



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ATHLETIC TRAINERS VERIFICATION OF LICENSURE IN OTHER JURISDICTIONS INSTRUCTIONS

PART 1 MUST BE COMPLETED BY THE APPLICANT

1. APPLICANT NAME – Provide your legal name in the spaces given. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. STATE WHICH REQUESTED VERIFICATION IS NEEDED – List the jurisdiction you need verification for your license.
3. LICENSE NUMBER – List the number issued in the other jurisdiction.
4. LICENSE ISSUE DATE – List the date the license was issued in the other jurisdiction.
5. 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.
6. 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)
7. APPLICANT SIGNATURE AND DATE – Signature and date of the requesting applicant.

PART 2 MUST BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE

8. LICENSEE NAME – Provide the legal name in the spaces given. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
9. PROFESSION – Indicate the name of the profession as it appears on the license.
10. LICENSE NUMBER – List the license number issued to the requestor.
11. LICENSE ISSUE DATE – Date the license was issued to the requestor.
12. LICENSE STATUS – Indicate if the applicant's license is current in your jurisdiction. If not current briefly explain why and give the basis for the issuance of the license.
13. EXAM TAKEN – Indicate if the exam was done by CDR or list other method, the exam date and score on the test.
14. LICENSE CURRENT – Indicate if the license is current and list the license expiration date.
15. COMPLAINTS AND/OR DISCIPLINARY ACTIONS – Indicate by placing a check by Yes or No and include a description of reprimand, sanction or disciplinary action.
16. NAME OF VERIFYING OFFICIAL – Enter the name, title and contact number of the individual that supplied the information from the licensing agency.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
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, 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:

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All information provided must be typed or printed in **black ink**.

PART 1 MUST BE COMPLETED BY THE APPLICANT

1. Applicant Name:

Last

First

Middle

Suffix

2. State from which verification requested:

3. License Number:

4. License Issue Date:

5. Personal Phone Number:

6. Email Address:

(Area Code) Phone Number

(ex: johndoe@aol.com) See Instructions sheet for Disclosure

7. Applicant Signature:

Date:

Signature _____

PART 2 MUST BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE

8. Licensee Name:

Last, First, Middle Name, Suffix (Jr., Sr., III)

9. Profession:

10. License Number:

11. License Issue Date:

12. License Status: Current Not Current (if not current, briefly explain why)

License issued on the basis of:

13. Complaints and/or disciplinary actions:

Has the licensee ever been reprimanded, sanctioned, or formally disciplined? Yes No (if Yes, explain below)

• Description and Date of action:

• Reason for action:

14. Name of verifying official:

I certify that this information is correct to the best of my knowledge. Based on the records available to me, the licensee was competent to practice while licensed in this state.

Print Name

Signature

Title

Date