



Arkansas Department of Health Arkansas State Board of Athletic Training

4815 W. Markham ST., Slot 73 • Little Rock, AR 72205-3867
(501) 683-4076 • aratb@arkansas.gov

ATHLETIC TRAINERS REINSTATEMENT APPLICATION

To reinstate your license:

1. Complete and return the reinstatement application to the Arkansas State Board of Athletic Training at 4815 W. Markham St., Box 73, Little Rock, AR 72205-3867 along with the reinstatement fee of \$125.00.
2. Submit a current Physician Direction Form signed by your directing physician if you are partially or fully practicing in a non-clinical setting.
3. **A current BOC certification is required.** The Board office will verify your BOC certification online.

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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ATHLETIC TRAINERS REINSTATEMENT APPLICATION
ATHLETIC TRAINER REINSTATEMENT FEE - \$125.00

License #				NPI (National Provider Identifier) #			
Last Name							
First Name							
Middle Name							
Mailing Address							
City				State			Zip
Residence County							
Home Phone				Work Phone			
Email							
Are you an active member of the Military being stationed in AR?					Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a former member of the Military?					Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what is the discharge date?							
Is your spouse an active member of the Military being stationed in AR?					Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your spouse a former member of the Military?					Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what is the discharge date?							
Do you practice fully or partially in a non-clinical setting?					Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If the answer is yes to the above, please complete and submit the Physician Direction Form.</i>							
<i>List all states where you hold or previously held an athletic trainer's license:</i>							
<i>List the name of each facility where you provide athletic training. Attach additional sheet if necessary.</i>							
Facility Name							
Facility City & State							
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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, 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

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