reproduction of this authorization shall have the same effect as the original. Email to KSBHA_Licensing@ks.gov or mail it directly to the Board.

I, _____, authorize Board staff to release and discuss any and all information pertaining to my application, with the following individuals:

1. Name: _____
Phone: _____
Email: _____
Relationship: _____

2. Name: _____
Phone: _____
Email: _____
Relationship: _____

I acknowledge by my signature, that although I am not required to authorize the Board to release information to third parties, I am giving my consent for Board staff to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent, prior to my revocation.

Signature of Applicant

Date



GENERAL INFORMATION- ATHLETIC TRAINER (AT)

Please review the [Practice Handbook](#) for all information governing an Athletic Trainer License.

Thank you for your interest in becoming licensed in Kansas. Please read the following information very carefully. This information is vital to the successful completion of your application. Often your questions are covered in this form. Please allow two (2) weeks after the submission of the application before contacting our office. Do not make a commitment to any work dates prior to being licensed. It is highly recommended you make and keep copies, for your records, of all items submitted for review. In addition, when mailing you may want to request a delivery confirmation to confirm your application has been received at the Kansas Board of Healing Arts (KSBHA).

One of the missions of KSBHA is public protection through effective licensure and enforcement. One way the public is safeguarded is by issuing licenses to fully qualified, competent and ethical applicants. You will be asked a series of attestation questions. A "yes" answer is not an automatic disqualification from licensure. All applicants are considered on an individual basis. You may be requested to submit additional information or documents to the requirements mentioned before the application will be deemed complete to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. Failure to fully disclose could constitute grounds alone for denial of your application. Please avoid some of the common excuses: "My attorney told me I don't have to disclose." or "I did not think the prior act had anything to do with my profession or that it was still on my record or that it happened so long ago." There is no excuse for not disclosing.

Kansas Application Fees must be submitted with the application and are **NOT** refundable. Kansas application fee is \$10.00. Make checks payable to KSBHA. Checks returned for any reason by the payer's financial institution must be replaced by a money order, certified check, or credit card. To pay by debt or credit card please complete the credit card authorization form.

You must submit any change of address to the Board. Please visit our website to complete the "Change of Address" form.

Portions of the application may be copied and sent to the appropriate place to be completed and mailed directly to the Kansas Board of Healing Arts.

The National Practitioner Data Bank (NPDB) Report was mandated by Congress and tracks regulatory board disciplinary actions, certain actions resulting from peer review and malpractice payments. All applicants include a \$3.00 report fee for the Board to obtain the NPDB report.

Licenses/Certificates expire December 31 and are renewed annually. License renewal will be required of all receiving a permanent license prior to September 1.

CHECK LIST - Did you complete the following?

ALL questions answered on the application

Request verification from states, countries or jurisdictions, if applicable

Documentation for any "YES" Attestation Questions

Notarize and sign copy of the Affidavit and Authorization

Notarized copy of current Basic Life Support (BLS) certification, and if applicable, official verification of BOC certification or proof of completion of continuing education as required by K.A.R. 100-69-11

Completed Practice Protocol

Complete Expedited Licensure Questionnaire

Fees

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



CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

Email the completed form to KSBHA_Licensing@ks.gov or mail directly to the Board. Payments are processed in order of date received.

Name of Applicant/Licensee:	License Number:
Purpose of Payment:	Amount:

(Application, NPDB Fee, KBI Fee, Verification of Licensure, etc.)

Name of Cardholder:			
Billing Address	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	

Card Type:				
Card Number:				
Expiration Date: (MM/YY)		Verification Code:		

**Do not add spaces or dashes to numbers*

By signing below, I certify and give permission to the Kansas State Board of Healing Arts to charge the above-mentioned amount. I understand that failure to submit the required information will delay processing of the payment.

Cardholder Signature

Date

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