



## Montana Board of Athletic Trainers

PO Box 200513  
301 S Park, 4<sup>th</sup> Floor  
Helena, MT 59620-0512  
Phone: (406) 444-6880

Email: [dlibsdsdhelp@mt.gov](mailto:dlibsdsdhelp@mt.gov) Website: [www.athletictrainer.mt.gov](http://www.athletictrainer.mt.gov)

## Licensing Requirements and Application Checklist Athletic Trainer

### License Requirements for Athletic Trainer

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. 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. ([MCA 37-36-201](#) and [ARM 24.118.501](#))
2. Letters of recommendation from at least two clinical supervisors familiar with the applicant's clinical training. ([MCA 37-36-201](#) and [ARM 24.118.501](#))
3. Currently certified by the Board of Certification (BOC). ([ARM 24.118.501](#))
4. Current health care provider certification for cardio pulmonary resuscitation (CPR). ([ARM 24.118.501](#))

### Checklist of Required Documents to Submit for Application for Athletic Trainer

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

- Transcripts sent directly from the educational institution documenting 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 (BOC).
- Two letters of recommendation from clinical supervisors familiar with the applicant's clinical training.
- Copy of current Board of Certification (BOC) card.
- Copy of current CPR certification.
- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type.
- If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.).

### Checklist of Required Documents to Submit for Application for Athletic Trainer – Licensed or Certified in Another State

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

- Copy of current Board of Certification (BOC) card.
- Official license verification of the Athletic Trainer license from that state or jurisdiction.



- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type.
- If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.).

**Temporary License for Athletic Trainer** ([MCA 37-36-201\(2\)](#))

The Board may issue a temporary license to an applicant who:

- meets the above qualifications but has not yet met the examination requirement; or
- has a valid license from another state or certifying agency.

A temporary license may be issued for up to 90 days, or until the Board acts on an active application, whichever is sooner. Once the exam is passed, the license will move from temporary to full active status.

**Application Fee(s) for Athletic Trainer**

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or bank account. If you submit a paper application you must submit a check or money order. Do not mail cash.

- \$175 application fee

**You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.**

**Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.**

**If you have any questions about the application process or the licensing requirements, please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.**



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### Part 1: Application Type

I am applying for licensure as:

New Athletic Trainer License

Temporary License

Athletic Trainer - Licensed or Certified in Another State

### Part 2: Applicant Contact Information

First Name		Middle Initial	Last Name	
Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Mobile Phone	Home Phone		Work Phone	
Email Address				
Other Names Known By				
Social Security Number	Foreign ID Number		Birth Date	Gender

### Part 3: Professional License Verification

If you have ever been licensed, certified or registered to practice in the profession for which you are now making application, or held any other professional license, certification or registration, you must complete this section. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must also be listed here. You must include jurisdictions both within and outside the United States. You must request official verification be sent to Montana from the states and jurisdictions in which you hold or held these licenses or certifications. Montana will accept whatever form of official license verification is offered by a particular state or jurisdiction.

State/ Jurisdiction	Title of License	License Number	Applicant has Requested License Verification	
			Yes	No, official verification is online lookup system
			Yes	No, official verification is online lookup system
			Yes	No, official verification is online lookup system
			Yes	No, official verification is online lookup system

**Part 4:**

**PERSONAL HISTORY QUESTIONS  
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

**PERSONAL HISTORY QUESTIONS**

1.	Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority?		Yes		No
2.	Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?		Yes		No
3.	Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?		Yes		No
4.	Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?		Yes		No
5.	Have you ever withdrawn an application for any professional license?		Yes		No
6.	As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?		Yes		No
7.	Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)		Yes		No

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

8.	Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?		Yes		No
9.	Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?		Yes		No

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

10.	Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction?		Yes		No
11.	Are you now subject to criminal prosecution or pending criminal charges?		Yes		No
12.	Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?		Yes		No
13.	Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?		Yes		No
14.	Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?		Yes		No

**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 Board of Realty Regulation. 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. I will abide by the current laws and rules that govern my practice.

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Legal Signature of Applicant

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 examination 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.

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Signature of Applicant

Date