



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

ATHLETIC TRAINER APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

1. **NAME** – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **GENDER** – Select whether you are male or female.
3. **DATE OF BIRTH** – Provide your birthdate.
4. **SOCIAL SECURITY NUMBER** – Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
5. **EMAIL ADDRESS** – Provide your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law. (Required)
6. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
7. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
8. **QUALIFICATIONS FOR ATHLETIC TRAINER LICENSE** – Please read carefully to determine the application method for which you are qualified. Indicate the appropriate method on the application and submit the required items.
 - A. **Method A – Apprenticeship** – You hold, or are within 30 hours of being awarded, a baccalaureate degree or post-baccalaureate degree which includes a minimum of 24 hours of combined academic credit, with at least one class in each of the following course areas: (A) human anatomy; (B) health, disease, nutrition, fitness, wellness, emergency care, first aid, or drug and alcohol education; (C) kinesiology or biomechanics; (D) physiology of exercise; (E) athletic training, sports medicine, or care and prevention of injuries; (F) advanced athletic training, advanced sports medicine, or assessment of injury; and (G) therapeutic exercise or rehabilitation or therapeutic modalities; In addition, you have completed or are within 500 clock-hours of completion of an apprenticeship program in athletic training (1) that consists of 1800 clock-hours completed in college or university intercollegiate sports programs; (2) is based on the academic calendar; (3) is completed during at least five fall and/or spring semesters; and (4) is completed while enrolled as a student at a college or university for at least 1500 of the 1800 clock-hours.
 - B. **Method B – Board of Certification (BOC) and/or Out-Of-State Licensee** – You hold a baccalaureate or post-baccalaureate degree and (a) current license, certification, or registration to practice athletic training issued by another state; and/or (b) current certification by the Board of Certification.
 - C. **Method C – Physical Therapy** – You hold a baccalaureate or post-baccalaureate degree, or a state issued certificate in physical therapy, with at least a minor in physical education or health. You have also completed a three-hour basic athletic training course from an accredited college or university. In addition, you have completed an apprenticeship program in athletic training that meets the requirements listed in the board rule at 16 Texas Administrative Code §110.23(c).
 - D. **Method D – COMMISSION ON ACCREDITATION OF ATHLETIC TRAINING EDUCATION (CAATE) – Accredited Program** – You hold, or are within two semesters of being awarded, a baccalaureate or postbaccalaureate degree in athletic training from a college or university which holds accreditation from a nationally recognized accrediting organization that is approved by the board (Commission on Accreditation of Athletic Training Education). The college or university held/ will hold accreditation during your matriculation and at the time your degree was/is conferred. NOTE: If you have taken and passed the BOC certification exam, you may be eligible to apply under Method B (see above).

9. **INITIAL LICENSE OR INITIAL AND TEMPORARY LICENSE** – Indicate if you are applying for the initial application license (fee is \$160) or the initial and temporary license (fee is \$320). All fees must be submitted with this application, via check or money order, made payable to TDLR. A temporary license may be issued to an individual who meets the requirements for a regular license (including a conferred degree). If you are approved, a license certificate and cards will be sent to you via postal mail. When issued, a temporary license entitles an applicant to perform the activities of an athletic trainer until the results of the first examination which the applicant is eligible to take are released. A temporary license shall not be renewed. The temporary license of an applicant who fails an examination administered by the board shall be voided and the applicant shall not be eligible for another temporary license. If you are not sure that you are qualified for a temporary license, please do not submit the temporary license fee.
10. **POSSESS ANY PROFESSIONAL OR OCCUPATIONAL LICENSE** – Indicate if you have ever possessed any professional or occupational license, registration, or certificate issued by any state, territory, or jurisdiction. If you check YES, state profession or occupation; license, certificate, registration, or permit number; date issued, and name and address of the issuing jurisdiction.
11. **EDUCATION INFORMATION** – List the Institution, Location, Degree Conferred, and Graduation Date.
12. **WORK EXPERIENCE** – List your current employer business information and their contact information, address, business phone and job title.
13. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense. If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee. You can find more information on the process and download the necessary forms on the [TDLR website](#).
14. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had an occupational license, certification, or Registration suspended, revoked, or denied in any state. If you have, complete and attach a [Disciplinary Action Questionnaire \(PDF\)](#) for each disciplinary action.
15. **STATEMENT OF APPLICANT** – Carefully read the statement before signing and dating the application.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES:

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the [Military Service Member, Military Veteran or Military Spouse Supplemental Application \(PDF\)](#) and attach it with your license application. If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses, please visit the [TDLR Military Information webpage](#)

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR PUBLIC INFORMATION ACT POLICY:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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ATHLETIC TRAINER APPLICATION

INITIAL LICENSE FEE - \$160

INITIAL AND TEMPORARY LICENSE FEE - \$320

(FEE IS NON-REFUNDABLE)

This completed form must be accompanied by required educational documents and the application fee

1. Name:

Last First Middle Suffix

2. Gender:

Male Female

3. Date of birth:

Month/Day/Year

4. Social Security Number:

See Instruction Sheet for Disclosure Information

5. Email Address:

(Ex: johndoe@gmail.com) (See Instructions sheet for Disclosure)

6. Personal Phone Number:

(Area Code) Phone Number

7. Mailing Address:

P.O. Box, Street Number, Street Name, Apartment Number, City, State, Zip code

8. QUALIFICATION FOR ATHLETIC TRAINER LICENSE

(Check one of the following to indicate how you qualify, see instruction sheet for description)

Method A – Apprenticeship – Please include the following items with your application.

- Official and original transcripts and other documentation from the registrar that verifies (1) completion of or enrollment in the required courses, (2) enrollment for the required duration of the apprenticeship, and (3) the award of a degree (if it has been awarded).
- An apprenticeship record form signed by the supervising athletic trainer that verifies either completion of an apprenticeship program or that the program is in progress and at least 1800 clock-hours have been completed to date.
- A copy of the front and back of your current CPR/AED certification.
- A copy of the certificate of completion of the jurisprudence exam.

Method B – BOC and/or Out-Of-State Licensee – Please include the following items with your application

- An official, original transcript that verifies the award of a degree.
- A Verification of Out-of-State License form, completed by the agency that issued your license, certificate, or registration.
- A copy of the certificate of completion of the jurisprudence exam.
- A copy of the **front and back** of your current certification card from the Board of Certification, if certified.
- A copy of the **front and back** of your current CPR/AED certification.

Method C – Physical Therapy – Please include the following items with your application.

- A official, original transcript or certificate that verifies the required credentials.
- An apprenticeship record form signed by the supervising athletic trainer that verifies completion of an apprenticeship program or that the program is in progress and at least 600 clock-hour have been completed to date.
- A copy of the **front and back** of your current CPR/AED certification.
- A copy of the certificate of completion of the jurisprudence exam.

Method D – Accredited Program – Please include the following items with your application.

- An official, original transcript that verifies enrollment in, or the award of a degree in athletic training (if it has been awarded) from a college or university that holds accreditation from a nationally recognized accrediting organization that is approved by TDLR (Commission on Accreditation of Athletic Training Education)
- A notarized affidavit from the program director that attests to your enrollment in or successful completion of an accredited program in athletic training
- A copy of the **front and back** of your current CPR/AED certification.
- A copy of the certificate of completion of the jurisprudence exam.

9. Initial license or Initial and Temporary license: (Indicate if this is for your initial license only or your initial and temporary license.)

Initial Application License Initial and Temporary License

10. Do you possess any professional or occupational licenses, registrations, or certificates issued by any state, territory, or jurisdiction? Yes No

If Yes, a license verification form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice. Give license, or certificate, or registration number(s), title(s), and the name(s) and address(s) of the jurisdiction(s) issuing the license(s), or certificate(s), or registration(s).

11. EDUCATIONAL INFORMATION
(If more than one college/university attended, please list each and include official transcripts for each)

Institution:

Location:

Street Number, Street Name, City, State, Zip Code

Degree Conferred: _____	Graduation Date: _____
Month/Day/Year	Month/Day/Year

Institution:

Location:

Street Number, Street Name, City, State, Zip Code

Degree Conferred: _____	Graduation Date _____
Month/Day/Year	Month/Day/Year

12. WORK EXPERIENCE

Current Employer: _____	Employer Phone Number: _____ (Area Code) Phone Number
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Employer Address:

Street Number, Street Name, Suite Number, City, State, Zip Code

Job Title: _____	Employment Start Date: _____ Month/Day/Year
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13. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No
If YES, complete and submit a [Criminal History Questionnaire \(PDF\)](#) for each offense.

14. Have you ever had a professional or occupational license, certification or registration suspended, revoked, surrendered or denied in any state? Yes No
If YES, attach a [Disciplinary Action Questionnaire \(PDF\)](#) to this application (This does not include your driver's license.)

15. STATEMENT OF APPLICANT

PLEASE READ CAREFULLY

Read and initial each statement to certify that you understand and agree to immediately comply with the statement.

- ___ In making application to the TDLR for the issuance of a license, I have read and understand Occupations Code, Chapter 51 and the board rules (Title 16, Texas Administrative Code, Chapter 110) and I agree to comply with all of those provisions of law and rule.
- ___ I will comply with all state and federal laws and regulations regarding the practice of athletic training.
- ___ I attest that I meet the qualifications for the license for which I am applying, as indicated on this application form.
- ___ I understand that fees and materials submitted in the application process are the property of TDLR and will not be refunded or returned.
- ___ I agree that, if I am issued a license, I will return the license if it is revoked or suspended in accordance with the provisions of Occupations Code, Chapter 51 or upon lawful demand by TDLR.
- ___ I am aware of the schedule of fees and I understand that additional fees must be paid to renew the license and to keep the license current.
- ___ I hereby grant permission to seek information or references necessary in evaluating my credentials pertinent to this application.
- ___ I understand that the disclosure of a social security number is required under the Family Code, Section 231.302. I understand that social security numbers are confidential and will be used for identification and reporting purposes required by law.

The information which I have provided in this application is truthful and complete. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license, or the revocation of my license.

Signature

Date



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APPRENTICESHIP RECORD (METHOD A APPLICANTS) TO BE COMPLETED BY SUPERVISING ATHLETIC TRAINER

Applicants qualifying under Method A (see application page 1) must submit proof of completion of an apprenticeship in athletic training meeting the following guidelines: The program shall be under the direct supervision of and on the same campus as a Texas licensed athletic trainer, or if out-of-state, the college or university's certified or state licensed trainer. The apprenticeship must be minimum of 1800 clock hours. It must be based on the academic calendar and must be completed during at least five fall and/or spring semesters. Hours in the classroom do not count towards apprenticeship hours. 1500 clock hours of the apprenticeship shall be fulfilled while enrolled as a student at the college or university where the applicant is completing the apprenticeship. The hours must be completed in college or university intercollegiate sports program, except that 300 clock hours of the 1800 clock hours may be completed an an alternate site. Use the form **Apprenticeship Record - Alternate Site** for instructions on documenting hours earned at an alternate site. If the applicant worked for more than one supervising athletic trainer, make a copy of this form and have each supervising athletic trainer sign the apprenticeship verification section.

1. Apprenticeship Record for Applicant Name (please print):

Last, First, Middle Name, Suffix

2. College or University:

3. Report hours in college or university intercollegiate sports programs by semester begin and end dates not sport:

Semester Begin Date	Semester End Date	Sports Worked	Total Clock Hours

4. Apprenticeship Verification

I hereby certify that the applicant named above worked under my direct supervision as a student athletic trainer. I certify that the apprenticeship meets the requirements noted above. I further certify that the applicant's apprenticeship was in clinical, game, or practice situations while working in college or university intercollegiate sports programs.

Signature of Supervising Athletic Trainer:

Date:

Month/Day/Year

Printed Name and Job Title:

Telephone:

(Area Code) Phone Number

Address:

Street Number, Street Name, City, State, Zip Code

Texas License Number:

NATABOC Certification Number, if out-of-state:



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APPRENTICESHIP RECORD (METHOD A APPLICANTS) ALTERNATE SITE

Applicant qualifying under Method A (see application page 1) must submit proof of completion of an apprenticeship in athletic training meeting the following guidelines: The program shall be under the direct supervision of and on the same campus as a Texas licensed athletic trainer, or if out-of-state, the college or university's certified or state licensed trainer. The apprenticeship must be a minimum of 1800 clock hours. It must be based on the academic calendar and must be completed during at least five fall and/or spring semesters. Hours in the classroom do not count toward apprenticeship hours. 1500 clock hours of the apprenticeship shall be fulfilled while enrolled as a student at the college or university where the applicant is completing the apprenticeship. The hours must be completed in college or university intercollegiate sports programs, except that 300 clock hours of the 1800 clock hours may be completed at an alternate site:

- (1) a clinic setting which the college or university supervising athletic trainer has approved; under the direct supervision of a licensed physician, a licensed athletic trainer, or a licensed physical therapist
- (2) a secondary school setting (limited to sports in grades 7-12) arranged by the college or university supervising athletic trainer; under the direct supervision of a licensed athletic trainer
- (3) a professional or semi-professional setting arranged by the college or university supervising athletic trainer

1. A@H9FB5H9'G-H9'F97CF8

Applicant Name: (Please print)

Last, First, Middle Name, Suffix

2. 5 @H9FB5H9'G-H9' B: CFA5HCB'

Location Name:

Location Address:

Street Number, Street Name, City, State, Zip Code

Semester Begin Date	Semester End Date	Describe Work Performed	Total Clock Hours

3. 5 @H9FB5H9'G-H9' J9F= 75HCB'

I certify that the applicant named above worked under my supervision as a student athletic trainer.

Address:

Street Number, Street Name, City, State, Zip Code

Alternate Site Phone Number:

(Area Code) Phone Number

Signature of Supervising Athletic Site:

Printed Name, Job Title and License Number:

Date:

Month/Day/Year

4. SI D9FJ-G-B; ATHLETIC TRAINER VERIFICATION

Address:

Street Number, Street Name, City, State, Zip Code

Signature of Supervising Athletic Trainer:

Date:

Month/Day/Year



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AFFIDAVIT (METHOD D APPLICANTS) TO BE COMPLETED BY THE PROGRAM DIRECTOR

Applicants qualifying under Method D (see application page 2) must submit proof that they 1) are currently enrolled in, and within two semesters of graduation from, or 2) have been awarded a baccalaureate or post-baccalaureate degree in athletic training from a college or university that is accredited by a nationally recognized accrediting organization that is approved by TDLR.

I _____, being duly sworn according to the law, do verify that
Program Director (print)

_____ has completed or is within two semesters of fulfilling
Candidate's Name (print)

the requirements to receive a baccalaureate or post-baccalaureate degree from

College/University (print)

Signature of Program Director

Date