



NEBRASKA

Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2299

APPLICATION FOR LICENSURE FOR ATHLETIC TRAINER

(Please print or type application)

Applying by: Education Licensure or Certification in another Jurisdiction (State)

**SECTION A – PERSONAL INFORMATION – All applicants must complete this section. This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi>
 NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.**

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:

Additional information requested: (This information will not be displayed on the Internet) Submit the required documentation of age, citizenship, etc. as listed on page 6 of this application.

3	Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
4	Check the Appropriate Box(s) and provide a number:	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#"); or	A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	I-94 #	
If you have both a SSN and an A# or I-94 number, you must report both. Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.				
5	**Phone #: (Optional)		**Fax #: (Optional)	
**E-Mail Address: (Optional)				

**If you provide us with this information, we can expedite your credential request if there is a problem with your application.

SECTION B – EDUCATION – All applicants must complete this section. List all colleges from which you received degrees or required course work. If more space is needed, use an additional sheet. Request an official transcript from an accredited institution which conferred at least a four-year degree.

UNDERGRADUATE:

Institution Name			
Address	Street/PO/Box:		
	City:	State:	Zip:
Date of Graduation		Major	
Institution Name			
Address	Street/PO/Box:		
	City:	State:	Zip:
Date of Graduation		Major	

GRADUATE:

Institution Name			
Address	Street/PO/Box:		
	City:	State:	Zip:
Date of Graduation		Major	

SECTION C – STUDENT ATHLETIC TRAINING – All applicants applying on the basis of education with completion of two years of student athletic training must complete this section. Also, have Attachment A-3 completed by the licensed Athletic Trainer who was responsible for the student training.

List below the student athletic training you claim as qualifying training.

Dates	From (M/Y)	To (M/Y)
Institution Name		
Address	Street/PO/Route:	
	City:	State: Zip:
Name of Supervising Athletic Trainer		
Brief Statement of Work		
Dates	From (M/Y)	To (M/Y)
Institution Name		
Address	Street/PO/Route:	
	City:	State: Zip:
Name of Supervising Athletic Trainer		
Brief Statement of Work		

SECTION D – EXAMINATION INFORMATION – ALL Applicants Must Complete This Section			
Have you passed the Board of Certification (BOC) examination?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of examination			
**Contact bocatc.org and request verification of your certification be reported directly to Nebraska. You may request the verification be sent to our office or you may request an <u>electronic verification</u> be emailed to: <u>Michelle.Humlicek@nebraska.gov</u>.			

SECTION E – APPLICANTS MUST COMPLETE IF LICENSED IN ANOTHER STATE. If you hold a license to practice athletic training in another jurisdiction, complete this section and have the licensing agency complete the Certification of Applicant's License in Athletic Training – Attachment A-2.			
Are you licensed or certified in another state?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list state(s) and license number(s)			
State(s)		License Number(s)	
1	Name of Agency Issuing License		
	Address	Street/PO/Route:	
		City:	State:
2	Date Issued		
3	Name of Written Examination		
Have you been actively engaged in the practice of athletic training under such license by examination or in an accepted residency or graduate program for one year of the three years immediately preceding the date of application for Nebraska license?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice of athletic training. (Continue on reverse side or use an additional sheet if space is inadequate.)			
4	Facility	Address	Dates
Give location, address, and dates actively engaged in practice of athletic training. (Continue on reverse side or use an additional sheet if space is inadequate.)			
5	Facility	Address	Dates
Have you been in active and continuous practice of athletic training under license by examination in the state, territory, or District of Columbia from which you come for at least one year following the issuance of such license?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Give location, address, and dates actively engaged in practice of athletic training. (Continue on reverse side or use an additional sheet if space is inadequate.)			
6	Facility	Address	Dates
Have you requested to have certification of your athletic trainer license sent to Nebraska by submitting to the appropriate licensing agency the Certification of Applicant's License In Athletic Training (Attachment A-2)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION F – CONVICTION AND LICENSURE INFORMATION – All applicants must complete this section. Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Answer each of the following questions by placing an (X) in the appropriate box (Yes or No) and completing the information requested. All ‘Yes’ responses MUST be explained in detail and you must submit the requested documentation.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A copy of the Court Record, which includes charges and disposition;
- Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in Nebraska or another jurisdiction.

		Yes	No			
2	Are you credentialed in any other state(s)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?	
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Credential Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Certification of your license in each state that you hold or have held a license
- Official Documents from the State Board in which the disciplinary action was taken

SECTION G – PRACTICE PRIOR TO CREDENTIAL An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	Have you actively practiced in Nebraska as an Athletic Trainer prior to licensure?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
2	If yes, what are the actual number of days you practiced Athletic Training in Nebraska and what is the business name, location and telephone number of the practice:	# of days:	
	Name of Business:	City/State	
	Name of Supervisor :	Telephone	

SECTION H – ATTESTATION

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §§38-129 and 4-108 through 4-114, I attest as follows:

Please check the appropriate box(s) below:

- I am a citizen of the United States
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act
- I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States
- I am a qualified alien under the Federal Immigration and Nationality Act

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

SEE NOTES ON NEXT PAGE FOR DOCUMENTATION THAT NEEDS TO BE SUBMITTED

Print Name: _____

Signature: _____ Date: _____

SECTION I - LICENSE FEES Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$29.25	\$29.25
Odd	\$29.25	\$29.25	\$29.25	\$29.25	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117

** If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

NOTE: The applicant must submit the following documentation:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
3. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
4. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - a. A copy of the court record, which includes charges and disposition;
 - b. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - c. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a copy of at least one of the following documents:
 - a. A U.S. Passport (unexpired or expired);
 - b. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - c. An American Indian Card (I-872);
 - d. A Certificate of Naturalization (N-550 or N-570);
 - e. A Certificate of Citizenship (N-560 or N-561);
 - f. Certification of Report of Birth (DS-1350);
 - g. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - h. Certification of Birth Abroad (FS-545 or DS-1350);
 - i. A United States Citizen Identification Card (I-197 or I-179);
 - j. A Northern Mariana Card (I-873);
 - k. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - l. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - m. A document showing an Alien Registration Number ("A#") with visa status; or
 - n. A Form I-94 (Arrival-Departure Record) with visa status.
6. Education: An official college/university transcript;
7. Examination: Official NATA Score Report sent directly to our office; and
8. Fee: The required fee.
9. Verification of Student Athletic Training form: if applicable.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

CERTIFICATION OF APPLICANT'S LICENSE IN ATHLETIC TRAINING

(Must be completed by licensing agency)

(Print or Type)

Our records indicate that _____ was licensed as an athletic trainer on _____, 20 _____.
(Applicant's Name)

The license was issued on the basis of written examination _____.
(Name of Examination)

The applicant's score was _____. Requirements for licensure in _____
(Issuing State)

At the time this license was issued were:

And are currently:

(Copies of regulations/requirements for licensure at the time of issuance of license and present requirements may be attached as documentation.)

Based on the records of this department, the applicant's license (please mark):

- (a) ____ is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- (b) ____ has been disciplined. **(SEAL)**

Please explain any disciplinary action:

Date: _____

Name and Title : _____

Licensing Agency: _____

Address: _____

City/State/Zip Code: _____

Signature (No Stamp): _____

Phone Number _____

FORWARD THIS COMPLETED FORM TO:

DHHS, Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

VERIFICATION OF STUDENT ATHLETIC TRAINING

Instructions: This form must be completed by the supervising athletic trainer. Please print or type. If student athletic trainer worked for more than one supervising athletic trainer, make a copy of this form and have each supervising trainer complete a separate form.

I hereby certify that _____ worked under my _____ (Name of Student Athletic Trainer)

Supervision as a student athletic trainer from _____ to _____ (Month/Year) (Month/Year)

At: _____ (Location Name)

_____ (Address)

_____ (City) (State) (Zip Code)

Check type facility:

Educational Institution:

Professional Athletic Organization:

Amateur Athletic Organization:

1. Supervising Athletic Trainer Name: _____ Address _____

2. Are you currently licensed as an Athletic Trainer in Nebraska? Yes No

3. Were you licensed as an Athletic Trainer in Nebraska at the Time of supervision of the student athletic trainer? Yes No

4. If you are not licensed as an Athletic Trainer in Nebraska: 4a. Have you passed an athletic trainer examination? Yes No 4b. What was the name of the examination? _____ 4c. When was the examination taken? _____

5. Were you present at the site where the student athletic trainer was performing athletic training activities? Yes No

6. Did you complete regular evaluations of the student athletic trainer's performance? Yes No

I, _____, say that I was the supervising athletic trainer of record for (Supervising Athletic Trainer)

_____ and that the statements herein are true. (Applicant's Name)

Supervising Athletic Trainer's Signature

Date

FORWARD THIS COMPLETED FORM TO:

DHHS, Public Health Licensure Unit P.O. Box 94986 Lincoln, NE 68509-4986