



## TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157  
[education@tdlr.texas.gov](mailto:education@tdlr.texas.gov) • [www.tdlr.texas.gov](http://www.tdlr.texas.gov)

### ATHLETIC TRAINER NON-ACCREDITED CONTINUING EDUCATION PROVIDER APPLICATION INSTRUCTIONS

Non-Accredited coursework that is not provided by a national, regional or state health care professional association or an accredited college or university must first obtain approval from the Department by submitting this application in order to be accepted, and the course must be related to athletic training or sports medicine in accordance with Chapter 110. The following shall be submitted to the Texas Department of Licensing and Regulation P.O. Box 12157 Austin, TX 78711 or faxed to (512) 463-1512.

1. Provider Name – Write the legal name of the provider which must be used in all advertisements.
2. Provider Type – Indicate Individual or Business.
3. Provider Mailing Address – Write the current mailing address. This is the address where all mail will be sent. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently. Enter the business phone number, fax number (optional), email address and website address. This is the address the Department will mail all correspondence; a post office box is acceptable. NOTE: When you provide your email address you agree to the following Email Disclosure Statement: “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 as permitted or required by law.
4. Course Location – Enter the physical address where the course will be provided. This is the address that is used in all advertisements.
5. Sponsor Information – Sponsorship and leadership of programs, including the name of the sponsoring individual(s) or organization(s), and program leaders or faculty, if different from sponsors and contact person including email address.
6. Continuing Education Course Criteria – Address each of the three criteria requirements.
7. Statement of Applicant – Carefully read the statement before dating and signing your application. The application must be signed by the provider and/or sponsor.

#### Requests for Departmental Approval

Requests for approval from the Department are not required for national, regional or state health care professional associations. Requests for approval of continuing education programs should be delivered to the department by email or regular mail by the course provider or sponsor and must address the following criteria:

- Relevance of the subject matter to increase or support the development of skill and competence in athletic training.
- Objectives of specific information or skill to be learned.
- Subject matter, educational methods, materials, and facilities utilized, including the frequency and duration of sessions and the adequacy to implement learner objectives.

#### Review Process

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. Our division cannot specify the length of time it will take to approve an application. During the application review process, you will be notified in writing of any discrepancies/requirements not met. For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [www.tdlr.texas.gov](http://www.tdlr.texas.gov) or request for assistance via email at [Education@tdlr.texas.gov](mailto:Education@tdlr.texas.gov) and include attachments as needed.



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## ATHLETIC TRAINER NON-ACCREDITED CONTINUING EDUCATION PROVIDER APPLICATION

1. **Provider Name:** \_\_\_\_\_

2. **Provider Type:**  Private Business  Association  College/University  School  Government Agency

3. **Provider Mailing Address and Contact Information:** (Used to receive mail from TDLR, P.O. BOX is allowed)

_____		_____
<b>Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code</b>		<b>Phone Number</b>
_____	_____	_____
<b>Email Address</b>	<b>Web Address</b>	<b>Fax Number</b>
_____	_____	_____
<b>Contact Person Name</b>	<b>Phone Number</b>	

4. **Course Location:** (P.O. BOX is not allowed)

_____	_____
<b>Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code</b>	<b>County</b>

5. **Sponsor Information:**

_____	
<b>Sponsor Name</b>	
_____	_____
<b>Number, Street Name, Suite Number/Apartment Number, City, State Zip Code</b>	<b>Email Address</b>

Additional Sponsor Information (If Applicable)

_____	
<b>Sponsor Name</b>	
_____	_____
<b>Number, Street Name, Suite Number/Apartment Number, City, State Zip Code</b>	<b>Email Address</b>

6. **Continuing Education Course Criteria** (Please attach documentation that addresses each of the following three criteria)

- Relevance of the subject matter to increase or support the development of skill and competence in athletic training.
- Objectives of specific information or skill to be learned.
- Subject matter, educational methods, materials, and facilities utilized, including the frequency and duration of sessions and the adequacy to implement learner objectives.

7. **Statement of Applicant**

I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing & Regulation (Texas Occupations Code, Chapter 51); and the rules of the Texas Department of Licensing & Regulation (Texas Administrative Code, Chapters 59 and 60). I understand that providing false information on this application may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

_____	_____
Signature of Provider/Sponsor	Date