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

All athletic training licenses expire annually on June 30th. All athletic trainers must complete the renewal process listed below. If you 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 completed current Physician Direction Form signed by your directing physician if you are partially or fully practicing in a non-clinical setting or a physician's office. Submit a completed current Direct Supervision Form signed by your supervising physical therapist if you are partially or fully practicing in a free-standing rehabilitation clinic. **Physician Direction Forms and/or Direct Supervision Forms are 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 Physician Direction Form and/or Direct Supervision Form are 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

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

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

Revised 05/01/2024

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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.

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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

_____ _____
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

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Direct Supervision Form

Directions to Applicant: If practicing fully or partially in a freestanding rehabilitation clinic setting, please request your supervising physical therapist to complete the form and return it to the address listed above.

Arkansas Code § 17-93-411 requires the following direct supervision of the athletic trainer.

1. The athletic trainer may practice athletic training in a freestanding rehabilitation clinic under the direct supervision of a physical therapist licensed in the state of Arkansas and upon the referral of a physician licensed in the state of Arkansas.

Arkansas Code § 17-93-402 defines a "Freestanding rehabilitation clinic" as follows.

1. "Freestanding rehabilitation clinic" means a rehabilitation clinic that is not located on the campus of a hospital or healthcare system.
2. "Freestanding rehabilitation clinic" does not include a physician's office.

Supervising Physical Therapist

Name:_____

Address: _____

City: _____

State/Zip:_____

Phone:_____

Business Name: _____

Athletic Trainer

Name:_____

Address: _____

City: _____

State/Zip: _____

Phone: _____

AT Employer: _____

I, the above-named Physical Therapist, agree to be the designated supervisor 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 on the premises and readily available for consultation for the care of the athlete. I must submit an annual Direct Supervision Form to the Arkansas State Board of Athletic Training with the Athletic Trainer's licensure request, permit request, or licensure renewal request..

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.
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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

_____ _____

Supervising Physical Therapist 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 Supervising Physical Therapist 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