



### ATHLETIC TRAINER APPLICATION

ATTACH Passport Photo Here
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**I am applying for (check one):**

- INITIAL APPLICATION - **\$125.00 FEE**
- MILITARY: Expedited License for Military Service – **NO FEE**  
(MILITARY – Must have an active license in another state of jurisdiction)

**\*\*ALL FEES ARE NON-REFUNDABLE. \*\***  
**\*\*ALL LICENSING INFORMATION IS PUBLIC INFORMATION\*\***

**THIS IS A FILLABLE FORM.** Use your computer to enter information or print legibly.

<b>PERSONAL INFORMATION:</b>			
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PERSONAL PHONE		BUSINESS PHONE	
EMAIL		PREFERRED CONTACT PHONE <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS	
DATE OF BIRTH		PLACE OF BIRTH	
<b>BUSINESS INFORMATION:</b>			
BUSINESS NAME (if applicable)			
BUSINESS ADDRESS (if applicable)		PREFERRED MAILING ADDRESS: <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS	
CITY	STATE	ZIP CODE	
<b>BCD USE ONLY:</b>			
RECEIVED ON:			
AMOUNT:	PROCESSED BY:	RECEIPT NO:	



**LICENSURE INFORMATION:** List all states or countries in which you are or have been licensed, regardless of current status (attach additional pages if necessary):

Previous New Mexico Athletic Trainer Practice License Number:

Previous New Mexico Provisional Permit Number:

STATE/COUNTRY	OBTAINED BY EXAM/CREDENTIALS/ RECIPROCITY	LICENSE NUMBER	FIRST INITIAL ISSUE DATE	LICENSE STATUS	EXPIRATION DATE

**PROFESSIONAL EDUCATION:** Education must be listed below; Official Transcripts must be sent directly to the board office from the educational institution attended.

NAME OF INSTITUTION	MAJOR FIELD OF STUDY	TYPE OF DEGREE	DATE AWARDED

**QUESTIONS:** Read the following carefully, **Circle Yes or No**. “Yes” answers for questions 2 thru 6 require an explanation and a copy of the final judgment order (if applicable).

1.	Have you ever used another name under which records relating to your application, education, training or experience may be filed? Enter other names(s) used:	YES	NO
2.	Has any disciplinary action ever been started against you as result of your athletic trainer services or any license you hold or have held to practice athletic training? (Note: disciplinary action includes but is not limited to suspension, probation, practice limitations, reprimand, letter admonition, censure, and any allegations currently pending.)	YES	NO
3.	Have you ever had any malpractice claims or been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such a claim yourself?	YES	NO
4.	Have you ever voluntarily surrendered a license or certification to athletic training in any state, foreign country, territory, or institution?	YES	NO
5.	Have you ever been denied a license or permission to take an examination to practice athletic training in any state, foreign country or territory?	YES	NO



6.	Do you have any mental illness that affects your ability to be an athletic trainer?	YES	NO
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**AFFIDAVIT:**

I \_\_\_\_\_, under penalty of perjury, **HEREBY DEPOSE AND STATE**, that I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial or revocation of my license.

I further understand I cannot work as an Athletic Trainer until I have received a license issued by the Athletic Trainer Practice Board.

\_\_\_\_\_

Name of Applicant

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

- To assist you in completing your applications please use the check-off list:**
- LICENSURE REQUIREMENTS:**
- \_\_\_\_ 1. Complete the Application and Application fee \$125.00 (NON-REFUNDABLE).
  - \_\_\_\_ 2. Current Color Photo; 2x2 in. (Passport Quality).
  - \_\_\_\_ 3. Answer all questions to the best of your knowledge (if you answer yes to any questions, please give details on a separate sheet of paper include a certified copy of final judgment papers);
  - \_\_\_\_ 4. Application must be signed, and dated;
  - \_\_\_\_ 5. Proof of current cardiopulmonary resuscitation certification (CPR) and automated electrical defibrillator unit (AED).
  - \_\_\_\_ 6. Official sealed college or university transcripts, sent directly to the Board Office from the university.
  - \_\_\_\_ 7. Copy of current BOC certification.
  - \_\_\_\_ 8. Completed the Jurisprudence examination
- LICENSURE FOR MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS**
- \_\_\_\_ 1. A completed application and corresponding fee pursuant to 16.3.8.8 NMAC.
  - \_\_\_\_ 2. Satisfactory evidence that the applicant is currently licensed in another jurisdiction, including a branch of the United States armed forces, and holds a current license in good standing; the applicant further must provide satisfactory evidence that the applicant has met the minimal licensing requirements in that jurisdiction and that they are substantially equivalent to the licensing requirements for New Mexico licensees in athletic training.
  - \_\_\_\_ 3. Copy of military orders, proof of honorable discharge (DD214)
  - \_\_\_\_ 4. Military spouses need to provide a copy of marriage license, copy of military service member orders or copy of DD214 for deceased military service member.
  - \_\_\_\_ 5. Dependent children of military service members need to provide copy of military service member’s orders listing dependent child, or a copy of military orders and one of the following: copy of birth certificate, military service member’s federal tax return or other governmental or judicial documentation establishing dependency;



# NEW MEXICO ATHLETIC TRAINER PRACTICE BOARD JURISPRUDENCE EXAMINATION

## Instructions:

This is an open book, multiple choice examination. You may only use the New Mexico Athletic Trainer Practice Statutes, Rules and Regulations which may be viewed and printed from the boards website at: [http://www.rld.state.nm.us/boards/Athletic\\_Trainers\\_Rules\\_and\\_Laws.aspx](http://www.rld.state.nm.us/boards/Athletic_Trainers_Rules_and_Laws.aspx)

Complete the examination below by circling the letter next to the single best answer for each question. DO NOT circle more than one letter.

Please sign and date the exam on the last page

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

1. All of the following are requirements for licensure except:
  - A. Current Board of Certification (BOC)
  - B. Current AED Certification
  - C. Current CPR. Certification
  - D. Proof of Continuing Education Units
  - E. Successfully passing an examination of New Mexico Laws and Regulation in Athletic Training
2. The Athletic Trainer Practice Act under Disciplinary Proceedings-Judicial Review-application of Uniform Licensing Act, allows the Athletic Trainer Practice Board to \_\_\_\_\_ any license held or applied for:
  - A. Deny
  - B. Revoke
  - C. Suspend
  - D. None of the Above
  - E. A, B, & C
3. In accordance with the provisions of the Uniform Licensing Act, the Board may take disciplinary action against the \_\_\_\_\_.
  - A. Licensee
  - B. Applicant
  - C. None of the Above
  - D. Both A and B
  - E. Allied Health Professional other than Athletic Trainer
4. Any person filing a sworn complaint about any person or persons violating the Athletic Trainer Practice Act shall be \_\_\_\_\_ from liability arising out of civil action, provided the complaint is made in good faith and without actual malice:
  - A. Guilty



- B. Convicted
  - C. Immune
  - D. Negligent
  - E. None of the Above
5. The primary purpose of the Athletic Trainer Practice Act is to:
- A. Advance the profession of Athletic Training
  - B. Generate revenue for the state association
  - C. Provide licensure in other states
  - D. Protect the public
6. Students enrolled in a program of study at an Institution approved by the Board are exempt from licensure, provided that the student renders services pursuant to a course of instruction or:
- A. The student is paid by the Institution
  - B. Is under the supervision of a licensed Athletic Trainer
  - C. Follows the written prescription from the physician in charge of the athlete
  - D. Is a senior level student
7. A license to practice Athletic Training is required:
- A. To use the title “Licensed Athletic Trainer”
  - B. For a physician to administer therapeutic modalities
  - C. For all nurses employed by a school district
  - D. In order for coaches to administer first aid
8. A licensed Athletic Trainer may practice the treatment, prevention, care and rehabilitation of injuries incurred by athletes, with the advice and consent of a/an:
- A. Athletic Director employed by the school district
  - B. Physical Therapist
  - C. Licensed Physician
  - D. Regulation and Licensing Department
9. The Athletic Trainer Practice Board consists of the following:
- A. Four (4) Athletic Trainers and one (1) Public Member
  - B. Three (3) Athletic Trainers, one (1) from each congressional district and Two (2) Public Members
  - C. Four (4) high school Athletic Trainers
  - D. Four (4) university Athletic Trainers and one (1) Public Member



10. The Regulation and Licensing Department shall:
- A. Administer, coordinate and enforce the provisions of the Athletic Trainer Practice Act
  - B. Conduct required examinations of Applicants
  - C. Both A & B
  - D. None of the Above
11. The two members on the Athletic Trainer Practice Board who represent the public shall have \_\_\_\_\_ in Athletic Training:
- A. No direct financial interest in the occupation regulated
  - B. No indirect financial interest in the occupation regulated
  - C. Both A & B
  - D. None of the above
12. The Provisional Permit is valid until the results of the examination on professional knowledge are available:
- A. True
  - B. False
13. An Athletic Trainer may treat a post-surgical condition provided he/she has a written prescription from the athlete's surgeon:
- A. True
  - B. False
14. The Regulation and Licensing Department is not required to issue licenses or permits. This is the duty of the Athletic Trainers Practice Board:
- A. True
  - B. False
15. An applicant is issued a second provisional permit when:
- A. Application is made
  - B. A new letter or recommendation is received
  - C. Required fees are paid
  - D. Both A and C
  - E. Both B and C
16. The Board accepts the following examination as proof of professional competence:
- A. A grade of B or better in Anatomy



- B. Passing the BOC examination
- C. Passing the Board Exam on professional competence
- D. Passing the Jurisprudence exam by 70%
- E. Either B or C

17. A candidate who wishes to appeal a failure on an examination must do so in writing within:

- A. One month of test results
- B. Six weeks of test results
- C. Ten days of tests results
- D. Can never appeal
- E. Six months of test results

18. A renewal of license during the grace period requires payment of a late fee of:

- A. \$75.00
- B. \$50.00
- C. \$150.00
- D. \$5.00
- E. \$100.00

19. Persons who have not renewed their licenses shall be notified by the Board, the following number of days before the end of the grace period:

- A. 10 days
- B. 15 days
- C. 30 days
- D. 45 days
- E. No notification by the Board is required

20. A license that has expired and is passed the grace period:

- A. May not be renewed
- B. May not be reinstated
- C. Will require application as a new candidate
- D. All of the above
- E. None of the above

21. The Athletic Trainers Practice Board will take action against the licensee, in accordance with the provision of the:

- A. Physical Therapy Act
- B. Workman's Compensation Act
- C. Uniform Licensing Act



- D. Criminal Offenders Act
- E. Practitioners Act

22. The Disciplinary action taken by the Board can consist of:

- A. Letter of reprimand
- B. Recommend that a formal proceeding be initiated
- C. An automatic \$10,000.00 fine
- D. Both A and B
- E. None of the above

23. A \$10.00 Fee is required for replacement of an Athletic Trainer License or wallet card:

- A. True
- B. False

24. The Provisional Permit shall be valid for six months:

- A. True
- B. False

25. The passing score on the Jurisprudence Examination is 70%:

- A. True
- B. False

26. Qualified Applicants who fail an examination may retake the exam by submitting a new application, including the Application Fee and all documentation:

- A. True
- B. False

27. A 30-day grace period is permitted for the Renewal of a lapsed license:

- A. True
- B. False

28. Standing orders and protocols can be a verbal agreement with a physician and does not have to be in writing:

- A. True
- B. False

29. A valid license must be displayed and visible to the public at the Athletic Trainer's place of employment:

- A. True
- B. False





30. Each Licensee shall be required to earn \_\_\_\_\_ Continuing Education Units (contact hours), during each three year reporting period:

- A. 25
- B. 75
- C. 50

31. CEU's may be earned by completing CPR/AED certification, completing continuing education courses approved by the BOC or its successor organization, or by completing courses work taken at an accredited college or university which falls within one of the performance domains identified in the current BOC (or successor organization) role delineation study:

- A. True
- B. False

32. Applications for licensure must be accompanied by a Letter of Recommendation from the Applicant's employer:

- A. True
- B. False

33. The licensing year for Athletic Trainers in the State of New Mexico is:

- A. July 1 through June 30 of the following year
- B. August 1 through July 31 of the following year
- C. September 1 through August 31 of the following
- D. June 1 through May 31 of the following year
- E. From the date when the license fee was paid to the same date the following year

34. The "Athlete's Surgeon" is a physician who:

- A. Is a team physician
- B. Prescribes therapeutic treatment for the athlete's post-surgical condition.
- C. Provides medical support to the Athletic Trainer
- D. Renders services for the athlete and who prescribes therapeutic treatment and care for the athlete's post-surgical condition
- E. Both B & D above

35. All applications for licensure must be accompanied by the following:

- A. AED Certification
- B. CPR Certification
- C. BOC Certification
- D. All of the above



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

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

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

