



Attachment A

STATEMENT OF REGISTRATION, CERTIFICATION OR LICENSURE AS AN ATHLETIC TRAINER IN ANOTHER STATE

Applicant completes only the top portion of this form and sends it to the state(s) in which he/she holds, or has held a license.

Section 1: To be completed by applicant:

Last Name:	First Name:	M.I.:
Date of Birth:		
Address:	City:	
State:	Zip:	
License No.:	Expiration:	

Section 2: to be completed by the state

This certifies that the above individual was licensed as _____ (profession) with license number _____, issued _____ (original date of licensure), expired _____, entitling him/her to practice Athletic Training.

- Current license status:
- Licensed on the basis of: Active Inactive Lapsed/Expired
 State Examination
 Endorsement. Please identify licensing states: _____
 Credentials. Please attach an explanation.
 Other. Please attach an explanation.
- Was your state the state of original licensure? Yes No
- The educational requirements for the above-referenced title at the time of the applicant's licensure/certification:
 Required Field of Study _____
 Current NATA-BOC Registration: Yes No Current CPR & AED Training: Yes No
 If yes with: (circle one) American Heart Association or American Red Cross _____
- Has this license ever been subjected to disciplinary action? Yes No (e.g. revoked, suspended, surrendered, restricted, limited, placed on probation)?
- Are there any complaints pending: Yes No



I certify that the information I have provided on this application is true and correct to the best of my knowledge.

SEAL

Name **Title**

Name of State Board

Please return this form to:
Athletic Trainers Practice Board
P.O. Box 25101 Santa Fe, NM 87504

Address/City/State/Zip

