



# APPLICATION FOR ATHLETIC TRAINERS LICENSE

State Form 46715 (R14 / 8-16)  
 Approved by State Board of Accounts, 2016

**INDIANA ATHLETIC TRAINERS BOARD  
 PROFESSIONAL LICENSING AGENCY**  
 402 West Washington Street, Room W072  
 Indianapolis, IN 46204  
 Telephone: (317) 234-3022  
 E-mail: pla10@pla.IN.gov  
 www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$55.00, payable to the Indiana Professional Licensing Agency, in accordance with 898 IAC 1-3-1.
  2. All fees are non-refundable and non-transferable.
  3. Please refer to the instructions on our website, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

<b>APPLICATION FEE</b>	
<b>DATE FEE PAID (month, day, year)</b>	
<b>RECEIPT NUMBER</b>	
<b>LICENSE NUMBER</b>	
<b>LICENSE ISSUANCE DATE (month, day, year)</b>	

**APPLICANT**  
 Attach one (1) passport type  
 quality photograph of yourself  
 taken within the last eight (8) weeks.

**DO NOT WRITE ABOVE THIS LINE**

APPLICANT INFORMATION			
Name of applicant (last, first, middle, maiden)			Social Security number *
Address (number and street or rural route number)			
City, state, and ZIP code		E-mail address	
Telephone number (daytime) (     )	Date of birth (month, day, year)	Place of birth	
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applying for licensure by: <input type="checkbox"/> Endorsement from another state <input type="checkbox"/> Examination			
Are you an Indiana resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you performing athletic training in Indiana more than 180 days per year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you desire a temporary permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ATHLETIC TRAINER EDUCATION	
Pursuant to Indiana Code 25-5.1-3-1, applicants for licensure as an athletic trainer in the State of Indiana must show completion of the following accredited courses. Please indicate the institution at which you have completed the required courses. <b>Applicants using CAAHEP / CAATE accredited curriculums and applicants using a BOC internship must complete the course information on this form.</b> Applicants must also provide an official transcript from each institution at which courses were completed or clinical experience was acquired.	
Did you complete a CAAHEP / CAATE approved curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of institution
Type of degree received	
Located at (city, state)	Dates attended: (month, year) From                                  To
Provide the total number of hours of athletic training experience you have completed under the supervision of a BOC certified athletic trainer while completing the requirements for this degree:	

**OTHER EDUCATION AND TRAINING**

INSTITUTION	CITY	STATE	ZIP CODE	FROM DATE <i>(month, day, year)</i>	TO DATE <i>(month, day, year)</i>	TYPE OF DEGREE RECEIVED

**BOC CERTIFICATION**

Date of certification <i>(month, day, year)</i>	Certification number	Date of expiration <i>(month, day, year)</i>	Is your certification current? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*List all places of athletic training related employment since graduation, including self-employment.*

NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	HRS / WK	DATES <i>(month, day, year)</i>

Do you hold, or have you ever held, a license, certificate, registration or permit to practice any regulated health occupation?  Yes  No

*List all states, including Indiana, in which you have been licensed to practice any regulated health occupation.*

TYPE OF LICENSE	STATE	NUMBER	DATE ISSUED <i>(month, day, year)</i>	CURRENT STATUS

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held?  Yes  No
2. Have you ever been denied a license, certificate, registration or permit to practice athletic training or any regulated health occupation in any state *(including Indiana)* or country?  Yes  No
3. Do you have any condition or impairment *(including a history of alcohol or substance abuse)* that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?  Yes  No
4. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,*
  - (1) have you ever been arrested;  Yes  No
  - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;  Yes  No
  - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;  Yes  No
  - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or  Yes  No
  - (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state?  Yes  No
5. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restriction, probation or other type of discipline or limitations?  Yes  No
6. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?  Yes  No
7. Have you ever had a malpractice judgment against you or settled any malpractice action?  Yes  No

**APPLICATION AFFIRMATION**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Date (*month, day, year*)

**AUTHORIZATION FOR RELEASE INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for athletic trainer certification.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant

Date (*month, day, year*)