

MONTANA BOARD OF ATHLETIC TRAINERS
PO BOX 200513
301 SOUTH PARK, 4th FLOOR
HELENA, MONTANA 59620-0513
(406) 841-2202 FAX (406) 841-2305
EMAIL: dlibsdatr@mt.gov WEBSITE: www.athletictrainer.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 30 days for processing from the date the Board has a complete routine application)

ATHLETIC TRAINERS ARE NOT PERMITTED TO PRACTICE IN
MONTANA IN ANY MANNER WITHOUT A CURRENT ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS

- Must submit a completed application which includes the following:
- Must submit the application fee(s).
- Provide documentation (an official transcript or verification of graduation and degree validation, **sent directly from the school**) that the applicant has received at least a baccalaureate degree from a postsecondary institution that meets the academic standards for athletic trainers established by the National Athletic Trainers Association Board of Certification (www.nata.org) or an equivalent organization.
- Must provide two letters of recommendation from at least two clinical supervisors familiar with the applicant's clinical training. **All reference letters must be sent directly to the board office from the reference source.** A form is attached for your use and may be copied as many times as needed.
- Must have passed the examination established by the Board of Certification; please submit a copy of your current BOC card (Board of Certification) www.bocatc.org
- Any criminal conviction or disciplinary action taken by a board or licensing agency in another state or territory of the United States may subject your application to being considered "non-routine". Non-routine applications are reviewed by the Board.
- Must submit a current copy of Health Care Provider CPR Certification.

FEES **\$ 175.00** **Application Fee and Original License Fee**
 \$ 175.00 **Application by Endorsement (Licensed in another State)**
 Make check or money order payable to the Montana Board of Athletic Trainers
 (all fees are non-refundable) License fees cover one year.

TEMPORARY LICENSE

Full fees must be paid. Once the exam is passed, the license will move from temporary to full active status.

A temporary license may be issued for up to 90 days (or until the Board acts on an active application, whichever is sooner) to any applicant who meets the criteria noted above for exam applicants but who has not yet met the examination requirements, or has a valid license from another state or certification to practice athletic training in another state and that state's standards as determined by the board, are at least equal to the standards for licensure in this state, or, is certified as an athletic trainer by an organization recognized by the national commission for certifying agencies.

Requests for temporary licensure must be accompanied by a completed application and application fee.

APPLICANTS LICENSED/CERTIFIED IN ANOTHER STATE

- Must submit a completed application (includes all information listed above)
- Must submit the application fee
- Must submit a copy of a BOC card verifying current certification and passage of examination www.bocatc.org
- Must request and have the board office receive directly from the source official verification of licensure from any jurisdiction or state. A form is attached for request of verification from other states.

NON ROUTINE APPLICANTS

- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Complete non-routine applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verification. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- ◆ When the application file is complete, it will be processed and considered by Board Members for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board Office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved, a permanent license will be issued.
- ◆ Once a temporary licensee has passed the exam, and met all other qualifications, a permanent license will be issued.

For information with regard to the processing of this application or other concerns, please contact the Board of Athletic Trainers staff at (406) 841-2369 or (406) 841-2392 or email us at dlibsdatr@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF ATHLETIC TRAINERS ON OUR WEBSITE: www.athletictrainer.mt.gov

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Application for Licensure as an Athletic Trainer

Application by: License from Another State

Application for: Initial License Temporary Permit

Allow 30 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME: _____
Last First Middle
 2. OTHER NAMES KNOWN BY: _____
 3. ORGANIZATION NAME: _____
 4. ORGANIZATION ADDRESS: _____
Street or PO Box # City and State Zip Country
 5. HOME ADDRESS: _____
Street or PO Box # City and State Zip Country
- PREFERRED METHOD OF CONTACT:
 Home Organization EMAIL ADDRESS: _____
6. TELEPHONE: _____ HOME _____ FAX _____
Business
 7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____
 8. DATE OF BIRTH: _____ MALE FEMALE
 9. BOC Certification: Beginning Date: _____ End Date: _____

10. List all professional licenses, registrations or certificates you hold or have **ever** held. Verification must be sent directly to Montana from each state/province/territory. Use a supplemental sheet if necessary.

State	License#	Issue Date	Exp.Date	License Method			Requested Verification?	
				<input type="radio"/> EXAM	<input type="radio"/> ENDORSE	<input type="radio"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="radio"/> EXAM	<input type="radio"/> ENDORSE	<input type="radio"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="radio"/> EXAM	<input type="radio"/> ENDORSE	<input type="radio"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="radio"/> EXAM	<input type="radio"/> ENDORSE	<input type="radio"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No

Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No

30. PROFESSIONAL EDUCATION:

Name of University or College	City and State/Province/ Territory	Dates Attended	Degree Earned

31. PRACTICE HISTORY: List **all** places where you have practiced as an Athletic Trainer in the last five years in chronological order, up to and including the present. Use a supplemental sheet if necessary.

Name and Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau, Board of Athletic Trainers.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession.

Signature of Applicant

Date

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LETTER OF RECOMMENDATION
(VERIFICATION OF CLINICAL EXPERIENCE)

APPLICANT: Complete the upper portion of this form and mail to each of your references.

Legal Signature of Applicant Date

(Please Type or Print)
Name of Applicant: _____

Address: _____

This verification sent to: _____

REFERENCE: Please answer the following questions concerning the applicant. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Athletic Trainers. Your response will be kept confidential.

Name of reference: _____ Daytime phone: _____

Address: _____

Title/profession/position: _____

How long have you known the applicant? _____ In what capacity? _____

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain: Yes No

Please comment on the applicant's professional competency to practice, character, morals and ethics (attach additional sheet if needed):

Would you recommend this applicant for approval to be licensed as an Athletic Trainer to practice in Montana? Yes No

Signature of Reference Date

The Applicant and the Board thank you for your assistance.

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN ATHLETIC TRAINER. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice as an Athletic Trainer in the State of Montana and the Board of Athletic Trainers requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF ATHLETIC TRAINERS, PO BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature)

Name (Please Print)

Address _____

My License Number is _____

DO NOT DETACH - - THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF ATHLETIC TRAINERS.

State of: _____

Full Name of Licensee: _____

License No. _____

Issue Date: _____

Licensed by Examination _____

Endorsement
(List State) _____

Other
(Please List) _____

License is Current?

Yes No

If NO, explain _____

License Status

Active Inactive Other

Has License been suspended, revoked, on probation or otherwise disciplined?

If YES, explain and attach documentation.

Yes No

Has licensee ever been requested to appear before your Board?

If YES, explain.

Yes No

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____

Date: _____

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TEMPORARY LICENSE APPLICATION
EXAMINATION APPLICANTS - ATHLETIC TRAINERS

To be completed by the applicant:

I, _____, (applicant), hereby apply for a temporary license to practice as an Athletic Trainer in the State of Montana. I understand that the temporary license is valid for 90 days, or when the Board of Athletic Trainers makes a final determination on my application, whichever is sooner.

After issuance of the temporary license, the applicant must schedule and complete his/her examination within 90 days of the issuance date. Only one temporary license will be issued per applicant.

Signature of Applicant

Date