



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ATHLETIC TRAINER APPRENTICESHIP RECORD - ALTERNATE SITE INSTRUCTIONS

Applicants who do not hold current NATA-BOC certification 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's 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's 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's supervising athletic trainer

Use this form to document apprenticeship hours earned at an alternate site. If the applicant earned hours at more than one alternate site, make copies of this form and submit a separate form for each alternate site.

1. APPLICANT 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. ALTERNATE SITE NAME AND LOCATION – Provide the name of the business and the physical address of the site you will be conducting your apprenticeship at.
3. ALTERNATE SITE VERIFICATION SUPERVISOR INFORMATION AND SIGNATURE – Provide the job title, license number, telephone number, and location address of the supervisor at the alternate site and their signature and date.
4. SUPERVISING ATHLETIC TRAINER VERIFICATION AND SIGNATURE – Provide the mailing address signature and date of the supervising athletic trainer.

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](http://www.tdlr.texas.gov) 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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DO NOT WRITE ABOVE THIS LINE

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1. Alternate Site Record for Applicant Name (please print):

_____ Last

_____ First

_____ Middle Name

2. Alternate Site:

• Location Name:

• Physical Location:

_____ Address

_____ City

_____ State

_____ Zip Code

Semester
Begin Date

Semester
End Date

Describe Work Performed

Total Clock Hours

4. Alternate Site Verification:

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

Signature of Supervising Athletic Site

Date

Printed Name, Job Title and License Number

Telephone

Address

City, State, Zip

5. Supervising Athletic Trainer Verification:

I certify that I approved or arranged this alternate site for the student athletic trainer named above.

Signature of Supervising Athletic Trainer

Date

Address

City, State, Zip