



**Arkansas Department of Health**  
**Arkansas State Board of Athletic Training**  
4815 W. Markham St., Box 73  
Little Rock, AR 72205-3867  
aratb@arkansas.gov

**Application Instructions for Athletic Trainer  
Licensure/Temporary Permit**

• **Education:**

Athletic trainers seeking licensure in the state of Arkansas must possess a baccalaureate degree from an accredited institution.

• **All Applications** for Licensure and One Year Non-Renewable Temporary Permits:

1. Licensure and Temporary Permit Applicants: (You must answer all questions on the application or it will be returned for completion). A passport type photograph taken within one year must be attached and embossed with an official Notary seal or stamp. Attach your photograph to the application before having it notarized. Part of the notary seal or stamp should be on the picture and part should be on the application form.
2. Facsimile copies of the application and all other application forms are not acceptable.

• **Required Documents:**

**1. Initial Licensure by Examination/Certification Applicants:**

- a. The Board will verify your certification on the Board Of Certification For The Athletic Trainer (BOC) website.
- b. The Physician Direction Form should be submitted to the Arkansas State Board of Athletic Training if you are partially or fully practicing in a non-clinical setting.

**2. Initial Licensure by Examination/Certification for full time graduate students already BOC Certified:**

- a. The Board will verify your certification on the Board Of Certification For The Athletic Trainer (BOC) website.
- b. The Physician Direction Form should be submitted to the Arkansas State Board of Athletic Training if you are partially or fully practicing in a non-clinical setting.
- c. Please provide a letter from a responsible party at the College or University you attend that indicates that you have full time graduate student status.

**3. Initial Licensure by Reciprocity Applicants:**

- a. The Board will verify your certification on the Board Of Certification For The Athletic Trainer (BOC) website.
- b. The Physician Direction Form should be submitted to the Arkansas State Board of Athletic Training if you are partially or fully practicing in a non-clinical setting.
- c. A request for verification should be submitted to all states in which you are currently credentialed as an athletic trainer if online verification is not available on the state's website. The verification is to be mailed or emailed directly to the Arkansas State Board of Athletic Training by the appropriate state agencies. The board office will verify licenses that can be verified online.

**4. Temporary Permit Application**

- a. The Certification Examination Eligibility Form will only be accepted if sent back directly to the Arkansas State Board of Athletic Training by the Board Of Certification For The Athletic Trainer (BOC).
- b. The Physician Direction Form should be submitted to the Arkansas State Board of Athletic Training.

**Fees: \*Temporarily reduced for the July 1, 2025 to June 30, 2026 fiscal year.\***

Licensure by Examination/Certification Application Fee:	\$1.00
Licensure by Examination/Certification Initial Licensure Fee:	\$5.00
<b>Total fee to mail with exam/certification application:</b>	<b>\$6.00</b>

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Licensure by Exam/Certification/Reciprocity for full time graduate students already NATABOC Certified Application Fee:	\$1.00
Licensure by Exam/Certification/Reciprocity for full time graduate students already NATABOC Certified Initial Licensure Fee:	\$3.00
<b>Total fee to mail with application:</b>	<b>\$4.00</b>

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Licensure by Reciprocity Application Fee:	\$1.00
Licensure by Reciprocity Initial Licensure Fee:	\$5.00
<b>Total fee to mail with reciprocity application:</b>	<b>\$6.00</b>

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Temporary Permit Application Fee:	\$1.00
Temporary Permit Licensure Fee:	\$15.00 * quarterly
<b>Total fee to mail with application:</b>	<b>\$16.00 **</b>

\*This fee is a total of \$60.00 annually, but can be paid on a quarterly basis. \*\*The application fee is due only once with the first temporary permit application. A reminder of quarterly payment due will not be sent to the person holding a temporary permit. Unpaid quarterly permits become inactive on the 10th day after the quarterly payment fee deadline.

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**License Renewals:**

Licenses are effective from July 1 to June 30th of the following year. Renewal fees are due upon receipt of the renewal notice. Those graduate students already BOC certified must provide a letter from a responsible party at the University where they have full time graduate student status indicating their full time student status. Unrenewed licenses become inactive as of July 1. To return to regular status, a reactivation fee must be paid in addition to the renewal fee. Licenses reactivated after September 30th will be assessed a late fee in addition to the renewal fee and the reactivation fee.

Renewal Fee:	\$3.00
Renewal Fee:	\$1.00 for graduate students already NATABOC certified
Reactivation Fee:	\$75.00
Late Fee:	\$100.00



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**APPLICATION FOR LICENSURE OF ATHLETIC TRAINERS**

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**Please print or type answers to all questions**

Please check the appropriate box:

- Initial License by Examination/Certification     Reciprocity     Temporary Permit

BOC Certification # \_\_\_\_\_ National Provider Identifier (NPI) # \_\_\_\_\_

**General Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ City & State of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender:  Male     Female

Ethnic/Race Information:  American Indian or Alaska Native     Asian     Black/African American  
 Hispanic/Latino     Native Hawaiian or Other Pacific Islander     White/Caucasian

Are you an active member of the Military being stationed in AR?    Yes     No

Are you a former member of the Military    Yes     No

If yes, what is the discharge date? \_\_\_\_\_

Is your spouse an active member of the Military being stationed in AR?    Yes     No

Is your spouse a former member of the Military?    Yes     No

If yes, what is the discharge date? \_\_\_\_\_



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**EDUCATION:**

State in chronological order the name and location of each college or university attended.

Name/Location of School	Dates Attended	Major	Degree
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**ADDITIONAL INFORMATION:** *(attach additional sheet if necessary.)*

Are you credentialed as an AT in any other state? \_\_\_\_ If yes, please list each state. \_\_\_\_\_

Have you previously been denied AT credentials by any governing agency or the NATABOC? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Have your AT credentials ever been revoked by any governing or state agency? \_\_\_\_ If yes, please explain.

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Have you ever been convicted of a crime? \_\_\_\_ If yes, please explain and submit legal documents.

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**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 to:

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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**ATHLETIC TRAINING EXPERIENCE:**

Dates	Employer/Location	Supervisor/Address

**PHOTOGRAPH:**

(Affix photo here.)

A passport type photograph taken within one year must be attached and embossed with an official notary seal or stamp. Attach your photo to the application form before it is notarized. Part of the notary seal or stamp should be on the photo and part on the application form.

**NOTARIZED** - This is to certify that the photograph attached is a correct likeness of the applicant.

\_\_\_\_\_ Notary Public My commission expires \_\_\_\_\_

Appropriate fees must accompany application. See instruction sheets for fee schedule. Your notarized signature must accompany this application.

I, \_\_\_\_\_ hereby certify under oath or affirmation that I am the person named in the application. I swear/affirm that the contents of this application are true. All information contained in this application may be verified by the Arkansas State Board of Athletic Training.

**APPLICANT'S SIGNATURE**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_



# Arkansas Department of Health Arkansas State Board of Athletic Training

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## Physician Direction Form

**Directions to Applicant:** If practicing fully or partially in a non-clinical setting, please request your supervising/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 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 Supervisor is approved by the Board.

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

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**Arkansas Department of Health  
Arkansas State Board of Athletic Training  
Athletic Trainer Temporary Permit  
Board of Certification (BOC)  
Certification Examination Eligibility Form**

**Directions to Applicant:**

The applicant must have taken the BOC Certification Exam or be eligible for the exam. Requests for application for the BOC Certification Exam must be submitted with the required materials to:

**Board of Certification, Inc.  
1415 Harney Street, Suite 200  
Omaha, Nebraska 68102**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



**Directions to the Board Of Certification For The Athletic Trainer (BOC):**

The applicant is applying for an Arkansas Temporary One-Year Nonrenewable Athletic Trainer Permit. Please review the applicant's eligibility for the BOC Certification exam.

Please complete the following and return directly to:

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**Please check:**

- Is eligible for the BOC Certification Examination
- Is **not** eligible for the BOC Certification Examination

Seal

\_\_\_\_\_  
**Signature (BOC official)**

**Title** \_\_\_\_\_

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