



STATE OF ALABAMA  
BOARD OF ATHLETIC TRAINERS  
Post Office Box 243011  
Montgomery, Alabama 36124

**MEMO TO:** Athletic Trainers Licensed 7/1/2017 or Later  
**FROM:** Leah Taylor  
Executive Secretary  
**DATE:** September 15, 2017  
**SUBJECT:** 2018 License Renewal

**Your license to practice athletic training in the State of Alabama expires 12/31/2017, and to retain your license you must make application for license renewal.** To continue to practice beyond 12/31/2017 with an expired license puts you in violation of the Alabama Athletic Trainers Licensure Act which mandates that you hold a current license to practice athletic training in our State. According to *Code of Alabama*, Section 34-40-12, to practice without a license is punishable by law and, upon conviction, violators shall be punished and fined as provided by law.

**Since you were licensed 7/1/17 or later, a modified License Renewal Packet for this renewal period only is being furnished to you. You are also subject to a reduced renewal fee of \$25 for this year only.** Included in the Renewal Packet are the instructions and forms for your license renewal. It is imperative that you follow the instructions and complete all the forms in their entirety. Although you do not have to report CEUs for this renewal period only, you are required to complete the CEU Reporting Sheet by filling out the top and bottom portions and attesting to the four ethics statements. If you have problems opening the packet, please call or email the Board Office, and I will email, mail, or fax a License Renewal Packet to you. Our email address is as follows:  
[athletictrainers@bellsouth.net](mailto:athletictrainers@bellsouth.net).

We will begin to accept Applications for Renewal on October 15, 2017. As you know, your Application for Renewal needs to be in the mail to the Board Office no later than November 30, 2017, unless you were licensed later than the deadline date. The mailing address is Post Office Box 243011, Montgomery, Alabama 36124. Please do not send your renewal application before October 15, 2017. Upon review, Applications for Renewal will be deemed either complete or deficient. Those whose Applications were submitted on time and determined to be complete will have their renewal licenses issued by mid-December. After such time, late or deficient applications will be processed, and renewal licenses will be issued if deemed complete after review or at the time noted deficiencies are cured. If deficiencies are not cured by 12/31/2017, those licenses will expire and will not be reinstated until any and all noted deficiencies are cured, provided this takes place prior to March 30, 2018.

**If you do not intend to renew your license, please send a brief written notification stating your intention and justification for not renewing.** An example of your justification would be that you have moved to another state and are no longer practicing athletic training in Alabama. You can mail, email, or fax your notification.

Please feel free to call if you still have questions or concerns after reviewing the License Renewal Packet.



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**IMPORTANT NOTICE**

**ALL LICENSES EXPIRE DECEMBER 31, 2017.** Continuing to practice with an expired license places you in violation of The Alabama Athletic Trainers Licensure Act which is punishable by law and carries fines and punishment as provided by law. *Code of Alabama, Section 34-40-12*

**INSTRUCTIONS – 2018 LICENSE RENEWAL – FOR LICENSEES 7-1-17 OR LATER**

1. The following forms **MUST** be fully completed and submitted between 10/15/2017 and 11/30/2017 (*those licensed later than 11/30/2017 should complete and submit as soon as possible after receiving this notice*):
  - License Renewal Form for 2018 in its entirety, including business and personal information.
  - Physician/Athletic Trainer Protocol Consent Form (**Physician must be licensed in State of Alabama.**)
  - A copy of current BOC card which shows your certification is current or you may submit a BOC on-line verification indicating your status as “active” as well as the expiration date of your certification.
  - Continuing Education Reporting Sheet - Since you were licensed 7/1/17 or later, you do not have to report CEUs this year only; however, you are required to submit the CE Reporting Sheet with the top and bottom portions completed. (**Don't forget to attest to the three statements at the bottom of the form and to sign the Reporting Sheet.**)
2. Continuing Education – Since you were licensed after 7/1/17, you do not have to report CEUs this year only; however, you are required to submit the CE Reporting Sheet with the top and bottom portions completed. (**Don't forget to attest to the three statements at the bottom of the form and to sign the Reporting Sheet.**)
3. The completed forms, a copy of your BOC card or on-line verification, and a check for \$25 (reduced renewal fee for this year only) payable to the **Alabama Board of Athletic Trainers** (not ALATA) should be mailed no later than November 30, 2017, (unless licensed during December) to the following address:

Alabama Board of Athletic Trainers  
Post Office Box 243011  
Montgomery, Alabama 36124

Applications for Renewal with insufficient postage will not be accepted, but will be returned to the senders for the additional postage due and resubmission.
4. November 30, 2017, is the deadline for submitting your 2018 License Renewal unless your license was issued on or near this date or during December, 2017.
5. Any licensee who fails to submit a Renewal Package or who submits an incomplete Renewal Package will be notified. **Failure to respond** to this notice and complete the Renewal Package as instructed **will result in the termination of your Alabama license and you will receive no further notice.** Renewal fees will **not** be refunded, and the Board of Certification will be notified of your failure to comply with the Alabama Athletic Trainers Licensure Act. (No such action will be taken with respect to any licensees who notify the Board Office that they are no longer practicing athletic training in the State of Alabama; their licenses will be deemed lapsed and their files closed.)
6. If you have questions, please call Leah Taylor at (334) 264-1929 or toll-free at (877) 271-3399. You may also correspond by facsimile at (334) 262-2663 or email at [athletictrainers@bellsouth.net](mailto:athletictrainers@bellsouth.net).



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**RENEWAL APPLICATION CHECKLIST**  
**For Licensees 7-1-2017 or Later**

Each of the following items must be included with the Application for Renewal:

- \_\_\_\_\_ \$25 Renewal Fee – Check or Money Order payable to Alabama Board of Athletic Trainers (not ALATA)
- \_\_\_\_\_ Information Page – Completed in its entirety; signed and dated
- \_\_\_\_\_ Physician/Athletic Trainer Protocol Consent Form  
Completed in its entirety  
Signed and dated by Physician and Athletic Trainer
- \_\_\_\_\_ BOC Card copy or on-line verification showing status as “certified” as well as expiration date
- \_\_\_\_\_ Continuing Education Reporting Sheet  
Top and bottom portions filled out completely  
Ethics Statements acknowledged  
Signed and dated

Please assemble your Renewal Application in the above order when possible.



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BOARD OF ATHLETIC TRAINERS  
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Montgomery, Alabama 36124

## A FEW REMINDERS...

- Renewals will be accepted after October 15, 2017 and are considered late when postmarked after November 30, 2017. Late renewal applications will be assessed all appropriate late fees.
- ALL licenses expire December 31, 2017. If you continue to practice without a current license, you are in violation of the Alabama Athletic Trainers Licensure Act.
- Any licensee who fails to renew his or her license within 90 days following expiration of the previous license shall be required to file a new application and pay an application fee with the Board. This 90-day grace period allows for renewal only of a license; it does not extend the current license and ability to practice beyond 12/31/2017.
- Without a current Alabama license, you are prohibited from practicing athletic training and from using the Athletic Trainer title or designation, ATC, LAT, etc., whether BOC certified or not.  
From Sections 34-40-4 and 34-40-12, respectively, of the law:

### Unauthorized use of title.

No person shall use the title "athletic trainer", "certified athletic trainer", or "licensed athletic trainer", or use the letters "LAT", "ATC", or "AT", or any other facsimile thereof, whether or not compensation is received or expected, unless the person is licensed as an athletic trainer in this state pursuant to this chapter. (*Acts 1993, No. 93-617, p. 1013, §4.*)

### Punishment for violation.

Any person who violates any provision of this chapter is guilty of a Class B misdemeanor, and, upon conviction, shall be punished and fined, or both, as provided by law. (*Acts 1993, No. 93-617, p. 1013, §12.*)

- **Payment must accompany your renewal application. If your renewal fee payment is being processed by an accounting office, make certain that the check is not mailed without the renewal packet.**
- Please submit renewal application forms with original signatures, keeping copies for your records. The documentation submitted for your CEUs should be copies; you should maintain the originals for your records.
- Make certain that the name on your BOC card/verification is the same as the name in which you are licensed.
- Renewal Application must contain ALL of the following: Renewal Fee (check or money order); Information Page completely filled out and signed; CEU Reporting Sheet completely filled out and signed with accompanying documentation; Physician/Athletic Trainer Protocol Consent Form completely filled out and signed by athletic trainer and physician; copy of current BOC card or on-line verification as appropriate.

# License Renewal for 2018

STATE OF ALABAMA  
BOARD OF ATHLETIC TRAINERS  
P.O. Box 243011  
Montgomery, Alabama 36124  
334/264-1929 ~ 334/262-2663 facsimile  
AthleticTrainers@bellsouth.net

Complete below information, including signature. A \$25.00 renewal fee must be returned with this renewal form.

**INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE and RENEWAL FEES ARE NON-REFUNDABLE.**

Failure to renew and pay renewal fees and any accrued late fees will result in non-renewal/expiration of the current license.

*Please Type or Print Clearly*

**License Number:** \_\_\_\_\_

**Social Security Number:** XXX – XX - \_ \_ \_ \_ \_

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## Office/Business Information:

\_\_\_\_\_  
**Name of Business**

\_\_\_\_\_  
**Street Address or P.O. Box**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Business Telephone**

\_\_\_\_\_  
**Business Fax**

## Personal Information:

\_\_\_\_\_  
**Your Name**

\_\_\_\_\_  
**Street Address or P.O. Box** *(for mailing purposes)*

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Home Telephone**

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**E-mail Address**

**Type of Practice:** *(Mark only one)* Hospital/Sports Medicine Clinic [ ] College/University [ ]  
High School [ ] Professional Team [ ] Gym/Club [ ] Fitness Center [ ] Industrial/Corporate [ ]

**Employer:** \_\_\_\_\_ **Your Position:** \_\_\_\_\_

**Name of Supervisory Physician:** \_\_\_\_\_

(Must be the same name as appears on Physician/Athletic Trainer Protocol Consent Form contained herein)

**I certify that all information on this form is correct.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please type or print information  
State License Number: \_\_\_\_\_

**LICENSE RENEWAL FOR 2018**  
**Renewal Year December 1, 2016 – November 30, 2017**  
**Continuing Education Reporting Sheet**  
(For Athletic Trainers Licensed 7-1-17 or later)  
**Complete, Sign, and Return with Documentation**

**For Athletic Trainers  
Licensed July 1 or Later**

Notice: You do not have to report additional CEUs for this year only; therefore, ignore the reporting grid. Please complete the top portion of the form and attest to the statements at the bottom of the form before signing and dating.

**\*\*\* Include documentation that your BOC certification is active/current. \*\*\***

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Category	Course/Activity	Provider Name	Type of Documentation	# of Contact Hours	Approval
<b>NO ADDITIONAL CEUs REQUIRED THIS YEAR ONLY</b>					

**Important Reminder: Attach a copy of your BOC card or on-line verification.**

- \_\_\_\_\_ I have conducted myself as a licensed athletic trainer in accordance with the Alabama Athletic Trainers Act.
- \_\_\_\_\_ The information contained on this report is a true and accurate statement of my continuing education activities.
- \_\_\_\_\_ The documentation of my active/certified BOC status contained herein demonstrates my compliance with the Board of Certification’s continuing education requirements, thus satisfying the annual continuing education requirements of the Alabama Board of Athletic Trainers.
- \_\_\_\_\_ I am aware that falsification of this report may result in the revocation of my Alabama Athletic Training License.

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

Year - 2018



**ALABAMA BOARD OF ATHLETIC TRAINERS  
PHYSICIAN/ATHLETIC TRAINER PROTOCOL CONSENT FORM**

Please print or type all information, except where a Signature is designated.

Athletic Trainer: \_\_\_\_\_

Team/Organization: \_\_\_\_\_

(PRINT or TYPE Physician's Name Below)

I, \_\_\_\_\_, M.D./D.O. (select one), as team physician/consulting physician, hereby authorize the above-named individual to act in my behalf during my absence. This individual shall perform activities detailed in the Licensed Athletic Trainer Protocol, approved by the Alabama Board of Athletic Trainers and the State Board of Medical Examiners. Such authority shall include the following areas:

- I – Prevention      II – Recognition & Evaluation      III – Management, Treatment, Disposition
- IV – Rehabilitation      V – Organization & Administration      VI – Education & Counseling

**I have reviewed the details of each area of practice contained in the following pages of this Consent Form with the above-named athletic trainer.**

**I understand that I, the physician, am the ultimate authority for the management, treatment, and disposition of athletic injuries. By signing this consent form, I authorize the above-named athletic trainer to assist or carry out any other instructions or procedures that I determine to be warranted or necessary in the practice of athletic training.**

**Physician's Information**

**Athletic Trainer's Information**

\_\_\_\_\_  
Team/Consulting Physician's Signature

\_\_\_\_\_  
Athletic Trainer's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **ALABAMA BOARD OF ATHLETIC TRAINERS LICENSED ATHLETIC TRAINER PROTOCOL**

### **I. PREVENTION**

- A. Organization and implementation of preparticipation physical examinations/screening procedures
- B. Physical conditioning of athletes
- C. Fitting and maintenance of protective equipment
- D. Application of taping and special pads and braces
- E. Control of environmental risks
- F. Identification and correction of common risk factors and causes of athletic injuries
- G. Development and implementation of preventative maintenance rehabilitation programs

### **II. RECOGNITION AND EVALUATION**

Conducts a thorough initial clinical evaluation of injuries and illnesses commonly sustained by the competitive athlete and formulates an impression of the injury/illness for the primary purpose of:

- A. Administering proper first aid and emergency care
- B. Making appropriate referrals to physicians for diagnosis and medical treatment (physician evaluation should occur within a 72-hour time frame from the initial athletic trainer injury encounter)

### **III. MANAGEMENT, TREATMENT, AND DISPOSITION**

The physician is the ultimate authority for the management, treatment, and disposition of athletic injuries. Working under the direction and supervision of the physician, the licensed athletic trainer serves the following roles:

- A. Provides appropriate first aid and emergency care for acute athletic injuries/illnesses
- B. Refers injured/ill athletes for appropriate medical intervention
- C. Documents injuries and treatment progress in athlete's medical record
- D. Develops and implements a plan of care for athletic injuries under the direction and supervision of a physician



- E. Utilizes therapeutic modalities and rehabilitation techniques as approved by a physician
- F. Performs wound care, including removal of staples and sutures upon physician order
- G. Applies casts after reduction of fracture by physician; changes or removes casts upon physician order.

#### **IV. REHABILITATION**

- A. Rehabilitation of athletic injuries shall be performed under the referral of the physician
- B. Under physician direction, develops and implements comprehensive rehabilitation programs, including determination of therapeutic goals and objectives, selection of therapeutic modalities and exercise, methods of evaluating and recording rehabilitation progress, and develops criteria for progression and return to competition
- C. The licensed athletic trainer shall rehabilitate an athletic injury for no more than thirty days without re-evaluation by the physician and referral for continuation of the rehabilitation program. Preventative care after resolution of the injury is not considered rehabilitation.

#### **V. ORGANIZATION AND ADMINISTRATION**

Plans, coordinates, and supervises all administrative components of an athletic training program including those pertaining to:

- A. Health care services (physical examination and screening, first aid and emergency care, follow-up care and rehabilitation)
- B. Financial management
- C. Athletic training room management
- D. Personnel management
- E. Public relations
- F. Athletic event/venue coverage

#### **VI. EDUCATION AND COUNSELING**

- A. Provides health care information and counsels athletes, parents, and coaches on matters pertaining to the physical, psychological, and emotional health and well-being of the athlete
- B. Interprets the role of the licensed athletic trainer as a health care provider, promotes athletic training as a professional discipline, and provides instruction in athletic training/sports medicine subject matter areas.