



**Arkansas Department of Health  
Arkansas State Board of Athletic Training**

4815 W. Markham St., Box 73  
Little Rock, AR 72205-3867  
501-683-4076 \* [aratb@arkansas.gov](mailto:aratb@arkansas.gov)

All athletic training licenses expire annually on June 30th. All athletic trainers must complete the renewal process listed below. If you should have any questions, please do not hesitate to contact the board office.

**\*The ARATB License Renewal Fee will remain temporarily reduced to \$3.00 for the 2026-2027 licensure renewal season.\***

To renew your license:

1. Complete and return the renewal application to the Arkansas State Board of Athletic Training at 4815 W. Markham St., Box 73, Little Rock, AR 72205-3867 along with the renewal fee of \$3.00. A processing fee will be due if a license renewal is completed online. **Return postmarked by June 30, 2026.**
2. Submit a current Physician Direction Form signed by your directing physician if you are partially or fully practicing in a non-clinical setting. **The Physician Direction Form is part of the renewal process and must be received by June 30th in addition to the renewal form and fee. Additional fees will be assessed if the form is not received by June 30th.**
3. **A current BOC certification is required.** The Board office will verify your BOC certification online.

Renewal applications and fees returned postmarked July 1 through September 30, 2026 will be assessed a reactivation fee of \$75.00 in addition to the renewal fee of \$3.00 for a total of \$78.00. The late fee after September 30, 2026 is \$100 in addition to the reactivation fee of \$75.00 and the renewal fee of \$3.00 for a total of \$178.00. **It is illegal to practice without a license.**

**ADVANCED SKILLS:**

Have you completed training in Advanced Skills that were not part of your college/university curriculum? (I.E. Dry needling, administration of IVs, suturing)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered "Yes", proof of training (See below footnote) should be submitted to the board office via postal service or e-mail attachment at:

ARATB  
4815 W. Markham Street, Slot 73  
Little Rock, AR 72205

or

[ARATB@arkansas.gov](mailto:ARATB@arkansas.gov)

\*Proof of training should include a copy of the course completion certificate showing the course title, course date, & BOC or CME number.\*



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**2026-2027 ATHLETIC TRAINERS RENEWAL APPLICATION**

\*2026-2027 ATHLETIC TRAINER RENEWAL FEE - \$3.00\*

<b>License #</b>		<b>NPI (National Provider Identifier) #</b>	
<b>Last Name</b>			
<b>First Name</b>			
<b>Middle Name</b>			
<b>Mailing Address</b>			
<b>City</b>			
<b>State</b>			
<b>Zip</b>			
<b>Residence County</b>			
<b>Home Phone</b>			
<b>Work Phone</b>			
<b>Email</b>			
<b>Do you practice fully or partially in a non-clinical setting?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If the answer is yes to the above, please complete and submit a Physician Direction Form to the board office.</i>			
<b>List the name of each facility where you provide athletic training. Attach additional sheet if necessary.</b>			
<b>Facility Name</b>			
<b>Facility City &amp; State</b>			
<b>Facility Name</b>			
<b>Facility City &amp; State</b>			
<b>Facility Name</b>			
<b>Facility City &amp; State</b>			
<b>BOARD USE ONLY:</b>	Amount:	Check #:	BOC Verification <input type="checkbox"/>

Revised 05/01/2024



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**Physician Direction Form**

**Directions to Applicant:** If practicing fully or partially in a non-clinical setting, please request your directing physician to complete the form and return to the address listed above.

Ark. Code Ann S 17-93-411 licenses athletic trainers and requires the following direction/supervision of the athletic trainer.

1. In a non-clinical traditional setting, the athletic trainer may practice the art and science of athletic training under the direction of a physician licensed in the state of Arkansas.
2. In a clinical setting, the athletic trainer may practice athletic training in a hospital or outpatient clinic under the direct supervision of a physical therapist and upon the referral of a physician licensed in the state of Arkansas.

**Directing Physician**

**Athletic Trainer**

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ AT Employer: \_\_\_\_\_

I, the above named Directing Physician, agree to be the designated supervisor for the Athletic Trainer named above, under the Rules of the Arkansas State Board of Athletic Training. We understand and agree to abide by the following standing orders:

The Directing Physician agrees to be readily available for consultation and to provide direction as necessary for the care of the athlete but not necessarily on the premises. The Directing Physician must submit an annual Physician Direction Form to the Arkansas State Board of Athletic Training with the athletic trainer's licensure/permit request to the State of Arkansas.

The Directing Physician shall allow the Athletic Trainer to perform independently the functions for which the Athletic Trainer has training and experience, as outlined in the 5 Domains from the Board of Certification's Practice Analysis, 8<sup>th</sup> Edition and additional education as approved by the Board.  
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- D1:** Injury & Illness Prevention and Wellness Promotion
- D2:** Examination, Assessment and Diagnosis
- D3:** Immediate & Emergency Care
- D4:** Therapeutic Intervention
- D5:** Healthcare Administration & Professional Responsibility

The Athletic Trainer shall adhere to the Arkansas State Board of Athletic Training Rules and applicable Standards of Practice for the profession.

In the event of termination of this Agreement, the Athletic Trainer shall notify the Board in writing. The Athletic Trainer will not provide services until documentation of an appropriate Directing Physician is approved by the Board.

Any changes in this agreement shall be submitted in writing within ten (10) days to the Board.

\_\_\_\_\_  
 Directing Physician's Signature

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date