



ATHLETIC TRAINER TERMINATION OF PRACTICE PROTOCOL

Termination of a practice protocol must be reported to the Board within 10 days of the termination. Please be aware, athletic trainers with an Active license must have a current practice protocol on file with the Board.

Email the completed form to KSBHA_Licensing@ks.gov or mail directly to the Board. It is highly recommended that both the athletic trainer and responsible MD, DO, or DC make and keep copies of all termination of practice protocols submitted to the Board. Confirmation will be sent via email after the termination has been processed.

Name of AT: _____

License Number: _____

Name of ATs Employer: _____

Address of ATs Employer: _____

Name of Responsible MD, DO, or DC: _____

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

Practice Protocol Termination Date: _____

By signing below, I certify that the practice protocol between the above-named AT and MD/DO/DC has been terminated.

Signature of Responsible MD, DO, or DC

Date

Signature of Athletic Trainer

Date