



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## ATHLETIC TRAINERS VERIFICATION OF LICENSURE IN OTHER JURISDICTIONS INSTRUCTIONS

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

### 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, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



**ATHLETIC TRAINERS VERIFICATION OF LICENSURE IN OTHER JURISDICTIONS**

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 Name, Suffix (Jr., Sr., III)

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