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

Physician Direction Form

Directions to Applicant: If practicing fully or partially in a nonclinical setting or physician's office, please request your directing physician to complete the form and return it to the address listed above.
Arkansas Code § 17-93-411 requires the following direction of the athletic trainer.

1. In a nonclinical setting an 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 physician's office, an athletic trainer may practice under the direction or consultation of a physician licensed in the state of Arkansas.

Arkansas Code § 17-93-402 defines a "Clinical Setting" as follows.

1. "Clinical setting" means a hospital or outpatient clinic;

A nonclinical setting is a setting other than a hospital or outpatient clinic.

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

I agree to be readily available for consultation for the care of the athlete but not necessarily on the premises. I must submit an annual Physician Direction Form to the Arkansas State Board of Athletic Training with the Athletic Trainer's licensure request, permit request, or licensure renewal request to the State of Arkansas.

I shall allow the Athletic Trainer to perform independently only those functions for which the Athletic Trainer has training and experience, as outlined in the 5 Domains from the Board of Certification's Practice Analysis, 8Th Edition and additional education as approved by the Board.

- **D1:** Injury & Illness Prevention and Wellness Promotion
- **D2:** Examination, Assessment and Diagnosis
- **D3:** Immediate & Emergency Care
- **D4:** Therapeutic Intervention
- **D5:** Healthcare Administration & Professional Responsibility

_____ _____
Directing Physician's Signature Date

I, the above-named 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, I shall notify the Board in writing. I 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.

_____ _____
Athletic Trainer's Signature Date